AGING IN PLACE PROJECT | PART 1 NEEDS ASSESSMENT

HOUSING AND SUPPORT SERVICES NEEDS ASSESSMENT REPORT

DELIVERABLE 3 | FINAL REPORT, VERSION 4.0

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Prepared for the Regional Municipality of Wood Buffalo
by Objective Research and Evaluation Inc.

Regional Municipality of Wood Buffalo

LAND ACKNOWLEDGEMENT

We humbly acknowledge that the land on which we live, learn, work and play is Treaty 8 Territory, the traditional lands of the Cree, Dene, and the unceded territory of the Métis

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Executive summary

On September 4, 2025, Council directed Administration to complete an extensive needs assessment to understand the population demands for aging in place in the Regional Municipality of Wood Buffalo. This Housing and Support Services Needs Assessment report is the result. It describes the Region's seniors and older adults today and over the next ten years, sets out what they told the Municipality in 2025, measures the need for housing and support services against what exists, and identifies the responses the evidence supports.

The Needs Assessment has been informed by a Background Report and a Population Projection Technical Report. It is the final report of the first phase of the Aging in Place Project and is the foundation for the development of a Strategy and Action Plan (Part 2 of the project) and the evaluation of sites for housing and services that support aging in place in the Region. The figures in all three reports cover residents of the Municipality counted in the municipal census; the First Nation reserves within the Region's boundaries are outside the Municipality's jurisdiction and are not included.

The evidence gathered for the Background and Population Projection Reports shows that seniors' need for housing and support services will grow at a faster rate than the population as a whole, and that most of it is the need for support at home, for affordable and accessible housing, and for the kind of housing that falls between an ordinary home and a care facility. The Region has one building of this kind, Rotary House, which provides for independent living with services, excluding medical care.

The Needs Assessment reaches five main conclusions:

- **Immediate system pressure: Willow Square and Rotary House are full and waitlisted.** Rotary House, the Region's one seniors lodge, providing independent living with meals and housekeeping, has 39 units and is full. The Willow Square Continuing Care Centre, which provides 72 single units of supportive living and 36 single units for long-term, transitional and respite care, is also at capacity. Both have a waiting list. In all, the Region has 83 subsidized units designated for seniors, including the 39 at Rotary House, to which nothing had been added in more than 26 years until six Elder independent living units opened at Sakastew Homes in Fort Chipewyan in July 2026.

  Older adults are already among the homeless. Between April 2025 and August 2026, the Municipality's homelessness information system identified 285 people aged 55 and over as newly homeless, 54 of them aged 65 and over, one third of everyone newly identified in the period. The ability to age in place assumes a place to live, and this group is already outside the housing system.

- **Demographic growth: the existing 55 to 64 cohort will substantially increase the senior population through 2036.** The senior population will roughly double by 2036. The Municipality's 2025 census counted 3,647 residents aged 65 and over who reported their age. On the medium growth scenario of the Municipal Development Plan that number reaches 7,201 by 2036, and between 6,461 and 8,016 across the low and high growth scenarios. Most of that growth is already in the Region: in 2025, 6,524 residents were aged 55 to 64, and this entire cohort will be of senior age by

2036 if its members remain in the Region, making cohort aging the primary source of projected growth even after mortality and migration are considered.

Among today's seniors, the population aged 85 and over is small, at 93 people in 2025, but the fastest-growing group is those aged 75 to 79, which nearly doubled between 2021 and 2025 (269 to 499). Those residents reach age 85 within the projection period, the age at which the need for supportive living and care rises most sharply, so the group that will drive demand for care is already here. The population aged 85 and over is projected to reach about 210 by 2036 and would reach about 430 if the Region stopped losing its oldest residents to care elsewhere, as many now do.

Residents want to stay, and some who left would return. Eighty per cent of urban seniors and seven of the eleven rural seniors who answered the surveys intend to age in Wood Buffalo, and 88 per cent of family members want their relative to stay. Among family members whose relative has already left the Region, 62 per cent said the relative would return if suitable housing and services existed. Demand for care in this Region depends in part on whether care exists here or whether seniors must move away to find it.

- **Rural and Indigenous challenges: the rural communities are older, less served and need community-specific responses.** Seniors make up 10.8 per cent of rural residents against 5.3 per cent in the urban area, and the rural share of residents aged 75 and over is 2.6 times the urban share. Two in five rural seniors are Indigenous; they are residents of the hamlets, since the reserves are outside the municipal census. Fort Chipewyan and Fort McKay have Indigenous-led supportive housing and care. Conklin and Janvier, which have among the highest percentages of seniors in the Region, have no seniors housing or care facility and rely on region-wide programs. Rural need should not be addressed through a uniform facility model: the Strategy should establish community-specific service pathways based on population scale, existing Indigenous-led provision, travel conditions, local operating capacity and proximity to Fort McMurray.

- **Housing continuum gap: there is a significant gap between an ordinary home and continuing care.** Households headed by a senior are projected to roughly double from about 2,340 in 2025 to about 4,620 in 2036. Housing affordability is a key issue for many seniors. The custom tabulation of the 2021 federal census obtained for this report shows that the median income of senior households, $108,000, is well below the Region's $184,000, that one senior household in five spent 30 per cent or more of its income on shelter, and that senior households are more than twice as likely as all households to be in core housing need. Core housing need and suppressed household formation are the two indicators of housing need used in this report, and both signal that the Region's existing housing does not work for many seniors. Households in core housing need, meaning housing that is unaffordable, in poor repair or too small, rise from about 250 to about 490 by 2036, and the suppressed households, meaning seniors who would form a household of their own if one were available, rise from about 290 to about 570.

  Within that gap there is a missing middle. When asked about the kind of housing they would consider moving to, seniors' answers differed according to their age. Seniors aged 65 to 74 expressed a preference for a seniors-only apartment or condominium, or for staying in their own home with

adaptations. For those aged 75 and over, staying in their current home with adaptations was the first choice, with an apartment with access to optional services being second.

Between a subsidized apartment and a continuing care bed, the Region has only Rotary House, and there is nothing for the household that could pay its own way: no private-pay supportive living and no seniors housing built by the market. No unit designated for seniors is designed for a couple.

Senior-serving organizations described the step from Rotary House to Willow Square as a big jump, and the largest single preference among seniors under age 75 is a seniors-only apartment or condominium, not a care facility.

- **Strategic choice: the evidence supports a combined response, not a commitment to a single facility.** Support at home is the largest need identified, but it is currently the least provided. Seventy-two per cent of seniors under age 75 receive no support at all. Among those aged 75 and over, help from family and publicly funded home care are the mainstays, and one in six receives personal care.

  The supports seniors most want at every age are housekeeping and yard maintenance, which no public program provides at the level seniors are asking for. The Age Well at Home pilot program, which delivered exactly those supports in 2024 and 2025 with satisfaction above 95 per cent, showed that these supports help keep people at home.

Section 7 ranks the needs in order of priority, by the weight of evidence behind each and the number of people affected, and identifies the responses the evidence supports as direction for the Strategy. The measures, in order of priority, are:

1. Support at home at a scale that matches a doubling senior population;
2. More subsidized seniors housing;
3. A middle level of seniors housing with optional services, including places that residents pay for and units for couples;
4. An expansion of care planned against the growth of the 85 and over population;
5. Rural provision at community scale;
6. Adaptation of the homes seniors already own; and
7. Medical travel, specialist care and support for caregivers.

The evidence does not support moving directly from the scale of need to a single large facility, for three reasons. Most of the need is for support at home and for housing people can afford, which a care building does not provide. The level of the continuum with the least provision is the middle level, between an independent apartment and a care bed, while the largest gap in numbers is in subsidized seniors housing. Demand for care at 85 depends in part on whether care exists in the Region, so the care decision is best taken on evidence from the 85 and over population as it grows. Section 7.4 sets out what this means for the municipally owned site beside the Willow Square Continuing Care Centre: it suits a building that combines levels of housing, services and care, and a building of that kind would meet a portion of the identified need rather than the whole of it.

1. Introduction

1.1 Purpose

On September 4, 2025, Council received the findings of the 2025 engagement on an aging in place facility and directed Administration to complete an extensive needs assessment by the end of the third quarter of 2026 to understand the population demands for aging in place facility. Council's direction was for a needs assessment rather than for a facility, in line with the 2025 findings, which pointed to a range of options for seniors rather than to a single built form.

> This report establishes the nature, scale, geography and trajectory of need. It does not determine that the need should be met through a single facility, nor does it establish that the Willow Square site is the preferred location. The report identifies the responses the evidence supports; the selection and sequencing of responses belong to the Strategy and Action Plan (Part 2 of the project), and detailed site suitability belongs to the site assessment (Part 3).

This Needs Assessment report looks at the needs of the Region's seniors (65 years and over) and older adults (55 to 64 years of age) for housing and support services over the next ten years. It is intended to serve two purposes:

- To provide the foundation for developing a strategy and action plan to address the identified needs; and
- To inform the criteria for evaluating the optimal use of the municipally owned vacant site adjacent to the Willow Square Continuing Care Centre, earmarked for an aging in place facility, and for identifying other vacant sites that would best meet the future needs of seniors and older adults, understanding that there may be more than one typology of provision.

For the purposes of this report, seniors are residents aged 65 and over and older adults are residents aged 55 to 64. This assessment considers the Region as a whole including: the Fort McMurray Urban Service Area, which holds 94 per cent of the Region's seniors, and the rural communities of Anzac, Conklin, Draper, Fort Chipewyan, Fort Fitzgerald, Fort McKay, Gregoire Lake Estates, Janvier and Saprae Creek Estates. The communities are shown on the map at Figure 5 in section 6.

The figures in this report, and in the Background Report and the Population Projection Technical Report, cover the residents of the Municipality counted in the municipal census. The First Nation reserves within the Region's boundaries are outside the Municipality's jurisdiction and are not included in the municipal census; the Indigenous seniors described in this report are residents of the hamlets and the Urban Service Area. Provision on reserve, such as the Riverside Care Centre in Fort McKay, is noted where it bears on the Region's seniors but is not counted in the Region's supply.

1.2 How this report is organized

Section 2 profiles the Region's seniors and older adults: how many there are now, how many there will be in 2036, who they are and where they live.

Section 3 reports the results of the Aging in Place Facility engagement from 2025.

Section 4 measures the need for housing at each level, from an ordinary home to a care bed, against existing provision (September 2026).

Section 5 provides the same information as Section 4 for support services.

Section 6 looks at housing and support service need community by community. The communities are shown on the map at Figure 5.

Section 7 ranks the needs and identifies the responses the evidence supports. It also considers the implications for the municipally owned site beside the Willow Square Continuing Care Centre (Willow Square).

Appendix A holds the 2025 survey tables.

Appendix B holds the method notes and references the data sources.

Appendix C is a glossary of the terms and abbreviations used.

Appendix D sets out the baseline indicators for the Strategy resulting from this needs assessment.

1.3 Building on what we know

This report builds on two earlier reports prepared for the project:

The Background Report provides the policy context for the project, and compiles housing stock and support services information, the demographic baseline, published results of the 2025 engagements, and sets baseline indicators.

The Population Projection Technical Report projects the senior and older adult population to 2036 on the three growth scenarios of the Municipal Development Plan and separates the age groups above 75.

Two engagements were carried out by the Municipality in 2025, and this report draws on both. Each engagement is referred to by name throughout the report to clearly identify which engagement is being referenced.

- **The Aging in Place surveys.** The Aging in Place Facility public engagement, May 22 to July 12, 2025 included: three surveys (256 seniors, 191 members of the general public and 164 people with an aging family member), ten conversations with senior-serving organizations, three pop-up events, a coffee morning at the Golden Years Society and an information session. The results were published in the What We Heard Report of September 2025. Where this report says the seniors survey, the general public survey or the family survey, it means these.
- **The Housing Needs Assessment survey.** The Housing Needs Assessment public engagement, August to October 2025: a resident survey (560 responses, of which 129 came from residents aged 55 and over), interviews, focus groups, an open house, community tours and pop-ups, reported in the Housing Needs Report of December 2025. Where this report says the Housing Needs survey, it means this.

Five sources are used here for the first time:

- The responses to the three Aging in Place surveys, 611 in total, were aggregated and analyzed by age, community, living arrangement and disability rather than as published totals.

- The responses to the Housing Needs Assessment survey were grouped by age to allow the housing findings to be read for residents aged 65 and over specifically.
- The Municipality's inventory of seniors accommodation of August 28, 2026, and the information received in September 2026 from Wood Buffalo Housing (portfolio, occupancy and waiting lists), Alberta Health Services and Assisted Living Alberta (the beds at Willow Square, and the transfer of home care to Assisted Living Alberta) and Data and Analytics (residents of seniors accommodation in the 2025 census).
- Information from Community Services on homelessness among older adults, the programs the Municipality funds and the Housing Needs Report of December 2025.
- A custom tabulation of the 2021 federal census obtained from Statistics Canada for this report, giving the incomes, shelter costs and core housing need of senior households by age, tenure and household type (section 4.2 and Appendix A.6).

Two items rely on partial information, and each is noted where it is used:

- Home care, where the figures are estimated from the 2025 survey responses and the conversation with Alberta Health Services, pending client figures from Assisted Living Alberta.
- Seniors' use of transit, which rests on the 2025 surveys because Transit does not record the age of riders (section 3.6).

1.4 The population projection used in this report

The Population Projection Technical Report projects the Region's population to 2036 on the three growth scenarios of the Municipal Development Plan: low, at 1 per cent a year; medium, at 2 per cent; and high, at 3 per cent. This report uses the medium scenario as the planning case and shows the low and high scenarios as the range around it, for the following reasons.

- The medium scenario is the Municipality's standard reference for population projections. Using it keeps the report consistent with the Municipal Development Plan and other planning documents.
- The 2025 census already exceeds the low and medium paths from the 2021 base, so the low scenario has been overtaken by events, while the high scenario would require the fastest sustained growth in the Region's recent record.
- The projection depends more on the residents already here than on the growth rate. About 6,000 of today's 55- to 64-year-olds will still be alive in 2036, so the medium figure of 7,201 seniors already assumes that many residents leave the Region before then.
- The number that most shapes the choice of response, the population aged 85 and over, hardly changes with the scenario, because those residents are already here: they number between 190 and 230 in 2036 across the three scenarios, around a central figure of 210.

