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The Best Place to Be? Experiences of Older Adults Living in Canadian Cohousing Communities During the COVID-19 Pandemic

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ABSTRACT

Our objective in this study was to learn about the experiences of older adults living in a cohousing community during the COVID-19 pandemic. In this qualitative exploratory study, we interviewed 13 participants living in Canadian cohousing communities between October 2021 and January 2022. One key challenge identified focused on some community members not choosing to be vaccinated for COVID-19. We identified many positive impacts including the social infrastructure, opportunities for ongoing social engagement, and the physical design of shared indoor and outdoor spaces were beneficial to the physical and mental well-being for older adults during the COVID-19 pandemic.

KEYWORDS

Cohousing; COVID-19; older adult; social engagement

Introduction

As in other countries, the situation surrounding the COVID-19 pandemic has created both an economic and social upheaval in the lives of Canadians. The health and well-being of older Canadians have been significantly negatively affected, as by late March 2023, those aged 60 and older make up 16% of infected cases, 63% of hospital admissions, 59% of intensive care unit admissions, and 93% of deaths due to COVID-19 (Public Health Agency of Canada, 2022). The pandemic has highlighted the vulnerability of older adults living in long-term care homes as prior to the availability of vaccinations, 82% of all COVID-19 deaths in Canada were people

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living in long-term care homes (Hsu et al., 2020). During COVID-19, older adults living independently (i.e., not in a long-term care home) were also at a high risk of morbidity and mortality and experienced a loss of nonessential services by community-based organizations that contributed to feeling lonely and abandoned (Wang et al., 2020). Results from a previous SSHRC-funded Atlantic Seniors' Housing Research Alliance study informed us that independent living options are highly preferred by older adults, and that we also need more forms of independent living that includes services and social supports (Weeks et al., 2013). It is imperative that we develop higher quality living environments for older adults in Canada (Rémillard-Boilard et al., 2020), especially when 93% of adults over the age of 65 live in the community outside of institutions (Puxty et al., 2019). Research is needed to explore other living arrangements and their impacts on community-dwelling older adults experiences during the COVID-19 pandemic.

The need for social distancing as a preventative and transmission restrictive COVID-19 public health measure has further increased social isolation and loneliness among our already vulnerable older adult population (Berg-Weger & Morley, 2020). For years, there has been an emphasis on increasing population density in urban areas to reduce urban sprawl, yet now, those living in close proximity to others may fear they are at greater risk of COVID-19 (Brown et al., 2020; Losada-Baltar et al., 2020). These factors can increase the negative effects of social isolation and loneliness that are particularly salient during the COVID-19 global pandemic (Beller & Wagner, 2018; Robb et al., 2020). Scientific literature on major challenges people experience (e.g., natural disasters, pandemics) shows that social cohesion and social capital are important factors for the protection of people (Alston et al., 2019; Jewett et al., 2021). For example, a study on the heat wave disaster in Chicago showed that the social infrastructure that fosters contact, mutual support and collaboration among neighbors and friends plays a vital role in the safety and resiliency of older adults (Klinenberg, 2002, 2018). In this research, we focused on cohousing as a form of housing that can help to alleviate social isolation among older adults, a concern in Canada (National Seniors Council, 2014, 2017), and a problem due to social distancing measures related to COVID-19.

Cohousing definition and cohousing in Canada

Cohousing is an intentional community design that emerged from Denmark in the 1960s, which combines the independence and autonomy of private dwellings with the advantages of common amenities and a village-style support system (Critchlow et al., 2016; McCamant & Durrett, 2011). Amenities typically include a common house with space for

collective meals, various activities, and often guest accommodations. The community is planned, managed, and often owned by the residents through participatory and democratic decision-making processes (Critchlow et al., 2016). Older adults want to be involved in the design and implementation of housing that meets their needs and encourages them to be contributing members of society (Weeks et al., 2013). Thus, it is not surprising that there is great interest in expanding opportunities for older adults to live in cohousing communities in Canada. The Canadian Senior Cohousing Society website (canadianseiorcohousing.com) lists 16 cohousing communities that are completed or in various stages of development. Cohousing may be a particularly important form of housing for older women as existing evidence in Canada shows that women comprise a large proportion of those living in a cohousing community (Bigonnesse, 2017; Puplampu et al., 2020). Other cohousing communities use an intergenerational model where older adults live in a community with a wider age range. Many of these are included on the Canadian Cohousing Network website (cohousing.ca) that lists 20 completed communities.

