# RESEARCH REPORT

# Aging in Place: Strategies to Meet the Needs of Senior Tenants in Non-Profit Housing

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# Aging in Place:
## Strategies to Meet the Needs of Senior Tenants in Non-Profit Housing

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**January 31, 1996**

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# Executive Summary

This publication is based on the results of a 1993 study, **Aging in Place Review,** co-sponsored by Canada Mortgage and Housing Corporation (CMHC) and the Nova Scotia Department of Housing and Consumer Affairs. The Nova Scotia study provided the Nova Scotia Department of Housing and Consumer Affairs with the information it needed to establish priorities for developing supportive initiatives for seniors living in non-profit housing managed by the province.

## The Significance of Aging in Place

*Aging in place* is a process which enables elderly people to grow older in the familiar and comfortable surroundings of their homes while providing them with the assistance necessary to maintain a relatively independent life style. Nowhere is the trend towards *aging in place* more relevant than in non-profit housing for seniors. Much of the existing stock of non-profit housing for seniors in Canada was built over twenty years ago. Tenants who moved in at the time of construction are now in their late seventies and eighties and have put down roots in these communities.

There are a number of significant demographic and social trends that affect housing options for seniors. Trends such as the aging of the population in general and the fact that people are expected to live longer will have an impact on housing and services in the future. Other important factors that influence housing choices (or lack of) are income and health.

## Why the Nova Scotia Aging in Place Study was Conducted

The Nova Scotia study was commissioned to find which building and apartment design features and service delivery mechanisms for *aging in place* are possible and preferred. Although different local housing authorities had conducted their own research, no province-wide study using a standard data collection technique had ever been attempted.

The *principle aim of the study* was to explore options that could enable senior tenants in non-profit housing to continue to live independently in their homes for as long as possible. Specifically, the study had the following *four objectives*:

1. identify the needs of senior tenants in non-profit housing;
2. explore ways of adapting existing buildings and designing new buildings to meet these needs;
3. identify ways of enabling senior tenants to gain access to community based support services; and
4. examine ways of addressing the concerns of housing managers.

Information was collected from several sources including 517 senior tenants of non-profit housing; 36 housing managers; and 12 individuals representing a variety of support service providers. A detailed architectural evaluation of six typical seniors' building styles was conducted in order to assess the physical and design aspects of the buildings and individual units. Program and policy advisors from the Nova Scotia Department of Housing and Consumer Affairs and outside experts in gerontology were consulted to assist with the interpretation of the results and the subsequent recommendations.

## Findings of the Nova Scotia Study

The results of interviews with tenants showed that between one third and one half of the senior tenants living in non-profit housing in Nova Scotia require more support to maintain their independence than they are currently receiving. These are tenants who reported fair or poor health, were limited in their mobility and had difficulties carrying out activities such as bathing, dressing and walking up and down stairs.

Further, the findings indicate that as many as one fifth of the tenants may be socially isolated. Ten percent of the tenants surveyed had no one they could call in an emergency. Up to twenty percent had only infrequent visits from friends and family.

The study also revealed that housing managers were concerned about their aging tenants. Collectively, housing managers have found their role changing dramatically over the last ten years. Increasingly, they see themselves as "managing people" rather than buildings. Compared to five years prior to the study, 36% of the managers reported that they were spending more time responding to tenant needs than they were spending on managing the building. Managers noted they were spending more time acting as companions to lonely tenants and facilitating referrals for tenants.

## Most Challenging Issues Facing Managers

Managers identified the most challenging operational and management issues they faced in their day to day work. These were:

- an increase in requests for services beyond their responsibility to provide;
- the inability to obtain the cooperation of families, when needed;
- the difficulty in obtaining alternative housing for seniors too frail to cope on their own;
- the difficulty in handling disputes among tenants;
- the inability of some tenants to maintain their units; and
- the increasing number of tenants with sensory impairment and chronic progressive diseases.

Managers were concerned that current management problems would escalate, particularly in the area of obtaining alternative housing for seniors who need more services than the housing authorities are able to provide. To respond to this concern, managers agreed that four major areas needed to be addressed: (1) more effective coordination among service providers including housing managers; (2) increased service availability particularly in rural areas; (3) better communication with tenants and their families; and (4) more accessible educational opportunities and resources on the management of housing for older people.

**In particular, managers suggested that a guide for managing housing for seniors should be developed and published.**

## Strategies That Can Support Aging in Place in Non-Profit Housing for Seniors

This publication outlines some strategies that can support *aging in place* in non-profit housing for seniors. These strategies reflect the results of discussions with non-profit housing providers and researchers across Canada who have had experience developing and evaluating *aging in place* initiatives.

There appears to be consensus from all sources that maintaining the good health and functioning of senior tenants and helping to diminish the impact of any physical and sensory changes associated with aging can be addressed by appropriate housing design and support services.

The following principles suggested in the Nova Scotia Study can be fundamental to the development of *aging in place* initiatives in non-profit housing:

## Guiding Principles for Aging in Place Initiatives

A. Recognize the inherent rights of seniors to self-determination and choice;

B. Provide a "housing environment" that contributes positively to the quality of life of seniors and helps to foster a lifestyle of companionship, mutual support and choice by adapting to changes in tenants' needs as they age; and

C. Coordinate and facilitate services for seniors in need to ensure they are available, accessible, acceptable and appropriate.

The results of the Nova Scotia Study also suggest that four aspects of the housing environment should be addressed to support *aging in place* in non-profit housing. These are: (1) the physical environment (design modifications in public spaces and individuals apartments); (2) the operational environment (tenant selection and the monitoring of tenant needs); (3) the managerial environment (management tools and resources helpful for an aging tenant population); and (4) the supportive environment (on- and off-site services and support initiatives that assist seniors to maintain their independence).

This publication concludes by describing a number of examples of the types of initiatives that have been recently implemented in Nova Scotia. Each of the initiatives uses a different approach to support *aging in place* in non-profit housing for seniors.