Tables 1 and 3 show the range across the three scenarios, so the reader can see the effect of a different assumption; Tables 4 and 6 use the medium scenario, and Appendix B gives the basis for each.

1.5 Key terms used in this report

Need and demand are kept apart. Need is what the evidence says people require, whether or not they ask for it: a household in core housing need, a senior who cannot manage the stairs, a person with dementia whose carer cannot cope. Demand is what people say they want or would use. Need is the basis for sizing a response; demand is the basis for designing it.

The housing and care continuum is described at five levels, and Figure 3 at section 4.6 shows it with the Region's provision at each level:

- **Independent housing:** an ordinary home, owned or rented, with or without supports brought in.
- **Independent seniors housing:** a self-contained unit set aside for seniors, subsidized or at market rent, with or without optional services such as meals and housekeeping. Rotary House is the Region's only example with services; it is called a lodge under the provincial program and is designated as supportive living accommodation.
- **Supportive living:** accommodation with 24-hour on-site personal care and scheduled professional care, known in Alberta as Type B continuing care. Willow Square has 36 Type B spaces and 36 secure Type B spaces for people with dementia.
- **Continuing care:** accommodation with 24-hour nursing care, known in Alberta as Type A continuing care and often called long-term care. Willow Square has 26 Type A beds, including two respite beds, plus 10 transitional beds for people leaving hospital or waiting for a placement.
- **Home supports:** the services that let a person stay in the first two levels: home care assessed and funded by Assisted Living Alberta, and the housekeeping, meals, yard and snow maintenance, transportation and visiting that fall outside it.

Other terms, including core housing need, suppressed households, headship rate, the enumerated and imputed bases and the abbreviations used, are explained in the glossary at Appendix C.

2. A profile of the Region's seniors and older adults

2.1 How many seniors there are now, and how many there will be by 2036

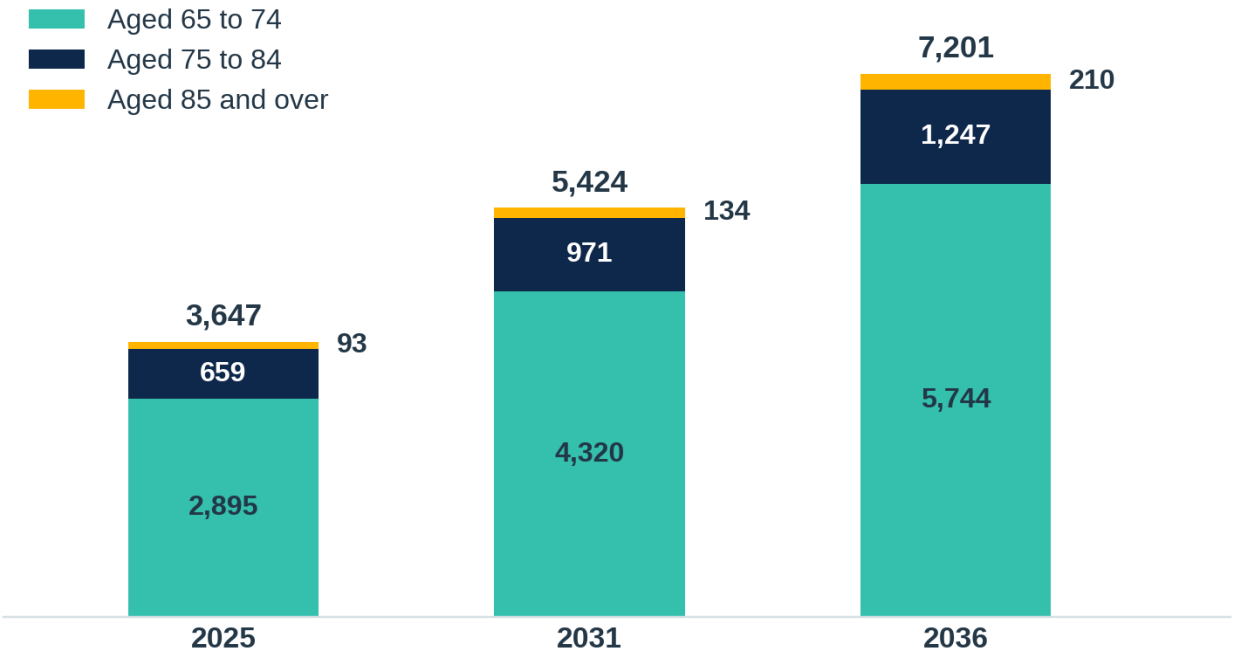
Table 1 carries the projection from the Population Projection Technical Report on the medium scenario, and Figure 1 shows the same figures. The figures count residents who reported their age in the municipal census (the enumerated basis). Because about 23 per cent of residents did not report an age in 2025, the full figures are about 29 per cent higher (the imputed basis); the imputed basis is used for the household counts at section 4, for the reason given there.

Table 1. Seniors and older adults, 2025 to 2036, medium growth scenario (enumerated basis)

Age group	2025	2031	2036	Change 2025 to 2036	2036, low to high scenario
55 to 64, older adults	6,524	6,520	6,439	1% lower	5,777 to 7,168
65 to 74	2,895	4,320	5,744	+98%	5,154 to 6,394
75 to 84	659	971	1,247	+89%	1,119 to 1,388
85 and over	93	134	210	+126%	189 to 234
All seniors, 65 and over	3,647	5,424	7,201	+97%	6,461 to 8,016

Source: Population Projection Technical Report, sections 4.2 and 4.5, medium scenario, residents who reported an age. The full population figures (imputed basis) are 1.29 times those shown.

Figure 1. Seniors by age group, 2025 to 2036, medium growth scenario (enumerated basis)



Over the ten-year projection period the 65 to 74 age group doubles, the 75 to 84 age group nearly doubles, and the 85 years and over group more than doubles from a small base. Source: Table 1.

Three features of Table 1 matter more than the totals.

- First, the number of older adults aged 55 to 64 barely changes, because the people who turn 65 in 2036 are replaced by a smaller group behind them; the Region's large working-age population has passed 55 and is now moving into their senior years.
- Second, the 75 to 84 age group, whose leading edge nearly doubled between 2021 and 2025, nearly doubles again by 2036, and it is the group in which disability, widowhood and the need for support all rise sharply.
- Third, the 85 years and over group is small but more than doubles from a base that did not grow at all between 2021 and 2025; its growth consists entirely of residents who are already here and already 75 or older, so it is the most certain figure in the projection and the one the care system will feel first.

The 85 and over group deserves a closer look. While this group did not grow between 2021 and 2025 (100 to 93 residents who reported an age) the 75 to 79 age group nearly doubled over the same period (269 to 499). The number of residents reaching age 75 is growing quickly, but fewer remain in the Region by age 85. The organizations interviewed in 2025 described why: these older residents who need care leave the Region to find it, and their families often go with them.

The Population Projection Technical Report projects the 85 and over group by following the residents already here forward with survival rates and with the rate of departure observed between the two censuses. The central projection, which does not depend on the growth scenario, is about 210 by 2036; it is a conservative reading of the rate of departure, and a less conservative reading would put the figure nearer 270. If residents aged 85 and over stopped leaving the Region to find care elsewhere, they would number about 430.

That range is the single most important number in this assessment, because it means that demand for care depends partly on whether the care exists here: in other words, provision that keeps residents in the Region at age 85 raises the 85 and over population toward the higher figure. A care facility would not simply meet a fixed demand; it would also change it. This report sizes care need on the central figure rather than the growth scenario and states the higher figure beside it.

2.2 Characteristics of the seniors population

The Background Report describes the senior population from the 2025 census, and the 2025 Housing Needs survey adds income and housing circumstances for residents aged 65 and over. The features that bear most on need are:

- **Disability rises steeply with age.** 16.2 per cent of seniors report living with one or more disabilities, rising to 23.7 per cent among those aged 75 and over and to 30 per cent among rural seniors aged 75 and over. In the seniors survey, 37 per cent of respondents under 75 years and 51 per cent of those aged 75 and over reported a physical, sensory, cognitive or mobility limitation, mobility being the most common at every age.

- **One senior in five lives outside a family unit, and living alone becomes more common with age.** In the Housing Needs survey, 28 per cent of respondents aged 65 and over live alone and 47 per cent live with a partner only. Among family members describing a relative aged 85 and over, 29 per cent of those relatives lived with family and 29 per cent were in continuing care.
- **Incomes fall sharply at 65.** Among Housing Needs survey respondents aged 65 and over, 27 per cent reported a household income of $39,000 or less and 58 per cent reported less than $80,000, against 18 per cent below $80,000 among respondents under age 55. One senior homeowner in five, and nearly half of senior renters, said they had no money left after housing costs each month. In a Region whose median household income is about $184,000, a fixed retirement income sits a long way below the market that sets housing costs.
- **Seniors are long-settled homeowners.** Half of the Region's seniors have lived in the Municipality for more than twenty years. Among residents aged 75 and over, 79 per cent of urban seniors and 90 per cent of rural seniors own their home. Section 4.4 describes the homes they live in.
- **Two in five rural seniors are Indigenous.** In Fort Chipewyan, Fort McKay, Janvier and Conklin, more than 80 per cent of all residents identify as First Nation, Métis or Inuit. These are residents of the hamlets, counted in the municipal census; residents of the reserves are not included in the figures in this report. In Fort McKay and Fort Chipewyan, Indigenous-led organizations provide supportive living and Elder care that respects cultural, family and land connections; in Conklin and Janvier the need is for Elder care and support at home at community scale.
- **Older adults aged 55 to 64 need support.** Among older adults aged 55 to 64, 8.2 per cent report a disability against 5.6 per cent of the population as a whole, and the organizations interviewed identified people in that age group who need support but do not yet qualify for it. That is a gap in services in its own right.
- **More men than women among younger seniors.** A majority of seniors under age 75 are men, reflecting the Region's workforce history, and the balance reaches parity at 75 and over.

2.3 Where they live

Fort McMurray holds 94 per cent of the Region's seniors and all of the urban facilities (medical facilities, personal services, retail outlets, and recreation and entertainment). Within Fort McMurray, seniors are dispersed rather than concentrated. The five census enumeration areas with the most seniors together hold fewer than one-fifth of them; they sit within the neighbourhoods of Timberlea (Eagle Ridge), Parsons Creek (Heritage Point) and Downtown (Clearwater, Mcmurray and Birchgrove).

By neighbourhood, Timberlea holds about 35 per cent of the Region's seniors, Thickwood 26 per cent and Downtown 15 per cent, with Gregoire, Abasand, Parsons Creek and Beacon Hill sharing the majority of the remaining 24 per cent. As a share of each neighbourhood's residents, seniors are most concentrated in Gregoire (7.9 per cent), Thickwood (7.3 per cent) and Downtown (6.2 per cent), and least in the newer suburbs of Timberlea (4.1 per cent) and Parsons Creek (3.5 per cent); the enumeration areas with the highest percentages of seniors are all in Thickwood.

The rural communities hold about 235 seniors between them, but their percentage of seniors is twice that of the urban area, at 10.8 per cent against 5.3 per cent. The difference also widens with age: the rural share of residents aged 75 and over is 2.6 times the urban share. Section 6 profiles each community.

Two rural communities, Draper and Saprae Creek Estates, function as residential extensions of the Urban Service Area and are served from Fort McMurray. They are kept separate in the tables because the census reports them separately and because Saprae Creek Estates has a large older adult population.

3. What residents and organizations said in 2025

3.1 The engagement and its limits

The Aging in Place Facility engagement was carried out to gauge interest in a seniors' aging in place facility and to understand what residents would need from one. Between May and July 2025, the Municipality engaged more than 600 people through:

- three surveys: 256 seniors, 191 members of the general public and 164 people with an aging family member; and
- three pop-up events, a coffee morning at the Golden Years Society and an information session.

Municipal staff also held one-on-one conversations with ten senior-serving organizations to better understand current services and supports for seniors and older adults, identify unmet needs and opportunities to collaborate in shaping an aging in place facility.

The results were summarized in the What We Heard Report. This section goes further, by analyzing survey responses by age, community, living arrangement and disability, and by reading them against what the organizations said. Full tables are at Appendix A.

There is one limitation on the findings. The seniors survey was answered mainly by urban residents: 243 of its 256 respondents live in Fort McMurray and 11 in the rural communities, most of them in Anzac. The general public survey was entirely urban. The rural voice in this section therefore comes from the family members who described a rural relative, from the community engagement notes and from the organizations; the rural findings at section 6 rest on the census and the inventory. Wherever a rural survey figure is quoted, the number of people it is based on is stated, and figures based on eleven people should not be generalized to all rural residents.

3.2 Staying in the Region, and staying at home

The intention to age in the Region is the strongest finding in the surveys, and it strengthens with age. Eighty per cent of urban seniors intend to live in Wood Buffalo as they age (84 per cent of those aged 75 and over), 18 per cent are unsure and 2 per cent intend to leave. Of the eleven rural respondents, seven intend to stay and two to leave. In the general public survey, 63 per cent of respondents of all ages plan to stay, rising to 87 per cent among those aged 60 and over. Among family members, 88 per cent said their relative would like to stay.

Thirty-seven family members described a relative who already lives outside the Region. Of those, 62 per cent said the relative would move back if suitable housing and services were available, and most of the rest were unsure. Sixty per cent of all family members said a fuller range of housing and services would encourage their relative to stay, and 27 per cent said possibly. The population projection counts the residents who are here; the family survey says that better provision would also bring back some of those who have left.