The impact of cohousing

There is mounting evidence that living in a cohousing community has many positive outcomes for older adults (Cummings, 2020; Durrett, 2005, 2009). Improved health and well-being (Glass, 2013; Kehl & Then, 2013; Pedersen, 2015; Puplampu, 2020; Puplampu et al., 2020; Sandstedt & Westin, 2015) and a delay or possibly eliminating the need to utilize expensive institutional care are among the benefits to older adults. Co-care in cohousing is a grassroots model of voluntary, neighborly mutual support that can help reduce social isolation and promote flourishing (Critchlow et al., 2016).

Social isolation among older adults is a significant public health concern (Glass, 2016) that can lead to adverse physical and mental health issues such as loneliness (Finlay & Kobayashi, 2018), depressive symptoms (Cacioppo et al., 2010; Santini et al., 2020; Shankar et al., 2013; Taylor et al., 2018), poor self-rated health, cognitive decline (Shankar et al., 2013), and decreased quality of life (Bedney et al., 2010) which may lead to frailty and social frailty (Dupuis-Blanchard et al., 2021). Older adults who perceive themselves as having higher levels of support, have a higher life satisfaction, which can buffer the impact of depressive symptoms, reduce stress and reduce social isolation (Adams et al., 2016). The social support aspects of cohousing are particularly important for older adults as social participation contributes to their well-being (Annear et al., 2014; Tang et al., 2010)

through interacting with the environment and participating in a meaningful social context (Levasseur et al., 2010).

Research objective and significance

There are a small number of studies recently published about older adults living in cohousing communities during the COVID-19 pandemic. One survey was conducted in cohousing communities early in the pandemic and identified many challenges related to lockdown regulations early in the pandemic, such as social isolation (Giorgi et al., 2021). This study was conducted in several English-speaking countries (e.g., Canada, United States, Australia, United Kingdom), but the results were not reported by country. A German study found positive psychological and coping strategies for participants living in cohousing communities (mean age of 55) compared to people living in traditional neighborhoods during the COVID-19 pandemic (Schetsche et al., 2020). A quantitative study conducted in the United States with 51 adults 65 years of age and older, living in 47 cohousing communities found that most participants did not feel lonely although many felt isolated during the pandemic (Koller et al., 2021). We have not identified research that focuses on the experiences of older adults of living in Canadian cohousing communities during the COVID-19 pandemic.

There has been a great deal of media attention on the impact of COVID-19 on older adults, and especially those living in long-term care homes. Attention also needs to be on older adults living independently that includes how to support their social and physical needs during COVID-19 while incorporating infection control principles. Our overall objective in this study was to learn about the experiences of older adults living in a cohousing community during the COVID-19 pandemic. The results of this study will provide crucial information about how older adults can be supported to live healthy and socially connected lives in cohousing communities, and other forms of housing, for the remainder of the COVID-19 pandemic and in the future.

Materials and methods

In this qualitative exploratory study, we were guided by a critical gerontological perspective (Agger, 2013; Fay, 1987) that sees society as being composed of social structures that shape the lives of older adults, causing inequalities and stratification within the society. This perspective presents the need to examine forms of housing that promote the empowerment of older adults in decision-making and the reduction social isolation.