# RÉSUMÉ

Dans cette publication, on examine les résultats d'une étude intitulée « **Examen du vieillissement à domicile**» réalisée en 1993 et parrainée par la Société canadienne d'hypothèques et de logement et le Nova Scotia Department of Housing and Consumer Affairs. Grâce à l'étude effectuée en Nouvelle-Écosse, le Nova Scotia Department of Housing and Consumer Affairs a pu obtenir les informations nécessaires à l'établissement des priorités relatives à l'élaboration d'initiatives visant à venir en aide aux aînés résidant dans des habitations sans but lucratif gérées par la province.

**L'importance du vieillissement à domicile**

Le *vieillissement à domicile* est un processus qui permet aux personnes âgées de continuer à demeurer dans le cadre familier et confortable que représente leur logement tout en leur fournissant l'aide nécessaire au maintien d'un style de vie relativement autonome. La tendance au *vieillissement à domicile* sera sans aucun doute appelée à se manifester dans les ensembles sans but lucratif pour les aînés. Une bonne partie du parc de logements sans but lucratif pour aînés, au Canada, a été construit il y a plus de vingt ans. Les locataires qui ont emménagé à l'époque de la construction ont près de quatre-vingt ou de quatre-vingt dix ans et se sont attachés à ces collectivités.

Un certain nombre d'importantes tendances de nature démographique et sociale influent sur les choix des aînés en matière de logement. Le vieillissement de la population en général et une plus grande espérance de vie influeront sur le logement et les services dans le futur. D'autres facteurs importants influeront sur les choix des aînés, tels que le revenu et l'état de santé.

**Pourquoi l'étude sur le vieillissement à domicile en Nouvelle-Écosse a-t-elle été effectuée ?**

L'étude en Nouvelle-Écosse a été commandée pour déterminer parmi l'éventail possible des caractéristiques de l'aménagement des bâtiments et des logements et des mécanismes de livraison de services appropriés *au vieillissement à domicile* ceux que l'on préférait. Certains organismes locaux d'habitation avaient bien sûr effectué leur propre recherche, mais il n'y avait jamais eu d'étude à l'échelle de la province utilisant une technique normale de collecte de données.

Le *principal objectif de l'étude* était d'explorer les options qui pourraient permettre aux locataires âgés dans les ensembles sans but lucratif de continuer à vivre dans leur logement en toute autonomie le plus longtemps possible. L'étude avait les quatre objectifs spécifiques suivants :

1. déterminer les besoins des locataires âgés dans les ensembles sans but lucratif;
2. étudier les façons d'adapter les bâtiments existants et de concevoir des bâtiments neufs pour répondre à ces besoins;
3. relever les moyens de faciliter aux locataires aînés l'accès aux services de soutien existant dans la collectivité;
4. étudier les façons de répondre aux préoccupations des gestionnaires d'habitations.

## RÉSUMÉ

L'information a été recueillie auprès de notamment 517 locataires aînés résidant dans des ensembles sans but lucratif, 36 gestionnaires d'habitations et 12 représentants de divers fournisseurs de services de soutien. On a fait ensuite une évaluation détaillée de l'architecture de six styles types d'ensembles pour personnes âgées afin d'évaluer les aspects physiques et la conception des bâtiments et des logements. On a aussi obtenu l'aide de conseillers en programmes et en politiques du Nova Scotia Department of Housing and Consumer Affairs et d'experts externes en gérontologie pour interpréter les résultats et formuler les recommandations.

**Résultats de l'étude en Nouvelle-Écosse**

L'analyse des résultats des interviews avec les locataires démontre qu'entre un tiers et la moitié des locataires aînés occupant un logement dans un ensemble sans but lucratif en Nouvelle-Écosse ont besoin de plus de soutien qu'ils n'en reçoivent présentement pour maintenir leur autonomie. Il s'agit de locataires dont l'état de santé est passable ou mauvais, dont la mobilité est réduite et qui ont éprouvé des difficultés à accomplir certaines activités telles que prendre un bain, se vêtir et monter et descendre les escaliers.

Les résultats démontrent en outre que jusqu'à un cinquième des locataires étaient probablement isolés de tout contact social. Dix pour cent des locataires sondés n'avaient personne à appeler en cas d'urgence. Pour près de vingt pour cent d'entre eux les visites d'amis ou de membres de la famille se faisaient rares.

Les résultats de l'étude ont aussi démontré que les gestionnaires immobiliers se soucient des locataires âgés. Dans l'ensemble, les gestionnaires ont remarqué que leur rôle a considérablement changé au cours des dix dernières années. Ils ont de plus en plus l'impression de «gérer des personnes» plutôt que des bâtiments. Les gestionnaires ont indiqué que 36 % d'entre eux passent maintenant plus de temps qu'il y a cinq ans à répondre aux besoins des locataires qu'à gérer les ensembles. Ils ont aussi mentionné qu'ils sont davantage appelés à tenir compagnie aux locataires qui se sentent seuls et à les orienter vers les services appropriés.

**Les problèmes les plus complexes que les gestionnaires immobiliers ont a résoudre**

Les gestionnaires ont énuméré les problèmes de gestion et d'exploitation les plus complexes qu'ils rencontrent dans leur travail journalier. Ce sont les suivants :

- une augmentation des demandes de services qui ne sont pas de leur ressort;
- l'impossibilité d'obtenir la collaboration de la famille, en cas de nécessité;
- la difficulté de trouver des logements pouvant accueillir les personnes âgées en perte d'autonomie;
- les problèmes reliés à la résolution des conflits entre les locataires;
- l'impossibilité pour certains locataires d'entretenir leur logement; et
- le nombre croissant de locataires souffrant d'un handicap d'ordre sensoriel ou d'une maladie chronique ou évolutive.

Les gestionnaires ont mentionné qu'ils appréhendaient une aggravation de leurs problèmes de gestion surtout en ce qui a trait à l'obtention d'un logement adapté aux besoins des personnes âgées qui requièrent plus de services que les organismes d'habitation ne sont en mesure d'offrir.