Staying in the Region is not the same as staying in the current home. Thirty-eight per cent of seniors aged under 75, and 37 per cent of those aged 75 and over, expect to move from their current home within five to ten years because of aging or mobility, and a further 42 and 34 per cent, respectively, think they might. Taken together, between seven and eight in ten seniors recognize that the home they live in now

may not be the home they grow old in. This is the demand side of the downsizing problem described at sections 4.2 and 4.4.

3.3 The kinds of housing seniors would consider moving to

When seniors were asked what kind of housing they would consider moving to, their choices differed markedly by age, as Table 2 shows.

Table 2. Kinds of housing seniors would consider moving to, seniors survey, 2025

Kind of housing	Aged 65 to 74	Aged 75 and over	Rural respondents
Stay in own home with adaptations	36%	40%	6 of 10
Seniors-only apartment or condominium	45%	21%	0 of 10
Apartment with access to optional services	31%	32%	1 of 10
Housing close to medical and community services	31%	25%	3 of 10
Co-housing or shared housing with other seniors	11%	11%	0 of 10
Moving in with a family member	8%	11%	1 of 10

Source: seniors survey, respondents could choose more than one option; 170 respondents aged 65 to 74 and 75 respondents aged 75 and over answered. Rural figures are counts on a base of ten.

Three conclusions can be drawn:

- The most popular choice for seniors under age 75 is a seniors-only apartment or condominium, chosen by nearly half, and far ahead of a facility. The preference is for a home of their own among other seniors, not for care.
- Staying in the current home with adaptations is the first choice of those aged 75 and over and of rural respondents. That is the case for support at home and for help adapting the homes people already own.
- An apartment with optional services, the Rotary House model, is chosen by a steady third of both age groups. It is the form of housing the Region has one example of, and that example is always full.

The general public survey, answered mainly by residents in their forties and fifties looking ahead, weights the same options differently: staying home with adaptations leads at 47 per cent, an apartment with optional services follows at 42 per cent, and a seniors-only apartment at 26 per cent. The next generation of seniors expects support at home first and a serviced apartment second.

Important aspects of housing for seniors, consistent across every survey, are:

- Affordability geared to income was very important to 70 per cent of seniors and important to a further 18 per cent,
- Proximity to services (58 per cent very important) and

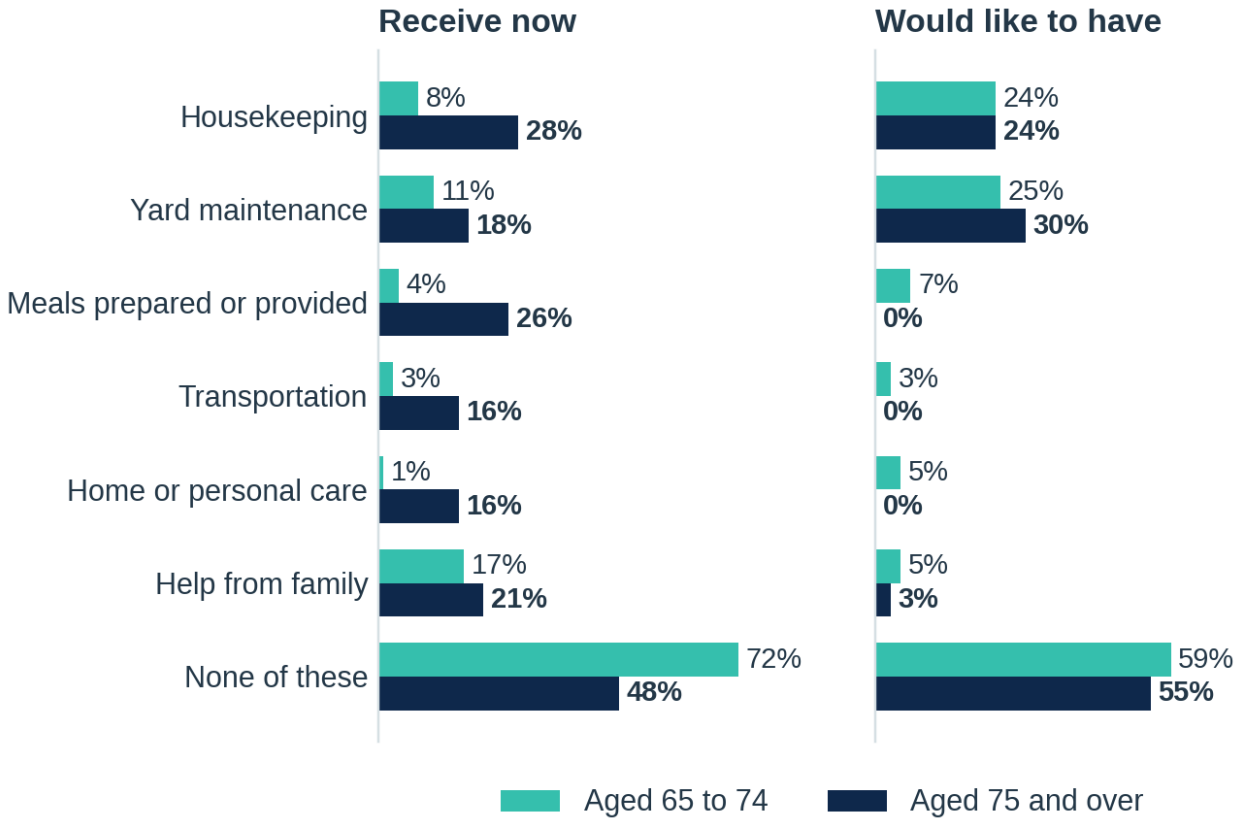
- Accessibility for mobility devices (47 per cent, rising with age).

Similarly, what the home should contain is consistent: in a future home, internet access (63 per cent very important), air conditioning and fresh air (60 per cent), natural light (55 per cent), laundry in the unit (50 per cent) and a private balcony (48 per cent) led. Space for a couple to live together was very important to 42 per cent of seniors and to 71 per cent of the general public, the clearest generational difference in the record; no unit designated for seniors in the Region is designed for a couple.

3.4 Home care and support services received and wanted

The seniors survey asked what supports respondents receive now to live independently and what supports they would like to have. Of those answering the question on the supports they receive now, 173 were aged 65 to 74 and 80 were aged 75 and over; of those answering on the supports they would like to have, 123 were aged 65 to 74 and 33 were aged 75 and over. Figure 2 shows the answers by age.

Figure 2. Supports seniors receive now and supports they would like to have, by age, seniors survey, 2025



The pattern is a gap that opens at age 75. Seventy-two per cent of seniors under age 75 receive no support at all, and the supports they do receive are practical: help from family (17 per cent), yard maintenance (11 per cent) and housekeeping (8 per cent). Over age 75, the share receiving nothing falls to 48 per cent and the supports change character: housekeeping 28 per cent, meals 26 per cent, help

from family 21 per cent, transportation 16 per cent, and home care or personal care 16 per cent, the last provided through the publicly funded home care program.

The supports people would like to have are the same at both ages, and no public program provides them at the level people are asking for: yard maintenance (25 per cent of those under age 75 and 30 per cent of those aged 75 and over) and housekeeping (24 per cent at both ages). Assessed home care may include light housekeeping, such as tidying and dusting, for clients who qualify; the regular cleaning that most seniors are asking for, and yard and snow maintenance, fall outside it. Among the rural respondents, half wanted yard maintenance and a quarter housekeeping, and they were the only group to ask for transportation, meals, medication reminders and personal care.

The family survey describes the same gap from the carer's side. Fifty-three per cent of relatives aged 75 to 84, and 57 per cent of those aged 85 and over, rely on help from family; 16 and 29 per cent respectively receive home care; and a quarter of those aged 75 to 84 receive housekeeping. The family survey has 164 respondents, so the figures for relatives aged 85 and over rest on a small base and are given where the question allows. Asked what challenges their relative faces, family members named:

- mobility (58 per cent of those describing a relative aged 75 to 84, and 86 per cent for those aged 85 and over),
- home maintenance and safety (53 per cent, and 43 per cent for those aged 85 and over),
- social isolation (51 per cent, and 43 per cent for those aged 85 and over),
- transportation (44 per cent, and 71 per cent for those aged 85 and over),
- medical and personal care needs (44 per cent) and
- cost of living (42 per cent, and 86 per cent for those aged 85 and over).

The six rural relatives responding to the survey all named the cost of living, and five named home maintenance.

In 2024 and 2025, St. Aidan's Society delivered Age Well at Home, a two-year federally funded pilot program providing light housekeeping, meals, home maintenance, yard work, transportation and friendly visiting to seniors across the Region. St. Aidan's evaluated the program each year and found high rates of satisfaction: 96 per cent in 2024 and 97 per cent in 2025. Participants rated their confidence in remaining at home at 4.3 on a five-point scale, and in 2025 a majority said they could not live at home without the supports, in a year when 55 per cent of participants lived in rural or remote settings. The evaluation results are reported in full in the Background Report. The Age Well at Home program is the evidence that these supports work when they are provided.

3.5 Social connection and isolation

Three quarters of seniors feel connected to their community and have regular contact with others, and the figure is the same in the urban and rural groups. Two groups stand out as less connected. Seniors who rent their home are the first: 48 per cent feel connected, against 80 per cent of homeowners, and 22 per cent of renters often feel isolated or lonely, against 2 per cent of owners. Renters are also the group with the lowest incomes. Seniors who live with family are the second: 59 per cent feel connected and 15

per cent often feel isolated. By contrast, every respondent living in independent seniors housing felt connected.

Family members were less optimistic than the seniors themselves: 26 to 29 per cent described their relative as not very connected. The senior-serving organizations confirm the demand for connection. The Nistawoyou Association Friendship Centre serves about 400 seniors and always has a waiting list for its programs; the Golden Years Society has 330 members, and the demand for its coffee mornings and lunches exceeds what its volunteers can provide; St. Aidan's Society identified social isolation as a major issue among its clients. The responses these organizations have proposed are taken up at section 7.2.

3.6 Getting around

Most seniors still drive: 80 per cent of those under age 75 and 60 per cent of those aged 75 and over reported that they drive themselves. The transition away from driving is visible among those aged 75 and over, where 35 per cent are driven by family or friends, 30 per cent use the specialized transit service and 14 per cent use regular transit. Eight per cent of seniors under age 75 said they often stay home because of limited transportation, which includes people who have stopped driving, by choice or because Alberta requires a medical report to keep a licence at 75, at 80 years of age and every two years after that, before transit and other alternatives reach them. The specialized service was known as the SMART Bus when the surveys were run; it is now called Specialized Transit and has operated alongside the Municipality's Transit on Demand service since August 2025.

Of the eleven rural respondents, a number too small to generalize from, nine drive and none used the specialized service, which at the time of the survey was not available in their communities; Specialized Transit is now available to rural residents on limited days, but Transit reports only about three registered rural riders, in Janvier, Saprae Creek Estates and Anzac. A contracted service runs to and from Fort McMurray two days a week from Janvier, Conklin, Anzac and Gregoire Lake Estates and one day a week from Fort McKay, at $13.50 one way. There is no municipal transit within the rural communities themselves.

Current (October 2026) municipally operated Transit Services offer the following in the Fort McMurray Urban Service Area:

- Seniors ride free on the fixed routes and on Transit on Demand; Specialized Transit, for residents whose physician confirms that they cannot use the other services, charges the regular fare of $2.25.
- All services run from 5:00 am to about 11:30 pm, with the same hours for Specialized Transit as for the fixed routes, and a specialized trip can be booked by phone, online or through the app from one hour to seven days ahead; Transit provides every trip requested.
- Specialized Transit carries about 2,000 rides a month. About 900 people are registered for it and about 260 ride regularly, and because registration does not record age, the number of seniors among them is not known. Rides on the on-demand and specialized services have grown by about 40 per cent year over year since the August 2025 changes, and most seniors travel in the daytime, which Transit attributes to the hours that used to be available rather than to need.

- The fixed routes were redrawn in August 2025 around where riders travel: one route now runs along Manning Avenue to shorten the walk from Rotary House, the hospital is served from the street on weekdays until 6:00 pm and by on-demand service after that, and Willow Square is served by Transit on Demand and Specialized Transit rather than by a fixed route.
- However, combining the on-demand and specialized services in August 2025 drew complaints from specialized riders about pickup windows and longer trips, and following a Council motion in June 2026 the two services are being separated again, with more buses on order. Transit hears at its own engagements that residents did not know the services were available; the travel training that the Transit Master Plan calls for has not yet been formalized, and a survey of all riders is planned for late 2026.

Medical travel is a separate and larger problem. Treatment and specialist appointments in Edmonton and Calgary, cataract surgery being the routine example, require a journey the Housing Needs Assessment describes as five to seven hours each way, often with an overnight stay and, for some treatments, repeat visits over several months. Neither the Alzheimer Society nor Alberta Health Services could point to travel support for the people who need it most. The Advisory Committee on Aging has a Medical Travel Working Group, and the Chard Métis Community Association runs an Elder Care and Medical Travel Support Program in Janvier with a municipal community grant, the only program of its kind identified in the Region.

3.7 What the senior-serving organizations said

Ten organizations took part in the 2025 conversations about the need for an aging in place facility: Alberta Health Services, the Alzheimer Society, the Golden Years Society, the Multicultural Association of Wood Buffalo, the Nistawoyou Association Friendship Centre, St. Aidan's Society, Support Services Wood Buffalo (which has since closed), Wood Buffalo Housing, Wood Buffalo Pride and the YMCA. They were interviewed about their services, their clients, and the gaps and challenges they face as providers. Read against the seniors survey, their conversations add capacity figures the surveys cannot provide and a consistent diagnosis.

- **Alberta Health Services (AHS)** was responsible, at the time of the conversations, for home care assessment and for contracting home care services; home care has since moved to Assisted Living Alberta, a new provincial agency. In 2025 it had about 600 home care clients, of whom an estimated 85 per cent (about 510) were seniors, about one senior in seven. Its clients live in Fort McMurray, including at Rotary House and Legion Manor, and in Janvier, Conklin and Anzac, with nurses travelling to Janvier four days a week.