This research received approval from the Research Ethics Boards of the following universities: Dalhousie University (2021-5539); the University of Prince Edward Island (6009120), the Université de Moncton (2021-076), and the University of Regina (2021-068). All data collected was stored securely on the password protected computers of research team members. Team members stored and shared research data through the secure OneDrive system to ensure the protection of the data. Due to the sensitive nature of some questions about COVID-19 status and outbreaks and relationships during COVID-19, during the informed consent process, participants were assured that no identifying information was included about the person interviewed or the cohousing community in which they lived. We used a participant number to refer to quotes and no other identifying information is included in the results, including the location or name of the cohousing community.

Recruitment

In a previous phase of this research, we used the networks of the Canadian Senior Cohousing Society, contacts of the Advisory Group and other research team members, and snowball sampling to develop a list of completed cohousing communities in Canada that either serve older adults exclusively or include older adults in a multigenerational community. We defined older adults as approximately age 60 or older. We interviewed a key contact from 16 different cohousing communities across Canada including questions related to the history and development of the community, characteristics of the cohousing community, characteristics of the people who live there, how the community operates and provides mutual support, insights and recommendations they have, how COVID-19 has affected the cohousing community, and demographic characteristics of the person being interviewed.

In the current study, we invited representatives from the communities interviewed in the previous phase to participate in a follow-up data collection focused specifically on experiences of older adults living in cohousing communities during the COVID-19 pandemic. The inclusion criteria were having lived in the cohousing community since at least March 2020, being approximately age 60 or older and being able to participate in an interview in either French or English by video call or through written responses. From the cohousing communities that participated in the first phase, maximum variation sampling was used to invite participation from those who live in diverse cohousing communities in Canada including various regions in Canada, multigenerational or older adult cohousing community, years

the cohousing community existed, and number of COVID-19 cases in the cohousing community.

Those who participated in an interview in the first phase could participate in the current study, or other representatives could be included. For the communities identified, we contacted the person who participated in the earlier phase of the study, or a person who responded to e-mail or phone inquiries on behalf of their cohousing community. We requested that that contact distribute information about the second phase of the study within the community. Individuals interested in participating in the second phase contacted the research team directly.

Once an individual indicated interest in participating in the second phase of the study, the consent form was sent to them electronically. This was followed-up by a phone call or video call from a research team member to answer any questions about the study, determine if the person was interested in participating, and if so, to obtain informed consent verbally and identify a time for the interview to occur. Each person who participated in phase 2 was offered a $25 honorarium.

Data collection

Questions asked included demographic characteristics of the person being interviewed, how COVID-19 has affected the cohousing community, infection control policies and practices implemented, and how living in a cohousing community during COVID-19 has affected the lives of residents. We collected as much relevant information as possible prior to each interview from any publicly available documents or documents previously provided by the participants (e.g., COVID-19-related policies and procedures).

A total of 13 participants from 12 different cohousing communities across Canada participated in the study between October 2021 and January 2022. After completing this number of interviews, it was clear that no new key themes were emerging, that we reached data saturation, and were able to create rich, thick descriptions and meaningful data (Fusch & Ness, 2015; Guest et al., 2006). Of the 13 participants, 11 participated in a video call (range = 12–77 minutes, mean = 33 minutes). Audio recordings were made, and a verbatim transcript created. The remaining two participants elected to submit written responses to the questions.

Data analysis

We used an inductive thematic analysis approach for analyzing the interview data. Thematic analysis is a form of pattern recognition for inductive coding (Fereday & Muir-Cochrane, 2006) useful for understanding

Table 1. Participant demographics.

	$n = 13$	Percent (%)
Sex		
Female	9	69
Male	4	31
Age		
Less than 60	1	8
60–74	6	46
75+	6	46
Education		
Completed college or Bachelor's diploma	6	46
Graduate degree	5	38
Marital status		
Married, common-law	9	69
Divorced, separated, single	4	31
Employment status		
Retired	7	54
Employed full or part-time	6	46
Years lived in the cohousing community		
6 or less	3	23
7–12	3	23
13+	7	54

influences and motivations related to how people respond to events (Luborsky, 1994). Data analysis involved generating initial codes, searching for themes, reviewing themes, and defining and naming themes that represent responses within the data set (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). Draft themes were identified by the first author and discussed by the research team. Further refinements were made until the themes were finalized. Once the themes were finalized, the first author coded the text. Data analysis was facilitated by using QSR International's NVivo12 software that aids in organizing and analyzing qualitative data.