## RÉSUMÉ

Les gestionnaires conviennent qu'on doit réagir en déployant des efforts dans les quatre principaux domaines suivants : (1) améliorer l'efficacité de la coordination entre les fournisseurs de services notamment les gestionnaires immobiliers; (2) augmenter les services offerts surtout dans les régions rurales; (3) améliorer les communications entre les locataires et les membres de leur famille; (4) augmenter les possibilités d'accès à l'enseignement et les ressources portant sur la gestion des ensembles pour personnes âgées .

**Les gestionnaires ont suggéré de préparer et de publier un guide traitant de la gestion des ensembles pour personnes âgées.**

**Les stratégies qui peuvent venir en aide au *vieillissement à domicile* dans les ensembles sans but lucratif pour personnes âgées**

Cet ouvrage présente un aperçu des stratégies à l'appui du *vieillissement à domicile* dans les ensembles sans but lucratif pour personnes âgées. Elles sont le fruit de discussions avec des fournisseurs de logement sans but lucratif et des chercheurs à travers le Canada, experts dans l'élaboration et l'évaluation d'initiatives relatives au *vieillissement à domicile*.

Toutes les personnes consultées reconnaissent unanimement qu'une conception appropriée du logement et des services de soutien peut permettre aux locataires âgés de demeurer en bonne santé et de conserver leur autonomie et aider à réduire les effets physiques et sensoriels du vieillissement.

Les principes mentionnés ci-dessous, tirés de l'étude effectuée en Nouvelle-Écosse pourraient jouer un rôle essentiel dans l'élaboration d'initiatives reliées au *vieillissement à domicile* dans les ensembles sans but lucratif :

**Principes directeurs s'appliquant aux initiatives de *vieillissement à domicile***

A. Reconnaître que les personnes âgées ont un droit inhérent de choisir et de disposer librement de leur personne;
B. Fournir un «habitat» qui contribue de façon positive à la qualité de vie des personnes âgées, et favorise un mode de vie où elles trouvent affection, soutien mutuel et choix en s'adaptant à l'évolution des besoins des locataires à mesure qu'ils vieillissent;
C. Coordonner et faciliter les services pour les personnes âgées qui en ont besoin pour faire en sorte qu'ils soient toujours disponibles, accessibles, acceptables et appropriés.

On peut déduire des résultats de l'étude réalisée en Nouvelle-Écosse qu'on devrait effectuer des recherches portant sur quatre aspects du domaine de l'habitation pour encourager le *vieillissement à domicile* dans les ensembles sans but lucratif. Il s'agit des domaines suivants :(1) le cadre physique (modifications de la conception des espaces publics et des logements individuels); (2) le milieu d'exploitation (le choix des locataires et le suivi à exercer sur leurs besoins); (3) le contexte de gestion (les outils de gestion et les ressources auxquelles les locataires qui vieillissent peuvent avoir recours); (4) le milieu de soutien (offerts dans la résidence ou hors de celle-ci et les initiatives de soutien qui aident les personnes âgées à conserver leur autonomie).

## RÉSUMÉ

Pour conclure, on donne quelques exemples d'initiatives récemment mises en oeuvre en Nouvelle-Écosse. Pour chaque initiative on emploie une approche différente pour faciliter le *vieillissement à domicile* des personnes âgées dans des ensembles sans but lucratif.

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# Introduction

The term *aging in place* was coined by gerontologists to describe a process involving older individuals and their place of residence (Callahan, 1993; Heumann and Boldy, 1993; Marshall and McPherson, 1994). This process enables elderly people to grow older in the familiar and comfortable surroundings of their homes while providing them with the assistance necessary to maintain a relatively independent life style.

Initiatives that support *aging in place* serve both an individual and a common good. Studies involving seniors consistently find that seniors prefer to remain in their own homes for as long as possible. Indeed, the older people become, the less likely it is that they will want to move (Fogal, 1993; Forbes, Jackson and Krause, 1987; Marshall, 1987; National Advisory Council on Aging, 1992). As well, evidence suggests, it costs communities less to provide services to seniors in their homes than it does to house individuals in institutions (Heumann and Boldy, 1993).

Consumer preference and savings in public funds are two major reasons why the current trend in housing for older people with disabilities is towards community alternatives and away from traditional long term care facilities.

Nowhere is the trend towards *aging in place* more relevant than in non-profit housing[1] for seniors. Much of the existing stock of non-profit housing for seniors in Canada was built

1 In the remainder of this publication, except as noted, the term non-profit housing will include housing made available over the last several decades through a variety of government programs and rent subsidies including Public Housing, Limited Dividend, Non-profit, Urban and Native, Co-op, On-reserve, Rent Supplement, and Rural and Native programs. It also includes units made available under unilateral provincial programs.

over twenty years ago. Tenants who moved in at the time of construction are now in their late seventies and eighties and have put down roots in these communities. Making it possible for seniors on low income to stay in their homes by supporting their desire for self-determination and self-sufficiency can significantly delay or minimize admission to institutions such as nursing homes and long terms care facilities.

The results of recent research[2] indicate that for successful *aging in place* to occur, housing for seniors must be accompanied by health care and community support services. However, simply making housing, health care and community support services available is not enough to ensure continued independent living. Housing and services must also be accessible and acceptable to seniors. *Aging in place* initiatives that are developed collaboratively, with input from the tenants concerned, have the highest potential for successfully addressing both of these conditions.

This publication is based on the results of a 1993 study co-sponsored by Canada Mortgage and Housing Corporation (CMHC) and the Nova Scotia Department of Housing and Consumer Affairs. The Nova Scotia study provided the Nova Scotia Department of Housing and Consumer Affairs with the information it needed to establish priorities for developing supportive initiatives for seniors living in non-profit housing[3] managed by the province.