  AHS continues to operate the Willow Square Continuing Care Centre, which has 108 beds offering supportive living units, and transitional and continuing care beds. People assessed for continuing care may wait up to two years at one facility before transferring to the one they prefer.
- AHS identified two gaps:
  - health care aides to support daily living short of 24-hour care, and
  - the step from a lodge setting to Willow Square, which it called a big jump.

  It also named residents aged 55 to 64 who need support but do not qualify.

- **Wood Buffalo Housing** (WBH) operates every unit under the provincial seniors housing programs. Rotary House is always at capacity with a waiting list, and Wood Buffalo Housing identified the same missing step between Rotary House and Willow Square, together with the absence of support before a dementia diagnosis is made, and of seniors-specific support for addiction and mental health.

- **The Alzheimer Society** has no waiting list, but its clients wait more than a year for geriatric assessment by telehealth, there is no geriatrician in the Region, and there is no travel support for appointments in Edmonton. Its view on the facility question was direct: the answer may not be a new facility but more services that bring support into the home, for the person with dementia and for the carer.

- **St. Aidan's Society,** with ten staff serving residents from age 60 across the Region, has waiting lists for every service and no funding for work on elder abuse. It named affordable, accessible and pet-friendly housing, units that accommodate walkers and wheelchairs, and housing that offers changing levels of care so that residents do not have to move away from their friends and community, as the types of housing lacking in the Region.

- **The Multicultural Association** serves seniors whose barriers are language, transportation, affordability and, in some cases, financial dependence on family.

- **The Nistawoyou Association Friendship Centre** serves about 400 seniors with a standing waiting list, and named more independent seniors housing with activities, on the Rotary House model, as its first housing need.

- **The YMCA, Wood Buffalo Pride** and the **Golden Years Society** serve seniors within all-ages or membership programs; **Wood Buffalo Pride** noted that there is no information at all about the Region's older LGBTQ residents.

The organizations place the need where the surveys place it: between the ordinary home and the care bed, in supports that reach people where they live and in a level of housing that does not yet exist here.

3.8 What people said about an aging in place facility

The 2025 engagement was launched to test interest in an aging in place facility. Seniors were asked whether they would be interested in moving into a seniors' aging in place facility in the future, whether they would support a multi-purpose, centrally located seniors' community combining housing, shops, medical services and recreation, and whether more housing options are needed for seniors who do not yet need full-time care.

Sixty per cent of seniors under age 75, and 51 per cent of those aged 75 and over, said they would be interested in a facility, with most of the rest saying maybe; 86 per cent of all seniors surveyed would

support a seniors' community of the kind described; and 86 per cent said more housing options are needed for seniors who do not yet need full-time care. Among the eleven rural respondents the picture was different: one said yes, they would be interested in a facility, seven said maybe and three said no.

The answers need careful reading, for two reasons.

First, interest in a facility is highest among seniors living with family (73 per cent yes) and in independent seniors housing (63 per cent), less so among renters (58 per cent), and lowest among homeowners (53 per cent yes and 42 per cent maybe). Many respondents appear to be expressing interest in an alternative to their current arrangement rather than in care.

Second, when family members who had not considered a facility were asked why, they cited satisfaction with the current arrangement (55 per cent), concern about affordability (39 per cent), uncertainty about what services would be offered (31 per cent) and lack of awareness of the options (30 per cent). Among those who had considered a facility, the features that made it appealing were a safe and secure environment (73 per cent), independence with support services available (73 per cent), on-site health services (71 per cent), social interaction (64 per cent) and on-site amenities (61 per cent); a smooth transition between levels of care was named by 43 per cent and proximity to the hospital by 25 per cent.

Taken together, the answers describe not a care building but a place to live independently with services on hand, health services in or near the building, secure access, company, and the assurance that more care is available without moving away. Asked which services would matter most on site, seniors chose a medical clinic (69 per cent), programs and recreation (63 per cent), laundry and housekeeping (58 per cent), a community kitchen and dining room (50 per cent), a pharmacy (47 per cent) and health services such as physiotherapy (42 per cent). Those are the services of a serviced seniors residence. Some of them, meals, housekeeping and programs, are what Rotary House provides today in a building of 39 units; the health services would be new.

4. Housing need

4.1 Senior households

Housing is provided to households, not to individuals, so the first step in sizing need is to convert the projected population into the households it will form. The 2021 federal census gives the share of residents in each age group who head a household: 50.2 per cent of residents aged 65 to 74, 50.0 per cent of those aged 75 to 84 and 30.8 per cent of those aged 85 and over, the last being lower because many of the oldest residents live with family or in care. Applying those shares to the projected population gives the senior households in Table 3.

Table 3. Households headed by a senior, 2025 to 2036, medium growth scenario

Households headed by a resident aged 65 and over	2025	2031	2036	2036, low to high
Imputed basis, the planning figure	2,342	3,484	4,617	4,142 to 5,140
Enumerated basis, the floor	1,812	2,695	3,571	3,205 to 3,976
Of which headed by a resident aged 85 and over (imputed basis)	37	53	84	75 to 93

Source: household headship rates by age from the 2021 federal census, as reported in the Municipality's federal Housing Needs Assessment tables, applied to the Population Projection Technical Report. The 2021 federal census counted 1,555 households headed by a resident aged 65 and over.

Households headed by a senior roughly double over the period on every growth scenario. For the Region's housing system, the figure to pay attention to is the increase: about 2,275 additional senior households by 2036 on the medium scenario, each needing a home suited to a household whose income has fallen and whose mobility may decline. The residents of seniors accommodation, 191 people at the 2025 census including 100 at Willow Square, are already reflected in the household shares used, and their effect on the figures above is small.

A note on the basis of the household figures. The 2021 federal census counted 3,150 seniors in the Region, against 2,258 who reported an age in the 2021 municipal census. The municipal figure on the imputed basis, which scales up for residents who did not report an age, was 3,375, within 7 per cent of the federal count. Household figures are therefore reported on the imputed basis, which is the basis consistent with the federal source of the household shares, with the enumerated basis shown as a floor.

4.2 Affordability and future housing need

Two measures from the 2021 federal census describe the housing need that already exists among senior households, and both are projected forward in Table 4.

The first is **core housing need,** the most commonly used measure of housing stress in Canada. A household is in core housing need if its housing is unaffordable (costing 30 per cent or more of income), inadequate (needing major repairs) or unsuitable (too small), and if it could not obtain acceptable housing locally for less than 30 per cent of its income. In 2021, 165 households headed by a senior were in core

housing need, 10.7 per cent of senior households against 5 per cent of all households. The custom tabulation of the same census obtained for this report gives 160 senior households in core need, 10.3 per cent; the small difference from the Municipality's tables is the effect of the random rounding Statistics Canada applies to census counts, and Table 4 keeps the rate from the Municipality's tables for consistency with the Housing Needs Assessment. Senior households were among the few groups whose core housing need rose between 2006 and 2021, while the Region's total fell by 30 per cent.

The second is **household suppression:** the number of senior formed households that would exist if seniors formed households at the rate they did in 2006 but do not, because a senior is living with adult children or sharing with another senior since there is nowhere affordable to live alone. The 2006 rate is the reference in the federal Housing Needs Assessment method: it is the last census year before housing costs in Canada rose faster than incomes, so household formation in that year stands for what households would do if affordable housing were available.

In 2021, 191 of the Region's 505 suppressed households were headed by a senior, 38 per cent of the total from a group that is 5 per cent of the population. The seniors survey shows the arrangement from the inside: seniors living with family were the group most interested in moving to a seniors' facility, at 73 per cent, and the group with the second-highest rate of isolation.

The two measures overlap in part, since a suppressed household that forms may itself be in core need, and they are best read together as the households for whom the Region's existing housing does not work. Holding the 2021 rates constant, a middle assumption given the incomes reported at section 2.2 (Appendix B), gives the figures in Table 4.

Table 4. Senior households in core housing need and suppressed senior households, 2025 to 2036, against subsidized supply

Measure	2025	2031	2036	Supply, September 2026
Senior households in core housing need, at the 2021 rate of 10.7 per cent	251	373	494	89 subsidized seniors units
Suppressed senior households, at the 2021 rate of 12.3 per cent	288	428	567	not applicable

Source: medium scenario, imputed basis; rates from the 2021 federal census as reported in the Municipality's federal Housing Needs Assessment tables. Supply is the 83 units under the provincial seniors housing programs plus the six Elder units at Sakastew Homes.

The Housing Needs survey shows the same pressure in the answers of respondents. Among respondents aged 65 years and over, 21 per cent of owners and 45 per cent of renters had no money left after housing costs each month, 12 per cent said their housing was not affordable, 14 per cent said that it needed repair, and 41 per cent named non-market rental housing among the kinds of housing the Region needs. Affordability geared to income was the feature of future housing that seniors rated most important of all.

The custom tabulation of the 2021 federal census obtained from Statistics Canada for this report, summarized at Appendix A.6, puts figures behind the survey answers. The Region's 1,555 senior households had a median total income of $108,000 in 2020, against $184,000 for all households and

$178,000 for households headed by a resident aged 55 to 64. Income falls with age: the median was $121,000 for households headed by a resident aged 65 to 74 and $58,400 for those headed by a resident aged 75 to 84. It also differs by tenure and household type. Senior homeowners had a median income of $118,000 and senior renters $58,400; seniors living alone, 555 households or 36 per cent of all senior households, had a median income of $49,600, and senior couples without children at home $120,000. One senior household in six (245) had an income under $40,000, rising to two in five among households headed by a resident aged 75 to 84.

Shelter costs weigh on a minority of senior households, and that minority is concentrated. In 2021, 315 senior households, 20 per cent, spent 30 per cent or more of their income on shelter, and 90 spent half or more. The share was similar for owners (19 per cent) and renters (23 per cent), and it was highest among the owners still paying a mortgage (28 per cent), who were half of all senior owners. Core housing need, which adds the test of whether acceptable housing could be found locally for less than 30 per cent of income, affected 160 senior households, 10.3 per cent, against 4.6 per cent of all households in the Region: 8.9 per cent of households headed by a resident aged 65 to 74 and 19.3 per cent of those headed by a resident aged 75 to 84; 8.1 per cent of senior owners and 17.0 per cent of senior renters. Seniors living alone account for 110 of the 160 households in core need, one in five of all seniors living alone, and their median income is $32,800. Within Fort McMurray, which holds 1,385 of the Region's senior households, 125 were in core need.

Subsidized seniors housing covers a little over a third of the senior households in core need today and would cover less than a fifth by 2036 if nothing is added. This is the first gap identified in this assessment.

Affordability also bears on seniors who own their home. The homeowner who wants to move to something smaller depends on being able to sell, on a smaller ground-oriented unit existing to move to, and on the sale raising enough to fund the move. The Municipality's residential market value series shows that the mean assessed value of a single detached house fell by about 30 per cent for newer homes and 33 per cent for older homes between 2012 and 2024, so that owners who bought at the height of the last boom may now hold less equity than they paid. The preference to remain at home recorded in the surveys is in part a constraint as well as a choice.

4.3 Homelessness among older adults

Between April 2025 and August 2026, the Municipality's homelessness information system recorded 285 people aged 55 and over as newly experiencing homelessness in the Region: 231 were older adults aged 55 to 64 years and 54 were seniors aged 65 and over, with a further 15 returns to homelessness. Together, they make up about a third of the 817 people of all ages newly identified in the period, and the monthly count of older adults ranged from 8 to 48.

Case notes from the last three months describe people in their late sixties to mid-eighties discharged from hospital to a hotel, staying in the shelter without family support, living with a disability, living in a home without water, heat or electricity, and facing eviction from a rented room.

The figures are administrative counts at a point in time and are not comparable with the census, but they establish that a measurable number of older residents are already outside the housing system, and that the number identified each month is not falling. They are carried forward as a baseline indicator at

Appendix D and as a consideration for the Strategy, where prevention for older adults aged 55 to 64, the larger of the two groups, sits alongside housing for seniors.

4.4 Accessibility and suitability

Most seniors live in ordinary houses. The Municipality's 2025 census dwelling table shows that, of households that include a senior, 53.5 per cent live in a single detached house, 20.0 per cent in an apartment or condominium, 10.7 per cent in a manufactured or mobile home, 7.1 per cent in a townhouse, 6.0 per cent in a semi-detached house or duplex, 2.0 per cent in a basement or secondary suite and 0.9 per cent in a multiplex. Among residents aged 75 and over, 60 per cent of urban seniors and 82 per cent of rural seniors live in a single detached house, and 16 per cent of urban seniors live in an apartment or condominium against none in the rural communities.

The Housing Needs survey says that the stock is as much of a problem as the tenure. Among respondents aged 65 and over, designated seniors and Elders housing was the kind of housing most often named as needed (78 per cent), one-level homes with accessibility features came second (59 per cent), and two-bedroom homes were the size most wanted (49 per cent), which reflects the 47 per cent who live with a partner. Twelve per cent said their current home was not accessible. In the seniors survey, the accessibility features respondents would need in a future home were accessible bathrooms (80 per cent), grab bars (75 per cent), step-free access (70 per cent) and automatic doors (63 per cent).

The need is for two things the market has not produced: smaller one-level homes, and adaptation of the homes people already own. The Municipality's Housing Strategy Framework of February 2026 proposes, as an option for the Municipality to investigate, a municipal retrofit and accessibility grant that would top up the federal and provincial programs. The provincial programs remain available: the Residential Access Modification Program (RAMP) grants up to $12,000 a benefit year, income tested, for modifications that let a person with a permanent mobility limitation enter and move about the home, and the Seniors Home Adaptation and Repair Program (SHARP) lends homeowners aged 65 and over against the equity in their home for adaptations and repairs, with a grant stream of up to $5,000 a year for low-income seniors. Staying at home with adaptations is the first preference of seniors aged 75 and over and of rural residents, when asked about the kind of housing they would consider moving to (section 3.3).