Results

We first present a description of the study participants followed by their accounts of cases of COVID-19 in their cohousing communities. This is followed by results of the five inductive themes identified.

Participant characteristics

Characteristics of the participants are included in Table 1. The participants included 9 women. Six participants were 60–74, 6 were 75 or older, and one participant was under age 60 but focused their responses to the questions on older adults in cohousing during COVID-19. The participants were highly educated with 6 having completed a college or university diploma and 5 having completed a graduate degree. All but one identified as being Caucasian. Nine lived with a spouse or partner and 6 lived alone. Seven were retired and 6 worked full or part-time. Seven lived in the cohousing community for

more than 12 years. The participants were engaged in various leadership and/or committees in their cohousing communities.

Experiences of cases of COVID-19 in the cohousing communities

A total of five of the participants representing four different cohousing communities discussed cases of COVID-19 within their cohousing community. While it is possible that there could have been cases of COVID-19 not known to other members of the cohousing community, the other eight participants answered quite definitely that there had not been cases of COVID-19 in their cohousing communities. The participants were not aware of anyone in the cohousing communities who had died due to COVID-19. In communities that experienced cases of COVID-19, the individuals affected were isolated and those interviewed felt that there was little or no spread within their communities or sometimes not even spread within households. Several of the COVID-19 cases were in cohousing households that included children. In some cases, the children contracted COVID-19 through participating in school and other activities outside of the cohousing community.

> It started with one man who had a spouse and two kids and then suddenly another man and child and another family and another 10-year-old child. We are all on high alert but none of them seemed to be in contact with each other (P12).

In one community, there was spread to a small number of people in different households, and this was attributed to supporting a member who was dying. While the person dying did not contract COVID-19, several people who had been supporting him did.

> I kept saying that after, this is good news, it didn't spread. What we were doing worked. We were being careful and trying hard to be attentive to people and meet their needs … one member was the vector where those 5 cases came from, but it didn't spread further, so I felt very good (P2).

We worked hard to stay connected: facilitating social engagement during the pandemic

While many social activities had to be modified in some way, and the people interviewed missed having large group activities indoors, each of the 13 people interviewed discussed how their community adapted to the COVID-19 context by continuing to provide opportunities for social engagement. Prior to the COVID-19 pandemic, these communities had formal or informal social committees. This organizational structure, along with preexisting patterns of regular formal and informal social engagement, served as strengths for older adults during the pandemic. "The thing about cohousing

is the social interaction is informal and casual and daily. That carried on and was really a benefit to living in cohousing" (P3). There was increased importance placed on continued social connections with those within cohousing communities as so many other activities were canceled and travel to visit family members and friends was restricted. "If I wasn't in cohousing, I would probably feel very alone in this kind of thing" (P11).

Several people interviewed indicated that participation in social activities actually increased, and this was seen as a great benefit of living in a cohousing community during the pandemic. Several people interviewed noted the advantages of being able to easily form social bubbles within the cohousing community, and this was especially advantageous for those living alone or in small households. "We also established social bubbles, so people, particularly single people like myself, would be aligned with one or two other people so you wouldn't be isolated" (P8). In addition to more informal social engagement, the participants also discussed how a wide range of activities continued during the pandemic including finding ways to continue to share food together, organizing a wide range of outdoor activities, and the incorporation of technology to facilitate virtual social connection.