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2 See: Verena Haldemann and Andrew Wister, "Environment and Aging" in Victor Marshall & Barry McPherson (eds.), Aging: Canadian Perspectives. Peterborough, Ontario, Broadview Press, 1994; and the collection of articles in James J. Callahan (ed.) Aging in Place. Amityville, New York, Baywood Publishing Company, 1993; and in Leornard F. Heumann and Duncan P. Boldy, Aging in Place with Dignity. Westport, CT, Praeger Publishers, 1993.

3 In the Nova Scotia Study, non-profit housing included only rent-to-income public housing built prior to 1984.

The publication has *five* parts:

Part One: examines demographic and social trends affecting housing options for seniors;

Part Two: describes the Nova Scotia study and why it was initiated;

Part Three: discusses the key findings of the Nova Scotia study with respect to the needs of tenants and housing managers;

Part Four: outlines strategies and options that support *aging in place* in non-profit housing for seniors based on the findings of the Nova Scotia study and information provided by other housing and service providers across Canada; and

Part Five: illustrates some physical design modifications that improve access in public areas of apartment buildings as well as in individual apartments. This section also describes three initiatives in Nova Scotia each of which uses a different approach to improving access to supportive services for seniors living in non-profit housing.

# Part One: Why The Trend Towards Aging In Place Initiatives?

## Demographic and Social Trends that Affect Housing Options for Seniors

There are a number of demographic and social trends that will determine the types of housing options older Canadians will need and demand.

### *Canada's population is aging*

Today, slightly more than 3 million Canadians are age 65+. This number will double by the year 2021, representing almost twenty per cent of the population, by the time most of the "baby boomers" are retired. By the year 2041, one quarter of the Canadian population may be aged 65 and over. The number of people aged 85+ is expected to triple from 283,400 to 828,000 during the same time period (Statistics Canada, 1993).

### *Canadians are expected to live longer*

Improved health care and better living conditions are two of the factors that have resulted in the continued increased life expectancy of the Canadian population. In 1991 the life expectancy at birth was 74.6 for males and 80.9 females. By 2016, the life expectancy is expected to reach as high as 81 for males and 86 for females (Statistics Canada, 1995). Housing options in the future must be designed to meet the needs of the oldest group of Canadians - those over the age 80.

### *There are provincial and territorial differences in the aging population*

British Columbia, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island have a higher proportion of seniors than Canada as a whole (see Exhibit 1.1). The Atlantic provinces are expected to continue to have higher than average proportions of older people over the next several decades.

While the percentage of the population age 65+ in the Yukon and North West Territories (NWT) is and will continue to be far lower than that in other parts of the country, the population aged 65+ in the two territories is expected to more than double from 4% (Yukon) and 3% (NWT) of the population in 1991 to 9% and 7% of the population in 2011 (Statistics Canada, 1993, Cat. 91-533E, Table 14).

### *There are urban and rural differences in the aging population*

Although the majority of older Canadians live in highly populated urban areas, close to one third live in either rural area (21.2%) or small towns of fewer than 10,000 people (CMHC, 1991). Small towns and villages generally offer fewer housing choices and fewer services and facilities for older people than urban centres. This situation presents challenges and provides opportunities for housing and support service providers.

**Exhibit 1.1** **Numbers (in thousands) and Proportion of Persons Aged 65+ in the Total Population of the Provinces, Territories and the Country, 1991***

| PROVINCE | PERCENTAGE (%) | NUMBERS (in thousands) |
|---|---|---|
| Saskatchewan | 14.2 | 139.9 |
| Manitoba | 13.4 | 146.6 |
| Prince Edward Island | 13.2 | 17.1 |
| British Columbia | 12.9 | 422.0 |
| Nova Scotia | 12.6 | 113.3 |
| New Brunswick | 12.2 | 88.1 |
| Ontario | 11.7 | 1,183.5 |
| Quebec | 11.2 | 770.9 |
| Newfoundland | 9.7 | 55.2 |
| Alberta | 9.1 | 230.6 |
| Yukon | 4.0 | 1.1 |
| Northwest Territories | 2.8 | 1.6 |
| CANADA | 11.6 | 3,170.0 |

*Sources: Statistics Canada, 1991 Census of Population, Age, Sex and Marital Status Catalogue No. 93-310

### *Most older Canadians with disabilities live at home*

About half of all older Canadians experience some disability. The percentage of people with severe disabilities increases with age. 94% of older Canadians with disabilities live in private homes which are owned or rented. For the most part, private homes have not been built, modified or adapted to accommodate the needs of persons with disabilities. Simple features such as grab bars, extra hand rails, and non-slip floors have the potential to prevent serious accidents and save significant amounts of dollars in health care costs (Consumer and Corporate Affairs Canada, 1993). As the population ages there will be an increase in the demand for home adaptations that provide extra comfort and safety for all members of the family.

### *More older people are living alone*

Canada has experienced an increase in the number of single parent households as well as individuals living alone during the past several decades. This trend will impact on the living arrangements and needs of the older generation in the future. While many seniors today can count on receiving help from extended family members when needed, gerontologists (Rosenthal and Gladstone, 1993) predict this may not be the case in the future. The demand for community support services such as assistance with home maintenance will increase as the number of younger family members available to provide these services decreases.

### *Most older people with low income are women*

Overall, the economic status of the elderly in Canada has improved over the last several decades. Most seniors, however, remain within the lower income range, especially women and persons from ethnic minority groups. Exhibit 1.2 using data from the Statistics Canada "Survey on Aging and Independence" (1991) illustrates the income differences between older men and women. The majority of women aged 65 or over have annual incomes of less than $10,000.

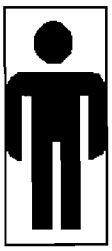
The majority of residents of non-profit housing for seniors are women. The majority of tenants in non-seniors public housing are female lone parents (Blakeney, 1992). Thus subsidized housing in Canada will likely continue to serve the needs of a predominantly female tenant population.