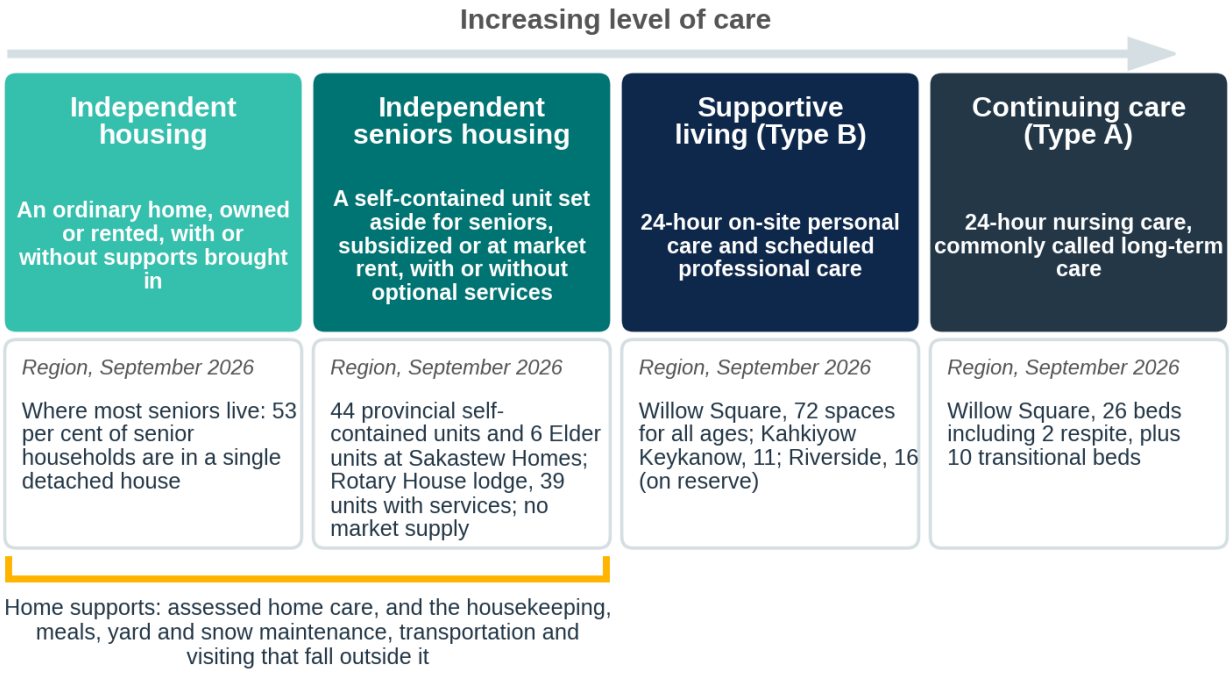
4.5 Couples

Space for a couple to live together was very important to 42 per cent of seniors and 71 per cent of the general public, and the Housing Needs survey shows that nearly half of senior households are couples. Every seniors-designated unit in the Region is a one-bedroom or studio unit. Rotary House will admit a couple if one partner is 65, into a one-bedroom or studio apartment. Willow Square was designed with adjoining rooms intended to function as a bedroom and living room for a couple. The only accommodation in the Region built for a couple in care is two double units at the Riverside Care Centre in Fort McKay, on reserve. Any new provision that cannot house a couple will exclude the most common kind of senior household in the Region.

4.6 The supply of seniors housing and care

Table 5 sets out the seniors accommodation in the Region at each level of the housing continuum described at section 1.5. Figure 3 shows the continuum with the Region's provision at each level.

Figure 3. The housing and care continuum used in this report, and what the Region has at each level



Levels as defined at section 1.5; provision from Table 5 and, for home supports, section 5.1.

Table 5. Seniors housing and care in the Region, September 2026

Level	Facility	Community	Units or beds	Operator	Occupancy and waiting list, September 2026
Independent seniors housing, subsidized	Araubasca House	Fort McMurray	18	Wood Buffalo Housing	Fort McMurray self-contained units: two vacant pending allocation, four households waiting; 21 residents at the 2025 census
	Legion Manor	Fort McMurray	12	Wood Buffalo Housing	As above; 12 residents at the 2025 census

Level	Facility	Community	Units or beds	Operator	Occupancy and waiting list, September 2026
	Ayabaskaw Home	Fort Chipewyan	10	Wood Buffalo Housing	Two vacant, no one waiting; 8 residents at the 2025 census. The separate Ayabaskaw Lodge, 15 units, has been closed since 2021 and is leased to the Athabasca Tribal Council
	Woodsmoke Elders Lodge	Anzac	4	Wood Buffalo Housing	No one waiting; 4 residents at the 2018 census
	Sakastew Homes	Fort Chipewyan	6	Fort Chipewyan Métis Nation	Ground-floor Elder units from age 55, opened July 2026; four market units above; demand not yet known
Independent seniors housing with services (lodge)	Rotary House	Fort McMurray	39	Wood Buffalo Housing	Full; four households waiting and ten applications pending; 36 residents at the 2025 census
Supportive living, Type B	Willow Square Continuing Care Centre	Fort McMurray	36, plus 36 secure	Alberta Health Services	Full, with a waiting list for both; 100 residents of all ages at the centre at the 2025 census
	Kahkiyow Keykanow Elders Care Home	Fort Chipewyan	11	Cree-Ations Enterprises	Care funded by Alberta Health Services; 10 residents at the 2025 census
	Riverside Care Centre Sonîsîpîhk / Des k'e gah	Fort McKay	16	Fort McKay First Nation	On reserve; 13 single, 2 double and 1 palliative unit; 24-hour care
Continuing care, Type A (long-term care)	Willow Square Continuing Care Centre	Fort McMurray	26, including 2 respite	Alberta Health Services	Full, with a waiting list; $2,400 a month (2025)
Transitional care	Willow Square Continuing Care Centre	Fort McMurray	10	Alberta Health Services	Short stays of up to 90 days after hospital or while waiting for a placement; full, with a waiting list

Level	Facility	Community	Units or beds	Operator	Occupancy and waiting list, September 2026
Palliative	Jeremy Snook Memorial Suites	Fort McMurray	3	Northern Lights Health Centre	All ages, with a focus on children and young adults
Private-pay supportive living	None		0		No operator offers supportive living that residents pay for themselves
Seniors market housing	None		0		No privately developed seniors housing of any kind

Sources: Wood Buffalo Housing, September 18, 2026 (position as at September 16); Alberta Health Services, September 23, 2026; Data and Analytics, residents of seniors accommodation in the 2025 municipal census. Rents for the subsidized units are 30 per cent of income to a maximum of $1,180 including utilities at 2025 rates; Rotary House residents pay 30 per cent of income plus a service fee to a maximum that depends on unit size. Willow Square rates are for 2025. It also has one family suite for visiting relatives.

Three points stand out from Table 5:

- The 83 units under the provincial programs have had no addition in more than 26 years. Rotary House is full with a waiting list. The self-contained units are close to full in Fort McMurray, where four households are waiting, and are not in demand in the rural communities, where two units stand vacant in Fort Chipewyan and no one is waiting in Fort Chipewyan or Anzac. The only addition in the Region since Willow Square opened in June 2021 is Sakastew Homes, which is Indigenous-led and which opened to application in July 2026.
- Two levels of the continuum have nothing in them, private-pay supportive living and seniors market housing, and one level, independent seniors housing with services, has a single building. Outside Fort McMurray, all of the Region's care is Indigenous-led, at Kahkiyow Keykanow in Fort Chipewyan (opened 2014) and Sonîsîpîhk / Des k'e gah (Riverside) in Fort McKay (opened 2018). That is a strength in cultural terms, and the gap it leaves is that Conklin, Janvier and Anzac have no supportive living or continuing care of any kind; the four Woodsmoke units in Anzac and the ten Ayabaskaw Home units in Fort Chipewyan are independent housing.
- Willow Square is a regional resource for adults of all ages, placed by assessed need rather than by age or address, and it is full with a waiting list for every type of bed. The extent of unmet demand among residents of the Region for the levels of care it provides cannot be readily calculated, other than from anecdotal evidence, and that is a question for Alberta Health Services and Assisted Living Alberta.

4.7 The gap at each level of the housing continuum

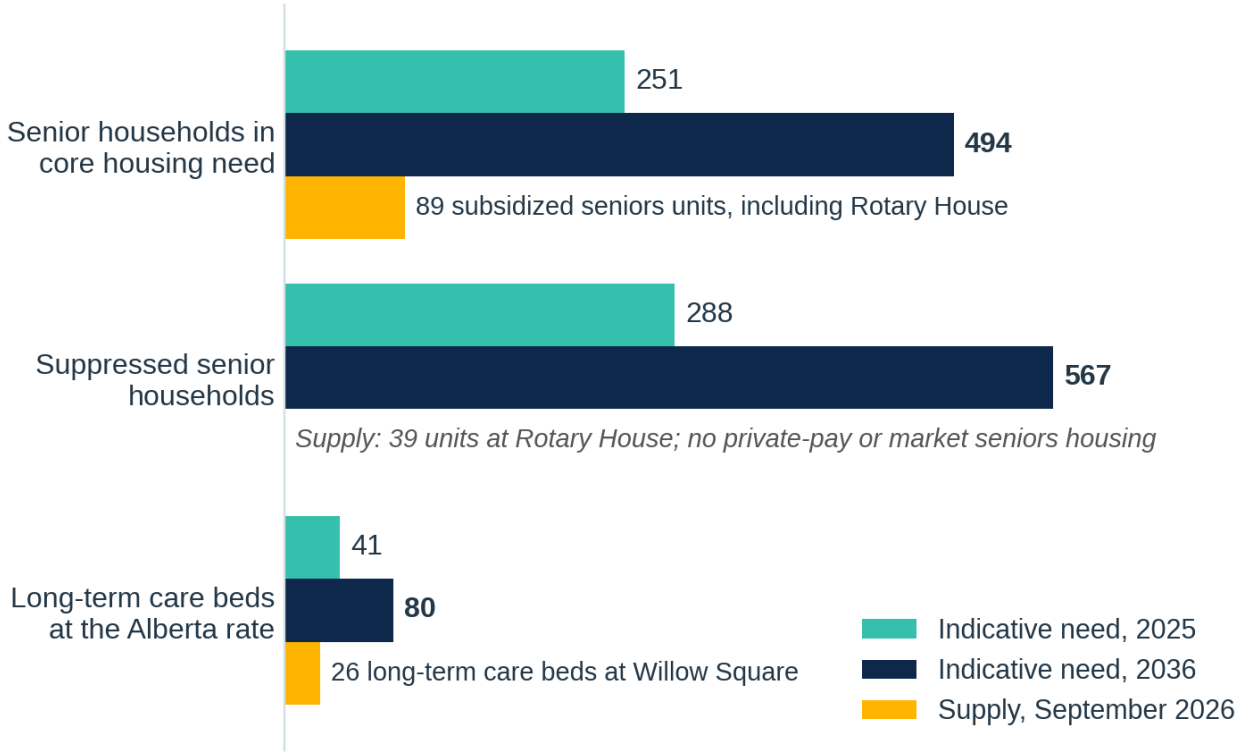
Table 6 brings need and supply together at each level of the continuum, on the medium growth scenario. The measures of need are deliberately restrained: none assumes that rates rise, each holds the 2021 rate constant or uses the provincial average as the benchmark, and each is explained in Appendix B. The measures are indicative of the scale of the gap rather than precise targets.

Table 6. Need and supply at each level of the housing continuum, medium growth scenario

Level	Measure of need, 2025	Measure of need, 2036	Supply, September 2026	What it means
Independent seniors housing, subsidized	251 senior households in core housing need	494	89 units, including the 39 lodge units at Rotary House	Supply covers about a third of need today and under a fifth by 2036. The largest and most certain gap.
Independent seniors housing with services (the lodge level), and seniors market housing (private-pay supportive living and seniors housing built by the market)	288 suppressed senior households; 31 to 45 per cent of seniors would choose a seniors-only or serviced apartment	567	39 units at Rotary House, counted within the 89 above; no private-pay supportive living and no seniors housing built by the market	The missing middle. Rotary House is always full, and nothing exists for the household that could pay.
Supportive living, Type B	Alberta's designated supportive living runs at roughly 40 spaces per 1,000 residents aged 75 and over; the Region has 110 per 1,000	57 per 1,000 with no additions	83 spaces, 72 of them at Willow Square for all ages, excluding the 16 on-reserve units at Riverside	Well provided on paper for a small 75 and over population, full in practice, and not seniors-specific. Growth of the 75 and over population halves the ratio within ten years.
Continuing care, Type A (long-term care)	41 beds at the Alberta rate of 55.1 per 1,000 residents aged 75 and over	80 beds at the Alberta rate; 92 at the Canadian rate	26 beds, plus 10 transitional beds	About two thirds of the provincial ratio today, and one third by 2036 with no additions; full, with waits of up to two years.
Home supports	About 510 seniors receive publicly funded home care, one in seven; 72 per cent of seniors under age 75 receive no support	Senior households double	Home care; no funded housekeeping, yard or visiting program since the Age Well at Home pilot ended	The widest gap between what the evidence says works and what is provided.

Sources: medium scenario, imputed basis for households. Long-term care ratios from the Canadian Institute for Health Information, Health System Context Series, November 2025 (Alberta 55.1 and Canada 63.5 long-term care beds per 1,000 residents aged 75 and over, 2025), applied to 752 residents aged 75 and over in 2025 and 1,454 in 2036. The supportive living ratio is an approximate provincial figure used for orientation only.

Figure 4. Three measures of need against supply, 2025 and 2036, medium growth scenario



Core housing need and suppression are senior households on the imputed basis; long-term care beds are the Type A beds at Willow Square against the number the Alberta ratio implies. The 89 subsidized units include the 39 lodge units at Rotary House, which appear again at the middle level because the two rows measure different needs against the same stock. Home supports, the fourth gap in Table 6, are measured by households rather than units and are not shown.

Figure 4 shows three of the measures in Table 6 against the supply that exists for each: subsidized seniors units, the Rotary House units at the middle level, and long-term care beds. Read down the table, the gap is largest and most certain at the bottom of the continuum (subsidized independent seniors housing) and narrows toward the top (long-term care beds).