Sharing food together was a key social activity for the cohousing communities during the pandemic. When the COVID-19 pandemic began, the communities had to stop holding potlucks for their whole cohousing community in the common house, that is a gathering in which guests bring food to share with everyone else. However, the communities found other ways to continue this important activity. Depending on the public health guidelines for indoor gatherings, some communities were able to share meals together in the common house with limited numbers in attendance without sharing food between households. They often followed the restrictions for restaurants in their area. Several communities also shared meals and coffee outside. "Our outdoor COVID Café became a surprisingly well-used activity. More people show up for almost daily coffee and social time than had done before" (P6).

In addition to sharing meals and coffee outdoors, the people interviewed shared a plethora of ways in which other social activities occurred outdoors during the COVID-19 pandemic. It was clear that these outdoor activities were new or expanded in some way due to greater restrictions on indoor activities during the pandemic. These included various celebrations (e.g., holidays, birthdays), entertainment (e.g., concerts, movies, talent shows), and physical activities (e.g., walking, dance, Tai Chi).

> One of our seniors started up a Tai Chi group. She was no longer able to teach or participate in Tai Chi classes, so she started that up. There was a group of about 6–8

> of us who would show up three times a week for this and it is still going on. … we even have a photograph of us doing tai chi in the snow (P8).

The cohousing communities also used technology in various ways to continue to have social engagement during COVID-19. As sharing food is such an important aspect of cohousing communities, it is not surprising that several communities initiated sharing food via virtual meetings. "We launched into having a special dinner by Zoom and an anniversary dinner and a Chinese New Years dinner by Zoom and we were doing Monday night 'bring your own food and talk on zoom'" (P9). In addition, some communities held virtual meetings just so members of their community could have informal conversation. "We did talk cycles by Zoom, sometimes on particular subjects or sometimes just talking to keep in touch with each other" (P4). Others held virtual activities such as trivia, board games, bridge, and a murder mystery. One community had headsets that were controlled from a central consol.

> We would have a dance break and she would put dance music on and we would all either dance in our units or in from of our units maintaining social distancing all wearing these headsets … it was a really good community builder and released a lot of stress (P8).

We benefited from having people with skills related to COVID-19

Several people interviewed noted that their cohousing community included people with specific expertise and experience that greatly benefited the whole community during the pandemic including health professionals (e.g., occupational therapists, nurses, and physicians) and others with specific expertise (e.g., food safety, biology, research, long-term care, and mental health). These people served on newly formed committees, or existing committees (e.g., emergency preparedness), that fulfilled the role to develop and implement protocols related to COVID-19. "We actually have 3 nurses here, so they were the initial committee and there was one man who worked in long-term care who was also part of that committee" (P12). This collective expertise in the cohousing community was a great advantage during the pandemic and enhanced the health and well-being of community members. "I also knew I had a whole community of people who would support me if I became ill. We actually have 2 nurses living in the building which is wonderful" (P8).

Anyone need anything? Elevated levels of mutual support

While cohousing communities have mutual support as a basic tenant of everyday living, the participants interviewed discussed how there were

elevated levels of mutual support during the pandemic. Several of the older adults who participated in an interview lived in a multigenerational cohousing community. They told stories of how younger community members offered to pick up groceries, supplies, or do errands for those who were older and/or had health issues.

> Well, my wife and I are both in the more vulnerable part of the population, so we went for quite a while not going into the grocery stores, and not going into the stores at all. There were some younger members who were very good about offering to do grocery runs and pick up stuff from the drug store if necessary and all that kind of stuff (P5).

However, it was not just younger community members who provided mutual support.

> My little hobby was getting books from the public library for the seniors who couldn't get out. So yes, we helped. When the groceries would come, we would help take them up the stairs to their unit and just watch out for them. It was just so handy. We are right here and a lot of us are retired, and it is easy to help out. If you need something, we can do it. It just feels good to be a part of the community and still being in contact (P9).