### *Seniors living in non-profit housing are more at risk for a loss of independence than older Canadians in general*

Currently, there are over 650,000 non-profit housing units in Canada[4]. Almost 40% of these units (241,000 households) are committed for seniors (CMHC estimates, 1995). Exhibit 1.3 shows the distribution of these units across Canada. There is evidence to suggest, that compared to older Canadians at large (age 55+), seniors living in non-profit housing may have special needs.

4 This estimate does not include units made available under unilateral provincial programs.

## Exhibit 1.2 Personal Income Levels of Canadians 65 Years or Over

| AGE | POPULATION* ('000) | <$10,000** | $10,000-19,999 | $20,000-39,999 | ?$40,000+ |
|---|---|---|---|---|---|
|  | | | | | |
| 65-69 | 423 | 48% | 35% | 13% | (1) |
| 70-74 | 335 | 46% | 41% | 12% | (1) |
| 75-79 | 226 | 48% | 38% | 13% | (1) |
| 80 or over | 206 | 46% | 42% | 10% | 2%? |
|  | | | | | |
| 65-69 | 376 | 18% | 39% | 41% | 10% |
| 70-74 | 258 | 13% | 44% | 30% | 13% |
| 75-79 | 153 | 16% | 45% | 31% | 7% |
| 80 or over | 135 | 24% | 39% | 28% | 8% |

**Source:** *Survey on Ageing and Independence,* September 1991, Statistics Canada

* Excludes those who didn't know, refused or had not stated their income.

** Includes those who reported "no income".

? Users are cautioned that the sampling variability associated with this estimate is high.

(1) The sampling variability associated with this estimate is too high for the estimate to be released.

**Exhibit 1.3** **Canadian Social Housing Portfolio Showing The Total Number Of Units Committed For Seniors (People 65 Years of Age or Older)**

| PROVINCE/TERRITORY | # OF SENIOR UNITS | TOTAL # OF UNITS | TOTAL # OF PROJECTS |
|---|---|---|---|
| Newfoundland | 2,660 | 13,828 | 24 |
| Prince Edward Island | 1,731 | 3,254 | 475 |
| Nova Scotia | 8,977 | 24,373 | 3,860 |
| New Brunswick | 5,928 | 17,031 | 2,565 |
| Quebec | 52,743 | 133,711 | 8,084 |
| Ontario | 89,739 | 246,392 | 9,650 |
| Manitoba | 17,930 | 42,911 | 4,915 |
| Saskatchewan | 14,472 | 37,547 | 5,676 |
| Alberta | 14,888 | 41,815 | 3,562 |
| British Columbia | 31,891 | 82,436 | 4,320 |
| Yukon | 112 | 629 | 112 |
| Northwest Territories | 263 | 6,538 | 1,501 |
| **CANADA** | **241,334** | **650,465** | **47,583** |

NOTES:

1. Number of units include units committed under the Limited Dividend, Non-Profit, Urban and Native, Co-op, On-Reserve, Rent Supplement, Rural and Native and Public Housing Programs.
2. Number of units excludes all dwelling units committed under unilateral provincial programs.
3. Projects may include one or more dwelling units.

**Source:** **Program Sector at CMHC, 11 July 1995**

Living alone, and having poor health and little money are the key risk factors for a loss of independence (Haldemann and Wister, 1994). Different studies have estimated that from 10% to 15% of non-institutionalized elderly may be at-risk (Heumann and Boldy, 1993). Seniors with these risk factors will benefit the most from *aging in place* initiatives.

Combining the results from several surveys[5] of seniors living in non-profit housing (including the Nova Scotia Study) and comparing them to a recent national survey of older Canadians (Health Canada, Aging and Independence Study, 1993) completed during the same time period shows that seniors living in non-profit housing are more likely to face the key risk factors mentioned above than the older population at large.

Compared to the general population of older Canadians, **seniors in non-profit housing are more likely to:**

- be older;
- be women;
- be living alone;
- report fair or poor health; and
- report Old Age Pension as their only source of income.

5 Surveys conducted for: Aging in Place Study, Nova Scotia Department of Housing and Consumer Affairs, 1993; Evaluation of the Tenant Support Aging in Place Model for Seniors, The Council on Aging for Ottawa-Carleton and Ottawa-Carleton Housing, 1995; Program Evaluation of the Public Housing Program, CMHC, 1990; and, Patterns of Support - The Use of Support Services Among Senior Citizen Public Housing Tenants in Ontario, Ontario Ministry of Housing, 1987.

By definition all seniors in non-profit housing live on a relatively low income. The link between poor health and low income is well established (Wolfson, Berthelot & Roberge, 1995). About 30% of older Canadians currently receive the Guaranteed Income Supplement (GIS)[6] available to seniors at the lowest income level. In the Nova Scotia Aging in Place Study, 63% of the tenants interviewed were receiving the GIS.

## Non-Profit Housing for Seniors in Nova Scotia

Seniors occupy about 70% (7716 units) of the total number of dwelling units managed by the Nova Scotia Department of Housing and Consumer Affairs. Most of these units are located in projects for seniors only. Only two projects are integrated with seniors and younger families living in the same building. Although in some provinces there is a growing trend toward integrated projects, the Nova Scotia Department of Housing and Consumer Affairs does not predict an increase in integrated housing.

Currently there are about 1000 seniors on the waiting list for housing in Nova Scotia. The annual turnover rate is about 10%. According to the Department's own estimates, the demand for seniors-only housing, particularly in urban centres, will continue to grow as the population ages.

6 The Guaranteed Income Supplement (GIS) is a monthly benefit paid to residents of Canada in receipt of a basic Old Age Security pension (whether the full amount or a partial amount) and who have little or no other income.