The Region is short of subsidized seniors housing by a factor of three today, has almost nothing between a subsidized apartment and a care bed, and provides home supports to about one senior in seven (a gap not shown in Figure 4). Long-term care, on the bed numbers confirmed by Alberta Health Services in September 2026, is at about two thirds of the provincial ratio today (35 against 55 beds per 1,000 residents aged 75 and over, counting the 26 Type A beds, which serve all eligible adults and not only seniors, so the gap for seniors may be larger than the ratio shows), and the growth of the 75 and over population reduces that to about one third by 2036 unless beds are added. The order of the gaps is the order in which the evidence would have the Strategy respond.

5. Support services need

5.1 Home care and support at home

Publicly funded home care in the Region is now the responsibility of Assisted Living Alberta, the provincial agency that took over home and community care from Alberta Health Services in 2025. A case manager, usually a registered nurse, assesses eligibility on the basis of health and the ability to manage daily living, and delivery is contracted to home care providers. In 2025 the service had about 600 clients in the Region, an estimated 85 per cent of them seniors (section 3.7). That is roughly 500 seniors, or between one in seven and one in nine depending on whether seniors are counted on the enumerated or the imputed basis (section 2.1).

Services outside the assessed care plan must be paid for privately, and the organizations and the surveys agree on where the gaps are (sections 3.4 and 3.7): health care aides to support daily living short of 24-hour care; residents aged 55 to 64 who need support and do not qualify; and the regular housekeeping (beyond the light tasks an assessed care plan may include), meals, maintenance, snow clearing and yard work that no public program provides and that seniors on fixed incomes cannot buy. Those are the supports seniors most want at every age (section 3.4) and the supports rural respondents want most.

The Age Well at Home pilot showed that they can be delivered in this Region and that they keep people at home; it is referred to here as an example of a model that has worked, not as the only way the need could be met. On the medium growth scenario, the number of seniors who would draw on such supports doubles by 2036, and the family survey shows that the alternative today is family: more than half of relatives aged 75 to 84 depend on it. Helping more people stay in their own homes for longer will also add to the demand for assessed home care, so the two are best planned together.

5.2 Transportation and medical travel

Within Fort McMurray, the fixed routes and Transit on Demand are free for seniors, every Specialized Transit trip requested is provided, and the services run from early morning to late evening (section 3.6). The gaps are in the use of transit rather than its supply and include:

- the transition away from driving, which 8 per cent of seniors under age 75 said already keeps them at home;
- awareness, since Transit Services hears at its own engagements that residents did not know the services existed, and the travel training the Transit Master Plan calls for has not yet been formalized; and
- the rural communities, which have a contracted service to Fort McMurray on one or two days a week, very few registered Specialized Transit users and no municipal transit within them.

Transit Services does not record the age of riders, so the take-up of its services by seniors cannot be measured from its systems; the rider survey planned for late 2026 is the next opportunity to ask.

Medical travel to Edmonton and Calgary for treatment and specialist care is a recurring burden on seniors and their families, and it falls hardest on people with dementia, for whom the Alzheimer Society could identify no travel support. Medical travel is not a municipal responsibility, and the one program in the

record, the Chard Métis Community Association's Elder Care and Medical Travel Support Program in Janvier, is run by a community organization with a municipal community grant. The Municipality's roles are to advocate to the Province on the gap, to convene the organizations that could provide support, and to fund eligible programs through its existing grant streams.

5.3 Social connection

Social isolation among seniors is most common among those who rent, those who live with family and those who have stopped driving (sections 3.5 and 3.6). The organizations that address social isolation in Fort McMurray, the Golden Years Society, the Nistawoyou Association Friendship Centre, the Multicultural Association and St. Aidan's Society, each operate at the limit of their capacity: the Golden Years Society's coffee mornings and lunches exceed what its volunteers can provide, the Friendship Centre and St. Aidan's have waiting lists, and Support Services Wood Buffalo closed in December 2025.

In the rural communities the Municipality's community grants fund seniors programs in Anzac, Gregoire Lake Estates, Janvier and Saprae Creek Estates (section 5.6). In 2026 the Conklin Community Association, the Nistawoyou Association Friendship Centre and St. Aidan's Society hold funded programs or events specifically for seniors in Conklin, five other funded organizations deliver programs for adults there, and the Fort Chipewyan Métis Nation Association is funded for a heritage program in Fort Chipewyan. These are community assets. What is not known is how many seniors they reach or whether they address isolation among the seniors who most need it, and the gap this report identifies is the absence of seniors-specific programs for social connection in Fort Chipewyan and Fort McKay beyond St. Aidan's region-wide outreach and the Arts Council's seniors program, rather than an absence of community programming altogether.

5.4 Dementia, mental health and specialist care

There is no geriatrician in the Region, geriatric assessment by telehealth has a waiting list of more than a year, and there is no local support for people before a dementia diagnosis. Secure dementia care exists at Willow Square and at Riverside in Fort McKay. The Alzheimer Society noted that when Willow Square is full, people with dementia are affected first, because they need the secure spaces and cannot safely be placed in other beds. With the 85 and over population more than doubling, dementia care is the specialist need that grows fastest.

Alberta Health Services, Wood Buffalo Addiction and Mental Health, provides assessment, treatment, counselling and referral to adults and older adults, and the Wood Buffalo Wellness Society serves Indigenous Peoples facing addiction and homelessness. Neither was among the ten organizations interviewed in 2025, and neither is seniors specific. The organizations that were interviewed could not identify mental health or addiction support designed for seniors, and that is the gap this report records: not an absence of services, but an absence of services shaped for older people.

5.5 Information, navigation and caregivers

Many people do not know what housing and services are available for seniors and older adults who may be experiencing health or mobility problems. Among family members responding to the survey, a lack of awareness of the options and uncertainty about what services would be offered were given as reasons

nearly as often as affordability for not considering a facility. Navigation, meaning help to find and use the services that exist, is a service in its own right. St. Aidan's Society and the Multicultural Association provide it and both have waiting lists. The Age Well at Home pilot included it; the pilot's evaluation reports overall satisfaction and confidence rather than the use made of each service, so the take-up of navigation on its own is not known.

Caregivers appear in the record mainly through the family survey, in which 53 per cent of relatives aged 75 to 84 and 57 per cent of those aged 85 and over receive help from family. The Alzheimer Society reports that supporting the carer is often the most effective way to keep the person at home, in a familiar environment and among the people they know. No caregiver support program specific to seniors was identified.

5.6 Senior-serving organizations and what the Municipality funds

The Municipality's community asset listing, compiled by Community Services, records about 450 organizations providing services across the Region, of which a small number are specifically for seniors. Many general community organizations serve seniors within all-ages programs and do not record participation by age, so the number of seniors-specific organizations is not a measure of the strength of the community network as a whole.

The Municipality's community grants to seniors programs, listed in Table 7 for the 2024 to 2026 cycle, show where seniors-specific programming is funded: nine organizations: six at $100,000 a year or less, St. Aidan's Society at $450,000 for region-wide outreach, and two organization-wide sustaining grants, to Arts Council Wood Buffalo ($665,000) and FuseSocial Wood Buffalo Society ($741,935), that fund seniors programming as one part of a wider mandate. The grant to FuseSocial Wood Buffalo Society supports The Tomorrow Project, a collaboration across the Region's social profit sector in which seniors are one sub-sector; the Background Report records the Municipality's $600,000 contribution to the $800,000 collective impact initiative for the seniors sub-sector that runs from 2025 to 2027.

Table 7. Municipal community grants to seniors programs, 2024 to 2026

Organization	Program	Communities	Grant, 2026
St. Aidan's House Society (St. Aidan's Society)	Seniors Outreach and Advocate Program	Region-wide	$450,000
Arts Council Wood Buffalo	Seniors and the Arts	Fort McMurray, Anzac, Fort Chipewyan, Fort McKay	$665,000
Anzac Family Community Support Society	Seniors and Adults Program	Anzac, Gregoire Lake Estates	$100,000
Willow Lake Métis Association	Elders Program and Métis Cultural Program	Anzac, Gregoire Lake Estates	$100,000
Fort McMurray Golden Years Society	Connect, Strive, Create and Thrive at 65	Fort McMurray	$100,000

Organization	Program	Communities	Grant, 2026
Chard Métis Community Association	Elder Care and Medical Travel Support Program	Janvier	$80,000
Saprae Creek Residents Society	Seniors Social	Saprae Creek Estates	$44,475
Wood Buffalo Senior Support Society	Coffee Time	Fort McMurray	$36,976
FuseSocial Wood Buffalo Society	The Tomorrow Project, strategic collaboration supports	Fort McMurray	$741,935

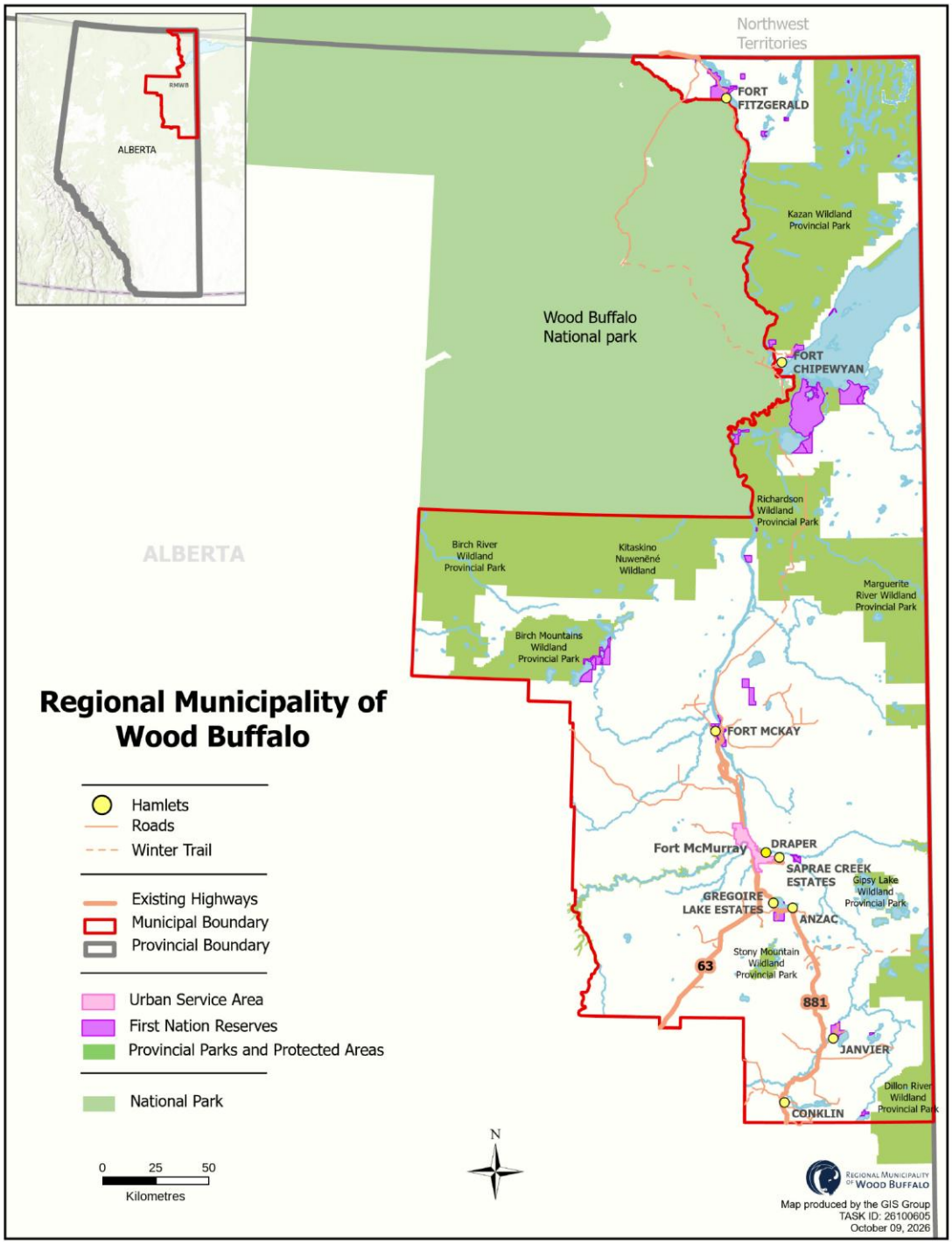
Source: Regional Municipality of Wood Buffalo, senior-serving organizations and community grants list, 2024 to 2026. Sustaining grants are shown at the 2026 amount. Grants to organizations that serve seniors within general community programming, including those in Conklin and Fort Chipewyan, are not listed.

6. Need by community

The Region's communities are varied. This section profiles each community and, from the 2025 census, the inventory of housing, care and programs, and the 2025 engagement, says what the evidence indicates each needs. Figure 5 shows the communities.

In Table 8, residents are those who reported an age in the 2025 census, excluding project accommodation; the seniors percentage is seniors as a percentage of those residents, and the Indigenous percentage is residents identifying as First Nation, Métis or Inuit as a percentage of all residents who reported an identity. Fort Chipewyan is read with caution because age was not reported for more than half of its residents.

Figure 5. The Regional Municipality of Wood Buffalo: the Fort McMurray Urban Service Area, the rural communities and the First Nation reserves



Source: Regional Municipality of Wood Buffalo, GIS Group, October 2026, with the scale bar corrected. The First Nation reserves shown are outside the Municipality's jurisdiction and are not included in the figures in this report.