In some instances, if community members were sick or had to isolate, other community members would help them with tasks inside the community also, such as getting materials from storage units and dropping off meals. One community was very organized in how they ensured that everyone had some support during the pandemic. "We paired each household with somebody who would do errands for them if they needed it" (P2). Older adults in cohousing communities who did not become ill during the pandemic benefited from knowing the other members would provide help if the need arose.

> There was just this whole community that was out there that I knew would have my back if I became ill. That was incredibly supportive. So many people do not have that in my age group. Their families are across the country, and they live in a little one-bedroom apartment by themselves. Maybe they know their neighbors and maybe they don't. It is a difficult situation for a lot of seniors but where I was, it was terrific; it was absolutely the best place to be (P8).

We had no idea that cohousing design would be COVID-19 friendly design

While there was diversity in the physical design of the individual living units in the cohousing communities (e.g., detached homes, townhomes, and multi-story apartments), they all shared similar design features such as having shared indoor (e.g., common house and large indoor atriums) and outdoor spaces. These physical design features were beneficial to older adults during the COVID-19 pandemic in several ways. Cohousing

communities are generally designed to ensure that people encounter each other (e.g., design of walkways, windows, and balconies) and this helped to ensure that people from different households did not feel isolated during the COVID-19 pandemic.

> I have my neighbors that I can see from the windows and then the children that plays in the yard too. Then we have walkways that go past, kind of walkways in front of our doors, we always saw people passing by and we would say hi. I think it helped a lot to live in a cohousing to counter the feeling of isolation and to feel safe too (P4).

The resources in the common house were used for many purposes during the pandemic. The guest room was used by anyone who needed to isolate. For members who were working remotely, spaces in common houses were converted to work from home spaces. The common houses were often described as large enough to accommodate several people for gatherings such as meals or meetings, and social distancing could still be maintained. "We figured out we can fit 16 people in our common house if you looked at the grid and everyone was two meters apart, so you could do a circle of 12 around and still have the appropriate distance" (P2).

Having shared outdoor spaces also provided many options for places for individual and group activities when using indoor spaces was not possible. Community members had space to gather outside around fire pits, to walk on the property, and to participate in gardening and landscaping activities. One community purchased a large canopy so that members of the community could eat outside on the lawn. In addition, some communities had spaces that were a hybrid of indoor and outdoor spaces such as a parking garage that was used in new ways during the COVID-19 pandemic, such as holding a talent show. With ventilation features and large doors that could remain open, these spaces could be safely used for many purposes.

> You have the spaces, and we have the community to plan, and because we all know each other and we are friends, we can arrange to do this. People can use it for personal things and private things, and we can use them for community things. It is such a great resource (P2).

It's the most divisive and challenging time we have ever had: vaccination status

The participants identified some challenges for older adults living in cohousing communities during COVID-19. These included not having social connections in the same way as prior to the pandemic and disagreements among members about what protocols to put in place around using public spaces, such as the common house. However, the most challenging issue related to the pandemic focused on a concern identified by eight

participants representing seven of the thirteen cohousing communities around community members who refused to be vaccinated. While most cohousing community members were fully vaccinated, a minority were not and this was a problem for those in the community who were more vulnerable, such as the oldest members of the community and/or those who had health issues. A participant raised the concern that those with the loudest voice were more accommodated and the needs of the oldest and/or most vulnerable may not be accommodated properly.

From the perspective of those interviewed, all of whom were vaccinated, this raised various concerns and disagreements around if there needed to be different restrictions for members not vaccinated, such as using the common house, requiring guests to be vaccinated, or different requirements for using personal protective equipment based on vaccination status.

> We have 3 antivaxxers here. Which has been a real challenge for our community. People who we thought had similar values to us and had decided not to be vaccinated for a variety of reasons. … we have just started about 3 weeks ago having meals together again and we are acting like a restaurant, so you have to be vaccinated and you have to wear a mask, so those people are just not participating (P10).

Vaccination status had an impact for some community members on whether they would interact with other members of the community.