***Nova Scotia, like other provinces, is faced with an aging public housing stock.***

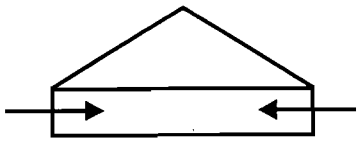
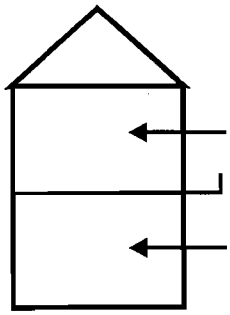
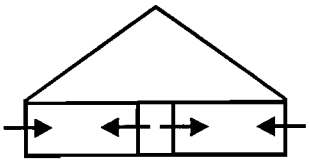
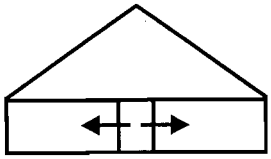
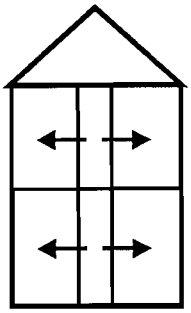
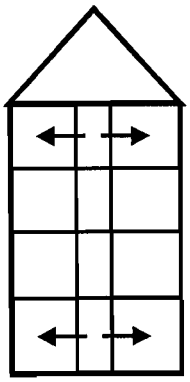
At the time of the study, about 82% of the units committed for seniors had been constructed prior to 1984. The older units were located in 263 buildings ranging from motel-style projects, some two and three story multiple-unit buildings, to multi-story conventional apartment buildings. Projects also varied in size with the smallest having 10 units and larger structures containing 100 or more units. Exhibit 1.4 illustrates the different building styles.

Most of the seniors units are self-contained one-bedroom apartments. However, some buildings, (usually the larger buildings) contain bachelor and/or two-bedroom units. Lounges or activity rooms are provided in all buildings. Some buildings also have common kitchen facilities attached to the lounge. Each housing authority has some projects that are designed to accommodate seniors who are physically challenged. In these projects, all public spaces and at least one apartment are wheelchair accessible.

The non-profit housing portfolio in Nova Scotia is currently administered through 19 housing authorities[7] across four regions of the province. In general, individuals aged 58 or older are eligible for seniors' housing if they qualify under a point system that considers their age, current income, and the suitability and adequacy of their present housing.

7 At the time of the Nova Scotia study, there were 40 housing authorities. The authorities have since been amalgamated into 19 regional housing authorities.

**Exhibit 1.4** **Nova Scotia Non-Profit Housing Building Styles**

| | |
|---|---|
|  | Type 1 - Single story, outside entry. |
|  | Type 2 - Motel type. Two story, outside entry from grade and balcony. |
|  | Type 3 - Motel type. Single story, inside corridor entry, plus exterior entry. |
|  | Type 4 - Single story. Inside corridor entry only. |
|  | Type 5 - Two/three story (most have elevators). Inside corridor entry. |
|  | Type 6 - Multi-story with elevator. |

**Source:** **Nova Scotia Department of Housing and Consumer Affairs**

Under current legislation, the *responsibilities of the housing authorities* in Nova Scotia fall into three areas (the responsibilities of the housing authorities in other provinces and territories in Canada may differ from those in Nova Scotia):

1. Management and administration - responsibilities include managing the buildings and providing general and preventative maintenance, as well as carrying out day to day operations such as applicant selection, rent calculations, rent collection, and termination of tenancy. The local authority is also responsible for providing insurance, fire safety standards and upholding all rules and regulations.

2. Interaction with tenants and service referral - responsibilities include showing units to prospective tenants, assessing tenants, organizing orientation, and referring tenants to medical and social services.

3. Tenant support activities - responsibilities include facilitating social programs, developing a tenant association, liaising with community service providers, counselling tenants, and monitoring the health and individual needs of the tenants.

## Part Two: The Purpose And Significance Of The Nova Scotia Study

The main purpose of the Nova Scotia Study was to explore options that would enable senior tenants in non-profit housing to continue to live independently in their own homes for as long as possible. The study team was asked to find which design features and service delivery options were both feasible and preferred by tenants.

Specifically, the study had *four objectives* which were to:

- identify the needs of the aging tenants in non-profit housing;
- explore ways of adapting existing buildings and designing new buildings to meet these needs;
- identify ways of enabling senior tenants to gain access to community based services; and
- examine ways of addressing the concerns of housing managers.

**The Nova Scotia study has three major strengths.** *First*, the study was province wide and included urban and rural settings. *Second*, in defining what is needed to provide a supportive environment for seniors to age in place, the study examined the physical environment as well as options to provide access to community support services. *Third*, the study considered tenants' as well as housing managers' viewpoints.

The study has had the added benefit of having stimulated the introduction and further development of a number of *aging in place* initiatives in Nova Scotia.

## How the Nova Scotia Study was Conducted

The study collected and analysed information from several sources: over 500 seniors living in non-profit housing; 36 housing managers; and 12 individuals representing a number of different support service providers knowledgable about tenant needs. A detailed architectural evaluation of six typical seniors' building styles was conducted in order to assess the physical and design aspects of the buildings and individual units. Program and policy advisors from the Nova Scotia Department of Housing and Consumer Affairs and outside experts in gerontology were consulted to assist with the interpretation of the results and the subsequent recommendations.

Face-to-face interviews were conducted with 517 tenants selected randomly from the provincial master list of tenants living in 198 different projects built prior to 1984. Over 90% of the tenants contacted agreed to participate in the interview. An equal number of urban and rural tenants were interviewed.

The questions covered five areas: respondents' general background, their health and difficulties in carrying out activities of daily living, their use of community support services, their satisfaction with various design aspects of the building and apartment, and their concerns about the landlord.

Self-administered questionnaires were mailed to all district housing managers (40 at the time of the study). In addition to the mail survey, face-to-face interviews were conducted with about a selected number of housing managers as well as different service providers.

These respondents included an occupational therapist in the City of Halifax, three Homecare coordinators (from different urban and rural settings in the province), the coordinator of the provincial Senior Citizens' Secretariat, two administrators of "enriched" [8] housing projects for seniors, an administrator of a large seniors citizens centre, an architect with the Department of Housing and Consumer Affairs and a property manager in a large urban housing authority. The focus of the survey and the interviews was on:

- identifying the housing design and support service needs of aging seniors;
- gathering suggestions for the management and operation of non-profit housing to facilitate *aging in place*; and,
- obtaining advice on the feasibility of physical adaptations and design modifications to the units and buildings.