Table 8. The Region's communities: population, provision and need, 2025

Community	Residents who reported an age	Seniors	Aged 55 and over	Seniors (%)	Indigenous (%)	Housing and care	Seniors' programs	What the evidence says is needed
Fort McMurray	64,700	3,400	9,600	5.3%	5%	69 subsidized units including 39 at Rotary House; Willow Square, 108 beds; palliative suites	All urban organizations; home care	Subsidized and serviced seniors housing; support at home; the missing middle; units for couples
Anzac	527	53	130	10.1%	25%	Woodsmoke Elders Lodge, 4 units	Anzac Family Community Support Society seniors program; Willow Lake Métis Elders program; home care	Home maintenance and support at home; four units for a community with 53 seniors and 130 residents aged 55 and over
Fort Chipewyan	318	42	88	13.2%	90%	Ayabaskaw Home, 10 units; Kahkiyow Keykanow, 11 Type B rooms; Sakastew Homes, 6 Elder units	St. Aidan's outreach; Arts Council; Métis heritage program	Best provided rural community; demand for the new Elder units not yet known; medical travel

Community	Residents who reported an age	Seniors	Aged 55 and over	Seniors (%)	Indigenous (%)	Housing and care	Seniors' programs	What the evidence says is needed
Conklin	166	26	52	15.7%	84%	None	Conklin Community Association and funded programs by regional organizations	Highest percentage of seniors among the larger communities, with no housing or care facility; Elder care and support at home at community scale
Janvier	104	14	36	13.5%	88%	None	Chard Métis Elder Care and Medical Travel program; home care nurses four days a week	Among the highest percentages of seniors; Elder care and medical travel; no housing or care facility
Fort McKay	59	8	18	13.6%	90%	Riverside Care Centre, 16 units, on reserve	Arts Council	Served by First Nation provision; the municipal role is partnership, not supply
Saprae Creek Estates	673	69	167	10.3%	11%	None	Saprae Creek Residents Society seniors social	Extension of the urban area with the largest rural 55 and over population; served from Fort McMurray

Community	Residents who reported an age	Seniors	Aged 55 and over	Seniors (%)	Indigenous (%)	Housing and care	Seniors' programs	What the evidence says is needed
Gregoire Lake Estates	171	9	31	5.3%	12%	None	Served with Anzac	Young community with a cohort approaching 65
Draper	121	8	20	6.6%	17%	None	None	Extension of the urban area; served from Fort McMurray
Fort Fitzgerald	2	2	2	100%	0%	None	None	Two residents reporting an age; not a planning unit

Sources: Municipal Census 2025, residents who reported an age; Fort McMurray figures rounded. Provision from the Municipality's inventory of August 28, 2026 and the information received in September 2026. Programs from the Municipality's community grants list and Community Services.

Four conclusions follow for the Strategy.

- The Urban Service Area holds the scale of the need and every level of the housing and care continuum that exists, and it is where the missing middle and the shortage of subsidized units are concentrated.
- Fort Chipewyan and Fort McKay show what Indigenous-led provision looks like in this Region and are the model for partnership rather than for municipal supply.
- Conklin and Janvier, which have among the highest percentages of seniors, have no seniors housing or care facility; their need is for support at home and Elder care that can be delivered at the scale of a small community, not for a facility.
- Anzac, with the largest senior population of the freestanding rural communities and four units, is the community where a small addition to housing would go furthest.

7. Key findings and planning implications

7.1 Introduction

The purpose of this needs assessment was to establish, for Council and for the public, what the Region's seniors and older adults need in housing and support services over the next ten years, and to do so before any decision about a response is made. The conclusions are clear:

The population is aging quickly, and the trend is unavoidable because the current cohort aged 55 to 64 is already here. The senior population will roughly double by 2036, and most of the growth will come from residents now aged 55 to 64. The need that growth creates can be measured, and most of it is for support at home, for subsidized and accessible seniors housing, for a middle level of seniors housing with services that the Region does not yet have, and, behind those, for care capacity that grows with the 85 years and over population rather than for a single large care facility built first.

Rural and Indigenous communities experience the greatest mismatch between need and available housing options. The evidence shows that the need is not the same everywhere. The Urban Service Area holds its scale; the rural communities with the oldest populations have the least provision; and the Indigenous-led housing and care in Fort Chipewyan and Fort McKay show what partnership can achieve. Residents want to stay in the Region as they age, and some who have left would return if the housing and services existed. The priority needs and responses set out below give Council a basis for a Strategy that responds to the whole of that need, of which any facility would be one part.

This section moves from findings to direction in three steps.

Section 7.2 ranks the priority needs, drawn from the housing need at section 4, the support services need at section 5 and the community profiles at section 6, in the order the evidence supports.

Section 7.3 identifies the responses that would meet those needs, what the evidence says about each, and what implementing each would involve.

Section 7.4 sets out what this means for the municipally owned site beside Willow Square. The baseline indicators against which the Strategy can later be measured are at Appendix D.

7.2 Priority needs, in order

The needs below are ranked by the weight of evidence behind each, by the number of people affected, and by the certainty of the projection that drives it. Each is stated with the figure the Strategy should plan against.

- **Priority 1: support at home, at a scale that matches a doubling senior population.** Housekeeping, yard and snow maintenance, meals, transportation, visiting and navigation for seniors who cannot buy them, and health care aides for daily living short of 24-hour care. The households that could draw on these supports are every senior household not in care, about 2,340 today and about 4,620 by 2036; within that group, publicly funded home care is available once a case manager, usually a registered nurse, has assessed the person.

The Age Well at Home pilot reported 143 evaluation respondents in its first year and 84 in its second. Measures the record already points to include the home visiting program that St. Aidan's Society has proposed but cannot fund, and the navigation, referral and tax clinic help that Support Services Wood Buffalo provided until it closed in December 2025, and travel training for seniors on the transit services now available, which the Transit Master Plan calls for and Transit has not yet formalized.

- **Priority 2: more subsidized seniors housing.** The gap between senior households in core housing need and subsidized seniors units is about 160 units today and about 405 by 2036. New units should be one-bedroom and two-bedroom, accessible throughout, and include units for couples. It is also the gap the Region knows best how to fill: the provincial seniors housing programs, delivered through Wood Buffalo Housing, supplied every existing unit, although none has been added in more than 26 years.
- **Priority 3: the missing middle.** Independent seniors housing with optional services, on the Rotary House model, at more than one price point and including places that residents or their families pay for. A third of seniors in both age groups would consider this kind of housing, it is the second preference of the general public looking ahead, and it is the response senior-serving organizations name first; the Region has only one such building, in downtown Fort McMurray. The suppressed senior households, about 290 today, are its first occupants.
- **Priority 4: care capacity that grows with the 85 and over population.** Long-term care is at about two thirds of the provincial ratio today and falls to about one third by 2036 on the projection alone; the more the Region succeeds in keeping its oldest residents, the sooner additional capacity will be needed. Any addition should be planned against the projected 85 years and over population (93 today, about 210 by 2036 and up to about 430 if departures stop), should include secure dementia care and units for couples, and should be designed so that a resident can move between levels of care without leaving.
- **Priority 5: rural provision at community scale.** Support at home and Elder care in Conklin and Janvier, a small addition of units in Anzac, and partnership with the Indigenous-led provision in Fort Chipewyan and Fort McKay, including on the demand for the Sakastew Elder units and on the current use of the rural housing units transferred to community groups. Rural need should not be addressed through a uniform facility model: the Strategy should establish community-specific service pathways based on population scale, existing Indigenous-led provision, travel conditions, local operating capacity and proximity to Fort McMurray.
- **Priority 6: adaptation of the homes seniors already own.** Staying at home with adaptations is the first preference of seniors aged 75 and over and of rural residents. Adapting the homes seniors already own has the potential to be a cost-effective way of helping people age in place; the Housing Strategy Framework proposes a municipal retrofit and accessibility grant as an option for the Municipality to investigate, and the scale of demand and the cost relative to new housing would need to be established before it is adopted.
- **Priority 7: medical travel, specialist care and caregiver support.** Medical travel support, access to dementia and specialist care, and support for caregivers are needs of the health system rather than municipal responsibilities. The Municipality's roles are to advocate to the Province, to convene the organizations that could respond, and to fund eligible community programs through its grants, as the Chard Métis program in Janvier shows.

7.3 Responses to the priority needs

The priority needs at section 7.2 are what the evidence says the Region's seniors and older adults require. The responses in Table 9 are the ways of meeting them that the evidence supports, and the one it does not. Each response addresses one or more of the priority needs, shown in the first column, and the table records for each what the evidence says, who it would serve and how many, and what implementing it would involve. The considerations in the last column are matters for the Strategy and Action Plan to work through in Part 2 of the project.

Table 9. Responses to the identified needs, what the evidence says about each, and what implementing each would involve

Response, and the priority needs it addresses	What the evidence says	Who it serves, and how many	Implementation considerations
Support at home at scale, with navigation and caregiver support (Priorities 1, 5 and 7)	The response with the strongest support: most wanted at every age, shown to work in the Region, and the lowest cost per person. It can reach the rural communities in a way that buildings cannot.	All seniors not in care; first the one in seven on home care and the 28 per cent of seniors aged 75 and over receiving housekeeping	Sustainable funding; delivery capacity across the Region, whether through one partner or a network of regional and local organizations; alignment with Assisted Living Alberta; a model that lasts beyond a pilot; scores highly for reach and near-term implementation, but depends on stable operating funding and, in the rural communities, on contractor and delivery capacity
Independent seniors housing, subsidized and serviced, in more than one building and more than one community (Priorities 2, 3 and 5)	The largest quantified gap and the most preferred kind of housing. Sakastew Homes shows a six-unit, Indigenous-led model can be built.	Senior households in core need (251 today) and suppressed (288); couples	Provincial program capital and operating agreements; municipal land; Wood Buffalo Housing capacity; distributed ground-oriented housing responds to the dispersion of seniors and to their stated preferences, but may lack operating economies

Response, and the priority needs it addresses	What the evidence says	Who it serves, and how many	Implementation considerations
A serviced middle level of seniors housing that includes places residents pay for (Priority 3)	Fills the level of the continuum with nothing in it, and the step organizations call a big jump. Section 3.8 describes what residents want it to contain.	Households that can pay and have no local option; residents leaving Rotary House for care	An operator, which could be public, non-profit, private or a partnership, with the feasibility of each to be established; a site; operating costs, demand and capital funding; one of the ways to keep residents who now leave; policy and regulatory change that enables market supply would affect long-term private provision but would not relieve the current pressure on continuing care
Expansion of continuing care (Priority 4)	Supported by the shortfall against the provincial ratio and, more strongly, by the growth of the 85 and over population. Should be sized to that population.	About 80 long-term care beds at the Alberta ratio by 2036 against 26 today; more if the Region keeps its oldest residents	Alberta Health Services and Assisted Living Alberta capital and operating decisions; unmet demand among residents of the Region for care at each level
Adaptation of the homes seniors already own (Priority 6)	The first preference of seniors aged 75 and over and of rural residents is to stay in their current home with adaptations. The Housing Strategy Framework proposes a municipal retrofit and accessibility grant as an option to investigate.	Senior homeowners: 79 per cent of urban and 90 per cent of rural residents aged 75 and over own their home	The scale of demand and the cost relative to new housing, to be established before adoption; a top-up to the federal and provincial programs (RAMP and SHARP); delivery through an existing grant stream
A single large care facility on the Willow Square site (not a priority need; tested here against Priorities 3 and 4)	Not supported as a first response. The site, its permit history and its services are assets, but the evidence points to a building that combines levels of housing and care rather than a single-level care building, and to	The urban seniors who would move to a serviced residence with health services on hand: about half of those surveyed	Part 3 of the project will test what the site can carry; this report, at section 7.4, says what the Region needs it to contain, not whether it should be built; a multi-service building there

Response, and the priority needs it addresses	What the evidence says	Who it serves, and how many	Implementation considerations
	supports and housing that no single site can deliver.		responds to care integration and waiting lists, but does not of itself resolve rural need or the preference for ground-oriented housing

Two points apply to every response in Table 9. They are conditions rather than options.

First, what the Region provides for people at 85 determines how many residents it has at 85: a decision to expand continuing care is also a decision to keep the people who need it, and the higher figure of about 430 at section 2.1 is the demand that decision would create.

Second, the sequence matters: support at home and the housing middle reduce the pressure on care beds and buy the time in which the care decision can be taken on evidence from the 85 and over population as it arrives.

7.4 What this means for the Willow Square site

The Municipality owns a 0.66 hectare site beside the Willow Square Continuing Care Centre, at the corner of Franklin Avenue and Hospital Street. The site is serviced, zoned to permit an institutional use, and generally suitable for development, subject to its location within the flood management area. It is the best-located land for seniors housing in the Region, within minutes of the hospital, transit and the downtown medical services. The conclusions of this assessment for the site are as follows.

- The level of the continuum with the least provision is not care but the middle level: independent seniors housing with services on hand. The site should not be committed to a single level of care.
- The site suits the kind of building the surveys describe: a place to live independently with optional services, health services in or near the building, secure access, company, and the assurance that more care is available without moving away. Such a building would combine levels of housing and care rather than provide one of them.
- Whatever is built there will not reach the rural communities, the seniors who want to stay in their own homes, or most of the households in core housing need. The site is part of the answer and not the whole of it.
- Part 3 of the project will assess the site, and other vacant sites the Municipality identifies, against the site assessment template prepared for the project, and will test what the Willow Square site can carry and at what cost. This report says what the Region needs it to contain.

Appendix A. Survey tables

All figures are percentages of respondents who answered the question, from the responses to the 2025 surveys, aggregated by the groups shown. Questions where respondents could choose more than one answer sum to more than 100. Rural bases in the seniors survey are ten or eleven respondents and are shown as counts in the body of the report.