> We have one member who I used to do quite a bit of sports watching with. We watched the football games and curling, and he is our one member who is not vaccinated. He decided he is not going to, and I am kind of grieving that loss of relationship (P5).

The concerns about having cohousing community members refusing to be vaccinated for COVID-19 raised very deep-seated issues around what it means to live in an intentional community where mutual support and protection of others is a key philosophy. Self-responsibility, individual autonomy, inclusion, and common interest of the group were phenomena affecting cohousing communities during the pandemic.

> The philosophy of cohousing particularly for us, around inclusion, was mightily challenged, and it still is, about how do we include all the people who were unvaccinated without putting others at risk. We are still really struggling with that one (P3).

Discussion

Including the perspectives of 13 different people representing 12 different communities in Canada is an important contribution to our knowledge about the experiences of older adults living in a cohousing community during the COVID-19 pandemic in Canada. In general, the participants

provided overwhelming evidence that living in a cohousing community provided many advantages to older adults including contributing positively to their quality of life and reduced social isolation. However, as we were guided in this study by a critical gerontological perspective (Agger, 2013; Fay, 1987), we were particularly interested in the social structure of cohousing during the COVID-19 pandemic and any issues creating inequalities within these communities.

Many of the participants identified significant concerns related to some members not choosing to be vaccinated for COVID-19, and this had negative impacts on relationships. Older adults may have been particularly distressed due to greater negative implications for them if they contracted the virus, compared to younger people (Public Health Agency of Canada, 2022). Having some members of the community not getting vaccinated and not wanting to follow infection control practices challenged participants greatly. As a form of intentional community, various collaborative processes are used in decision-making. These processes include community-wide consensus needed for each decision and sociocracy, in which smaller circles or committees are empowered to make decisions for the community (Sanford, 2017; The Sociocracy Group, 2022). For intentional communities to operate effectively, a common set of basic values should inform the decision-making process and choosing to not get vaccinated emerged as a key area that could create challenges in working together for the common good of the community.

Although vaccine hesitancy is low in most countries (While, 2021), it remains a concern if whole population vaccine is the goal. Vaccine hesitancy is associated with a range of sociodemographic and contextual variables (e.g., personal beliefs, self-efficacy, trust, and vaccine accessibility) (While, 2021), and it is influenced by factors such as misinformation, complacency, convenience and confidence (World Health Organization, 2022). In an online survey of Canadians aged 34–64, Merkley and Loewen (2021) found that communication strategies that focused on death prevention were associated with more confidence in vaccine effectiveness and less vaccine hesitancy toward specific COVID-19 vaccines. One major limitation in this study was the absence of older adults. In an early study of vaccine utilization among older adults, the significance of understanding the older adults' vaccine experience, specifically their health beliefs and attitudes may be more important in vaccine acceptance (Ward & Draper, 2008). As each of the participants in our study identified as being fully vaccinated for COVID-19, a limitation of our study is that we did not learn directly about the perspectives of those who chose not to be vaccinated. Gaining knowledge about values around vaccination and living in an intentional community would be useful.

The pandemic has brought to the fore the importance of community and relationships (Waters, 2020). In a private housing market, where development is based on economic and individual considerations, cohousing shows the potential to strengthen social ties and the resilience of individuals and communities, even within the context of the COVID-19 pandemic.

Giorgi who collected data earlier in the pandemic (May–June, 2020) found that many cohousing community members felt that their level of socialization in the cohousing community had decreased (Giorgi et al., 2021). As we conducted our interviews in late 2021 and early 2022, the communities may have had time to adapt to the COVID-19 context and find innovative ways to maintain social engagement. The study participants found deliberate and creative ways to continue opportunities to engage all the members of their communities. Sharing food together is an essential component in cohousing communities, and the participants found creative ways to continue to do this in safe ways indoors, outdoors, and online. The existing social infrastructure (Critchlow et al., 2016; Waters, 2020) that cohousing communities had in place prior to the COVID-19 pandemic, such as social and safety committees, served the communities very well. There were people and process in place that could be built upon to adapt to the COVID-19 pandemic relatively easily, compared to housing developments without this social infrastructure.