The field procedures and the questionnaires were developed by an independent consulting firm. The data collection activities were carried out by the consultants and the Nova Scotia Department of Housing and Consumer Affairs.

8 Enriched housing provides seniors with rent-to-income housing plus support services from an adjacent home for the aged on a fee for service basis. The available support services include personal care, meals, laundry, housekeeping, medication and nursing. Currently, there are nine enriched housing projects in Nova Scotia with a total of 211 dwelling units.

# Part Three: Findings Of The Nova Scotia Study

This section presents the key findings of the Nova Scotia Study. The findings are from two perspectives: (1) from the tenants' perspective based on the results of the survey of tenants, and (2) from the housing managers' view based on their responses to the self-administered questionnaire and follow-up interviews.

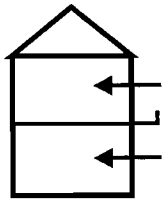
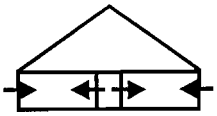
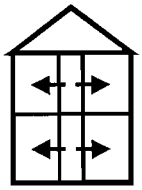
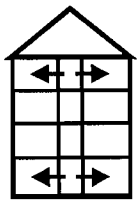
## Profile of Seniors Living in Non-Profit Housing in Nova Scotia

### *Place of residence*

Exhibit 3.1 shows the number and percentage of tenants living in each of the different building styles (as shown earlier in Exhibit 1.4 on p.15) managed by the Nova Scotia Department of Housing and Consumer Affairs. By interviewing a representative number of tenants living in each of the different building styles, it was possible to examine the extent to which physical design made a difference to tenants' abilities to function independently. As the Exhibit illustrates, just over half of the respondents reside in two or three storey apartment buildings with inside corridors. Because these buildings were built prior to 1984, many originally did not have elevators.

Almost one quarter of the respondents live in single storey apartment buildings that have individual outside entrances to the apartments. The third most common style of housing for seniors living in non-profit housing managed by the Nova Scotia Department of Housing and Consumer Affairs is multi-storey apartment buildings with elevators.

**Exhibit 3.1** **Number And Proportion Of Tenants By Building Style**

| TYPE | BUILDING STYLES | TENANTS | |
|---|---|---|---|
| | | Number | % |
|  | **Type 1**<br>Single story, outside entry | 115 | 22.2 |
|  | **Type 2**<br>Motel type. Two story, outside entry from grade and balcony | 22 | 4.3 |
|  | **Type 3**<br>Motel type. Single story, inside corridor entry, plus exterior entry | 10 | 1.9 |
|  | **Type 4**<br>Single story. Inside corridor, entry only | 19 | 3.6 |
|  | **Type 5**<br>Two/three story. Inside corridor entry | 266 | 51.5 |
|  | **Type 6**<br>Multi-story with elevator | 65 | 12.6 |
| | *Other | 20 | 3.9 |
| | **TOTAL** | **517** | **100.00** |

* Combination of different building styles

### *Socio-economic and demographic characteristics that determine need*

Age, sex, health and income are the biggest factors determining the need for assistance by seniors. Women, particularly those living alone, over the age of seventy five and in poor health are most at risk for a loss of independence. To assess the level of health risk among senior tenants living in non-profit housing in Nova Scotia, the Aging in Place study collected information on the demographic and socio-economic background of tenants.

Exhibit 3.2 depicts the *age and sex* breakdown of the tenants interviewed in the Nova Scotia study. The Exhibit shows that the vast majority (84%) of the tenants in the study were females, almost all living alone. More than half of the tenants were over the age of 75. When compared to the total population of seniors living in non-profit housing in Nova Scotia, the study sample was found to be representative in terms of age and sex.

Tenants in the study were asked to describe their *health*. Over half (56%) of the respondents rated their health as good or good-fair. The remaining tenants rated their health as fair to poor. Younger tenants were just as likely to rate their health as poor as older tenants. About 40% of the tenants who rated their health as poor were over the age of 75; 38% were under the age of 70, and 26% were aged 70-74.

Tenants identified certain health problems. The most frequently mentioned problem was arthritis or rheumatism, followed by high blood pressure, poor circulation in arms or legs and asthma, emphysema or chronic bronchitis. As many as 60% of the tenants interviewed indicated they had one or more of these health conditions.

**Exhibit 3.2** **Age and Sex of Tenants in Nova Scotia Study**

| AGE | TOTAL % | MALE % | FEMALE % |
|---|---|---|---|
| Less than 60 | 3.5 | 5.9 | 3.0 |
| 60 - 64 | 7.4 | 14.1 | 6.0 |
| 65 - 69 | 13.5 | 14.1 | 13.4 |
| 70 - 74 | 24.4 | 22.4 | 24.8 |
| 75 -79 | 22.1 | 16.5 | 23.1 |
| 80 -84 | 20.1 | 18.8 | 20.4 |
| 85 + | 8.9 | 8.2 | 9.0 |
| Don't know | 0.2 | 0.0 | 0.2 |
| **TOTAL NUMBER** | **517** | **85** | **432** |
| **TOTAL PERCENTAGE** | **100** | **16.4** | **83.6** |

Seniors living in non-profit housing have at least one thing in common - their *income levels* are low in comparison to the general population of older people. In fact, low income resulting in a housing affordability problem is the main eligibility criteria for housing assistance in Canada. Senior tenants who took part in the Nova Scotia study were asked how many sources of income they had, what these sources were, and how adequate their income was to meet their individual needs.