A.1 Seniors survey, 256 respondents, by age

Question and response	Aged 65 to 74	Aged 75 and over
Intend to live in Wood Buffalo as they age: yes	76%	84%
Anticipate moving in the next five to ten years: yes / maybe	38% / 42%	37% / 34%
Live with a physical, sensory, cognitive or mobility limitation	37%	51%
Of those, mobility	49%	56%
Receive no support to live independently	72%	48%
Receive home care or personal care	1%	16%
Would like housekeeping / yard maintenance	24% / 25%	24% / 30%
Drive themselves / driven by family or friends / specialized transit (SMART Bus)	80% / 26% / 10%	60% / 35% / 30%
Comfortable with technology: yes / no	72% / 8%	43% / 23%
Interested in moving to an aging in place facility: yes / maybe	60% / 35%	51% / 40%

A.2 Seniors survey, by living arrangement

Living arrangement	Respondents	Feel connected	Often feel isolated	Interested in a facility: yes
Own home	149	80%	2%	53%
Rental	50	48%	22%	58%
With family	27	59%	15%	73%
Independent seniors housing	24	100%	0%	63%
Supportive living or care	4	75%	0%	25%

A.3 Seniors survey, importance of features in a future home, all respondents

Feature	Very important	Important
Affordable and geared to income	70%	18%
Close to medical, cultural and community services	58%	29%

Feature	Very important	Important
Accessible for mobility devices	47%	31%
Pet-friendly	23%	15%
Access to the internet	63%	25%
Air conditioning and fresh air circulation	60%	29%
Natural light and large windows	55%	32%
Washer and dryer in the unit	50%	32%
A private balcony or outdoor space	48%	34%
Space for couples to live together	42%	23%
Plenty of storage	41%	38%
Shared areas to visit and socialize	39%	39%
Units for visiting family to rent	25%	23%
A flexible room design	18%	33%

A.4 Family survey, 164 respondents, by age of the relative

Question and response	Under 75	75 to 84	85 and over
Relative lives in own home / with family / in care	63% / 24% / 1%	54% / 20% / 2%	43% / 29% / 29%
Receives help from family	43%	53%	57%
Receives home care or personal care	7%	16%	29%
Challenge: mobility or accessibility	37%	58%	86%
Challenge: social isolation	51%	51%	43%
Challenge: transportation	29%	44%	71%
Challenge: home maintenance or safety	47%	53%	43%
Challenge: cost of living	66%	42%	86%
Not very connected to the community	26%	29%	14%

A.5 Housing Needs survey, respondents aged 65 and over (48 to 49) against under 55 (429)

Question and response	65 and over	Under 55
Household income $39,000 or less / under $80,000	27% / 58%	8% / 18%
Owners with no money left after housing costs each month	21%	11%

Question and response	65 and over	Under 55
Renters with no money left after housing costs each month	45%	17%
Current housing meets needs: yes	56%	43%
Housing not accessible	12%	2%
Housing not affordable	12%	11%
Kind of housing needed: seniors or Elders housing	78%	32%
One-level homes with accessibility features	59%	32%
Non-market rental housing	41%	32%
Bedrooms needed: one / two / three	11% / 49% / 38%	3% / 13% / 38%
Live alone / with partner only	28% / 47%	5% / 18%
Lived in the Region more than twenty years	52%	26%

A.6 Senior households in the 2021 federal census: income, shelter costs and core housing need

Private households examined for core housing need, by age of the primary household maintainer, Regional Municipality of Wood Buffalo (census subdivision), 2021. Income is total household income in 2020. Counts are randomly rounded to a multiple of 5.

Measure	All households	55 to 64	65 and over	65 to 74	75 to 84	65 and over, owners	65 and over, renters
Households	25,935	4,455	1,555	1,230	285	1,115	440
Median total income ($)	184,000	178,000	108,000	121,000	58,400	118,000	58,400
Median after-tax income ($)	144,000	141,000	92,000	106,000	58,000	102,000	58,000
Income under $40,000 (%)	6	7	16	11	39	12	27
Spending 30% or more of income on shelter (%)	13	14	20	20	23	19	23
In core housing need (households)	1,190	170	160	110	55	90	75
In core housing need (%)	4.6	3.8	10.3	8.9	19.3	8.1	17.0

Source: Statistics Canada, 2021 Census of Population, custom tabulation prepared for this report (reference CAS-1218495). The 85 and over group (40 households, none in core need) is included in 65 and over. Seniors living alone: 555 households, median income $49,600, 110 in core housing need. Senior couples without children at home: 520 households, median income $120,000. Fort McMurray population centre: 1,385 senior households, 125 in core housing need.

Appendix B. Method notes

Population. All population figures are from the Population Projection Technical Report, Version 5.0: the medium scenario on the Municipal Development Plan basis, trended shares for the age groups to 74, and cohort survival with observed retention for the groups above 75. The enumerated basis counts residents who reported an age; the imputed basis scales to the full population on the projection basis, a factor of 1.29 in 2025. Figures for 75 to 84 and 85 and over in 2031 and 2036 apply the cohort composition to the scenario total for 75 and over, so the medium 2031 figure for 85 and over (134) differs slightly from the scenario-independent central figure (139) in the Population Projection Technical Report, and the 75 and over total used for the care ratios in 2036 (1,454, the cohort calculation) differs slightly from the sum of the two rows of Table 1 (1,457). The central 85 and over figure is a conservative reading of the departure rate, as the Population Projection Technical Report explains at its section 4.5; a coverage-only reading would put it nearer 270 in 2036, between the central figure of 210 and the no-departure ceiling of about 430.

Households. Senior households are the projected population in each age group multiplied by the 2021 federal census headship rate for that group (0.502 for 65 to 74, 0.500 for 75 to 84, 0.308 for 85 and over), from the Municipality's federal Housing Needs Assessment tables. Headship rates are held constant, which is conservative: they rose for every group above 75 between 2016 and 2021. The 85 and over rate is low because many in that group live with family or in collective accommodation. Data and Analytics identified 191 residents of seniors accommodation in the 2025 municipal census, 100 of them at Willow Square (all ages); because the federal headship rates already reflect residents in collective dwellings, no further adjustment is made, and any overstatement of senior households from this source is small.

Core housing need and suppression. The 2021 rate of core housing need among households headed by a resident aged 65 and over, 10.7 per cent (165 households), and the 2021 rate of suppression among senior households, 12.3 per cent (191 suppressed against 1,555 formed), are applied to the projected households. Both are held constant. Between 2006 and 2021 the number of senior households in core need rose while the rate fell, because senior households grew faster still; holding the 2021 rate is therefore a middle assumption rather than a conservative one. The Housing Needs Report's own estimate of suppression for all households, 510, is the consultant's calculation from current and 2006 headship rates and is the figure its unit requirement rests on; the federal tables give 505.

Statistics Canada custom tabulation. The figures at section 4.2 and Appendix A.6 are from a custom tabulation of the 2021 Census of Population (reference CAS-1218495) prepared for this report for the Wood Buffalo census subdivision and the Fort McMurray population centre: private households examined for core housing need, by age of the primary household maintainer, tenure, household type, income group and housing indicator. Counts are randomly rounded to a multiple of 5 and small cells are suppressed, so rows and columns do not always add, and the 2021 count of senior households in core need, 160, differs for that reason from the 165 in the Municipality's Housing Needs Assessment tables; Table 4 keeps the rate from the Municipality's tables.

Continuing care and supportive living ratios. Long-term care beds per 1,000 residents aged 75 and over are from the Canadian Institute for Health Information, Health System Context Series, Long-Term Care, November 2025: Alberta 55.1, Canada 63.5, for 2025. The Region's 26 Type A beds at Willow Square, as confirmed by Alberta Health Services on September 23, 2026, are the closest match to that definition;

the 10 transitional beds are short-stay beds and are shown separately; the Type B and Type B secure spaces (72) and the Kahkiyow Keykanow home (11) are treated as designated supportive living, which the Canadian ratio does not count; the 16 units at the Riverside Care Centre are on reserve and outside the provincial system, and are listed in Table 5 but not counted in the ratios. The provincial supportive living ratio of roughly 40 per 1,000 is an orientation figure only. The denominators are small (752 residents aged 75 and over in 2025 and 1,454 in 2036) and the ratios should be read as indicative.

Surveys. Percentages are of respondents who answered each question. The seniors survey is analyzed by age (65 to 74 against 75 and over), area, living arrangement and disability; the family survey by age of the relative and area; the Housing Needs survey by age group. Rural bases are stated wherever a rural figure is used. Open-text responses were read for themes and are not quoted. Percentages for the facility questions at section 3.8 are for seniors survey respondents and differ from the What We Heard Report, which reported the same questions across all three surveys.

Inventory and supply. The Municipality's inventory of August 28, 2026 is the source for facilities, units, operators and rents, read with the Background Report and updated with the information provided by Wood Buffalo Housing on September 18, 2026 (portfolio, occupancy and waiting lists as at September 16), Alberta Health Services on September 23, 2026 (Willow Square bed composition and occupancy) and Data and Analytics on September 17, 2026 (residents of each facility in the 2025 census). Transit's description of its services, fares, booking, ridership and fleet at sections 3.6 and 5.2 is from Transit, October 5, 2026.

Homelessness. Figures at section 4.3 are from the Municipality's Homeless Individuals and Families Information System as reported by Community Services on September 24, 2026, for April 2025 to August 2026: people aged 55 and over newly identified as experiencing homelessness, by month, with returns to homelessness counted separately. The annual rate at Appendix D is the 17-month total scaled to twelve months.

Appendix C. Glossary of terms and abbreviations

Term	Meaning in this report
Aging in place	Living in one's own home and community as one grows older, with the housing and supports that make that possible.
Assisted Living Alberta (ALA)	The provincial agency responsible since 2025 for home and community care, continuing care and supportive living, formerly delivered through Alberta Health Services.
Alberta Health Services (AHS)	The provincial health authority; owner and operator of the Willow Square Continuing Care Centre.
Cohort	A group of residents of the same age range, for example those aged 75 to 79, followed as they grow older.
Continuing care	Accommodation with 24-hour nursing care, called Type A under Alberta's Continuing Care Act and commonly known as long-term care.
Core housing need	The federal measure of housing stress: a household whose housing is unaffordable (30 per cent or more of income), inadequate (needing major repairs) or unsuitable (too small), and which could not obtain acceptable housing locally for less than 30 per cent of its income.
Enumerated basis	Residents counted in the municipal census who reported their age. About 23 per cent of residents did not report an age in 2025.
FCSS	Family and Community Support Services, a provincial and municipal program that funds preventive social programs, including the Anzac Family Community Support Society.
Headship rate	The share of residents in an age group who are the primary maintainer of a household, used to convert population into households.
HIFIS	The Homeless Individuals and Families Information System, the Municipality's record of people experiencing homelessness.
Home supports	Services that help a person stay in their own home: assessed home care, and the housekeeping, meals, maintenance, transportation and visiting that fall outside it.
Housing continuum	The range of housing and care from an ordinary home to a continuing care bed, described at five levels at section 1.5.
Imputed basis	Census figures scaled up to include residents who did not report an age; 1.29 times the enumerated basis in 2025.
Lodge	Independent seniors housing with meals and housekeeping under the provincial Seniors Lodge Program; Rotary House is the Region's lodge and is designated as supportive living accommodation.

Term	Meaning in this report
Medium growth scenario	The Municipal Development Plan's scenario of 2 per cent population growth a year, used as the planning case in this report; the low and high scenarios are 1 and 3 per cent.
Missing middle	The level of the housing continuum between an independent apartment and a care bed: seniors housing with optional services, including places residents pay for, of which the Region has one building.
Municipal census	The Regional Municipality of Wood Buffalo's own census, last taken in 2025 and before that in 2021, 2018 and 2015.
Older adults	Residents aged 55 to 64.
RAMP	Residential Access Modification Program: a provincial grant, income tested, for modifications that let a person with a permanent mobility limitation enter and move about their home.
Seniors	Residents aged 65 and over.
Senior household	A household whose primary maintainer is aged 65 and over.
SHARP	Seniors Home Adaptation and Repair Program: a provincial home equity loan for homeowners aged 65 and over for adaptations and repairs, with a grant stream for low-income seniors.
Specialized Transit	The Municipality's door-to-door transit service for residents who cannot use regular transit, formerly the SMART Bus; operated with Transit on Demand from August 2025 and being separated from it again in 2026.
Supportive living	Accommodation with 24-hour on-site personal care and scheduled professional care, called Type B under the Continuing Care Act; secure Type B spaces are for people with dementia.
Suppressed households	Households that would exist if residents formed households at the rate they did in 2006 but do not, because no affordable home is available; for example a senior living with adult children.
Transitional care	Short-stay beds, up to 90 days, for people leaving hospital who need rehabilitation or convalescence, or who are waiting for a continuing care placement.
Urban Service Area	The Fort McMurray urban area as defined in the Municipal Development Plan.
Wood Buffalo Housing (WBH)	The Region's housing management body, which owns Rotary House and the near-market portfolio and operates the provincially owned seniors self-contained units.

Appendix D. Baseline indicators for the Strategy

The Background Report established seventeen baseline indicators against which the Strategy can be measured. This assessment carries the seven in Table 10, two of which (senior households in core housing need, and the population aged 85 and over) restate Background Report indicators on the basis used here, with the 2025 or 2026 baseline for each, as indicators for the monitoring section of the Strategy. Each is drawn from the section of this report shown in the Source column.

Table 10. Additional baseline indicators for the Strategy

Indicator	Baseline	Source	Why it matters
Senior households in core housing need	251 (imputed basis, 2021 rate, 2025)	Section 4.2	The gap subsidized seniors housing exists to close
Subsidized seniors units per 100 senior households in core need	35 (2025)	Section 4.2	Coverage; falls to about 18 by 2036 with no additions
Seniors receiving publicly funded home care, per cent of seniors	About 11 to 14 (2025, estimated)	Section 5.1	Reach of the response the evidence weighs most heavily
Seniors aged 65 to 74 receiving no support at home	72 per cent (2025)	Section 3.4	The age group where prevention is most effective
Long-term care beds per 1,000 residents aged 75 and over	35 (2026; Alberta 55.1, Canada 63.5)	Section 4.7	Falls to about 18 by 2036 with no additions
Population aged 85 and over	93 enumerated, 120 imputed (2025)	Section 2.1	The group that drives care; central projection 210 by 2036, up to about 430
Older adults and seniors newly identified as homeless	285 in the 17 months to August 2026 (about 200 a year)	Section 4.3	Housing security is the precondition for aging in place

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Prepared by	Objective Research and Evaluation Inc.
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