While mutual support is key tenant of cohousing communities (Critchlow et al., 2016; McCamant & Durrett, 2011), we found evidence of heightened levels of mutual support during the COVID-19 pandemic, and this was also noted by others (Waters, 2020). The participants in our study were very clear that older adults received, and contributed, a great deal of support during the COVID-19 pandemic. In multigenerational communities with children involved in various activities outside of the cohousing community, this may have introduced a higher risk of introducing cases of COVID into the cohousing community. However, in multigenerational communities, there was evidence of those who were younger and/or less physically vulnerable to do shopping and other errands for other members of their community. Thus, there seemed to be advantages and challenges for older adults living in senior only or multigenerational cohousing communities during the pandemic. Most of our knowledge about cohousing focuses on multigenerational communities (Pedersen, 2015), and more research is needed on senior cohousing communities, and older adults living in multigenerational cohousing communities.

Our results indicated many strengths of cohousing physical design that was advantageous for older adults during the COVID-19 pandemic. Compared to the design of long-term care homes, having self-contained living units and guest accommodations for people who needed to isolate were

useful in infection control. While community members practiced social distancing, the design of shared indoor and outdoor spaces were conducive to continued social engagement. These design features can be adapted by other forms of housing for older adults, such as apartment buildings and assisted living homes. Open-air common spaces will undoubtedly have a totally new strategic importance in the post-pandemic era (Giorgi et al., 2021).

While there are many important contributions of the study, we recognize some limitations. This study included interviews with people representing 12 cohousing communities in Canada, and transferability within the country is limited as we recognize that each province and territory were responsible for developing COVID-19 protocols in their jurisdiction, and there was variation in the type and timing of protocols across the country. Also, our results may not be transferrable to the experiences of older adults in other countries, especially if there were radically different public health guidelines implemented if there was less access to vaccines and testing services.

While this research adds to our knowledge about advantages of living in a cohousing community for older adults during the COVID-19 pandemic and beyond, there are a very limited number of cohousing communities currently operating in Canada. In our previous research, we identified only 16 Canadian cohousing communities that either serve older adults exclusively or include older adults in a multigenerational community. There are many barriers to establishing these communities in Canada, including affordability. In Canada, these communities operate as condo or strata corporations where the owners of individual units together own the common property and assets of the community. Currently, there is little or no public funding to support the cost of development, building or the ongoing operation of these communities and thus many older Canadians are excluded as they cannot afford to purchase a home in a cohousing community (Weeks et al., 2020). While longitudinal research is needed to further establish the long-term impacts of cohousing for older adults, our research contributes to the growing evidence of the social and health benefits of living in a cohousing community for older adults both during the COVID-19 pandemic and beyond (Cummings, 2020; Glass, 2013; Kehl & Then, 2013; Pedersen, 2015; Puplampu, 2020; Puplampu et al., 2020; Sandstedt & Westin, 2015). Several aspects of cohousing, such as prioritizing social inclusion and social sustainability align directly with Canada's National Housing Strategy (Canadian Mortgage & Housing Corporation, 2018). An investment of public funds is needed to provide the opportunity for lower income older adults to live in a cohousing community and other collaborative housing models (e.g., cooperative housing).

In conclusion, we identified many positive impacts for older adults living in cohousing communities in Canada during the COVID-19 pandemic. The social infrastructure, opportunities for ongoing social engagement, and the physical design of shared indoor and outdoor spaces were beneficial to the physical and mental well-being for older adults during the pandemic. However, community members choosing not to not get vaccinated emerged as a key area that could create challenges in working together for the common good of the community. These results contribute evidence that public investment is needed in Canada to expand opportunities for older adults to live in cohousing communities during the remainder of the COVID-19 pandemic and beyond.

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