The study found that most respondents had two sources of retirement income - usually a combination of the Old Age Security Pension, the Guaranteed Income Supplement, Canada Pension Plan or private pension. According to 85% of the respondents, their income was adequate enough, *but only 10% responded that they were able to get by very well.*

## The Needs of Seniors Living in Non-Profit Housing in Nova Scotia

About half of the tenants surveyed in the Nova Scotia Study reported that they wished to remain in their present homes with help from community support services if their health declines. To determine the types of services that would best support *aging in place* in non-profit housing, the Nova Scotia study interviewed tenants, managers and others about problems with existing living arrangements.

### *Difficulties with home maintenance*

- one of the main reasons why tenants moved into seniors non-profit housing was the cost and work associated with maintaining their previous home. 47% of the tenants surveyed gave this response.

### *Difficulties with activities of daily living*

- the majority of tenants in the study had no problems with most activities of daily living in their present home, however, as many as two thirds of the senior tenants experienced some problems going up and down stairs, walking, and doing heavy housework (see Exhibit 3.3).

- as Exhibit 3.3 shows, many tenants were getting needed help at the time of the study, however, the majority of tenants with difficulties reported no help received with activities such as: taking a bath (53%); dressing (67%); walking (83%); and going up and down stairs (91%).

### *Difficulties with transportation*

- the majority (68%) of tenants reported difficulties using public transportation.

- the majority (82% urban, 69% rural) of tenants do not have access to a private motor vehicle and do not drive.

- special transportation for frail seniors was not available at the time of the study and only a few buildings assisted tenants with transportation through referrals to available programs or by linking tenants to other agencies that provided transportation.

- most buildings are located close to needed services, according to the tenants themselves, however, housing managers ranked access to transportation highest among unmet needs.

**Exhibit 3.3** **Difficulties With Activities Of Daily Living And % Of Tenants In Nova Scotia Study With No Assistance**

| ACTIVITY OF DAILY LIVING | NUMBER WITH DIFFICULTY | % WITH NO ASSISTANCE |
|---|---|---|
| Going up/down stairs | 85 | 90.6 |
| Walking | 60 | 83.3 |
| Using public transportation | 37 | 67.6 |
| Dressing | 3 | 66.7 |
| Taking a bath | 32 | 53.1 |
| Taking out garbage | 45 | 33.3 |
| Keeping track of medication | 3 | 33.3 |
| Doing heavy housework | 205 | 24.9 |
| Shopping | 65 | 24.6 |
| Preparing meals | 31 | 22.6 |
| Doing light housekeeping | 70 | 18.6 |
| Doing laundry | 70 | 15.7 |
| **TOTAL** | **517** | |

### *Physical and design problems with the building*

- most tenants (75%) were satisfied with the physical design of their buildings.

- urban tenants were more likely than rural tenants to rate the suitability of their building to meet their physical needs as good (83% versus 74%).

- tenants with fair to poor health (68%) were more likely to rate their building as adequate to poor in terms of meeting their physical needs than tenants with good health (31%).

- aspects of the building causing problems for the most number of tenants, regardless of their health were: lack of elevators (86 tenants, all living in two storey buildings); poor ventilation (64 tenants), cold floor surfaces (41 tenants) and poor heating (27 tenants).

- the independent physical and design assessment found that most of the common areas (i.e., lounge, communal kitchen, laundry facilities) in the study buildings were not barrier free to persons using wheelchairs.

### *Physical and design problems in the units*

- the majority of tenants (79%) were satisfied with their units, however, at least 10% of the tenants identified general problems with the type of floor surfaces, appliances, and size of storage areas.

- the most frequently reported design problems by tenants in specific rooms within the unit were:

  **Kitchen** - inadequate size; not enough cabinets; cabinets were too high; knobs hard to use; drawer pulls hard to use; appliances hard to clean; difficulty using stove; stove too small; and refrigerator not frost free.

*The independent physical and design survey found that although cupboard and door handles were satisfactory because they were "grabable", they were not large enough to allow a person with limited hand movement to use them easily. As well, kitchens were generally not large enough to allow someone in a wheelchair to turn around inside the kitchen.*

**Bathroom** - the lack of a shower; poor type of flooring; the basin coming away from wall, and slow draining or plugged up drains.

*The independent physical and design survey encountered a number of bathroom variations. These included variations with sliding doors - some swing in rather than out. Also faucets were mostly of the knob type which are considered unacceptable by today's standards. The height to toilet seat was generally too low. This, coupled with the small size of the bathrooms, restricts wheelchair use. Only one project was found to have a hand held shower, and most had no shower at all.*

**Living Room** - windows (drafty, hard to open and close); cold floors; lack of space for furniture; poor ventilation; poor lighting; and not enough electrical outlets.

**Bedroom** - not enough closet space; trouble with type of closet doors; not enough room for furniture; drafty windows; and windows difficult to open and close.

*The independent physical and design survey did not assess bedrooms and living rooms.*

*Health and community support services*

- A minority of tenants (10%-20%) used on-site and off-site health and community services apart from their own family doctor.

- services **in the building** utilized most often by tenants are:

  - social and recreational programs;
  - a homemaker service; a visiting nurse;
  - meals on wheels;
  - emergency response system; and
  - a transportation service.

- most health and social support services are delivered by an external agency.

- services **in the community** utilized most often by tenants are:

  - the family doctor;
  - hospital stays;
  - drug store;
  - specialized clinics (vision, hearing, footcare and dental); and
  - occupational or physical therapy.

- according to tenants, lack of affordable or reliable transportation is the main obstacle to accessing services in the community. Tenants with mobility-related disabilities cited additional obstacles such as the lack of an elevator, problems using the stairs, and difficulty placing the wheelchair in a car.

### *Social interaction and support from family and friends*

- over 90% of the tenants report that they could call a family member or a friend for help at anytime. About 10% of the tenants report that they did not have someone to contact in the case of an emergency.

- about 70% of the tenants report that a family member or friend phones every day; and about 80% say that a family member or friend visits at least twice a week; about 80% have a friend or family member living in the same building.

- according to managers, up to half of the tenants attend the social and recreational programs in the building including fitness classes, communal meal programs and the activities of the tenants' associations.

### *Safety and security*

- managers report receiving very few emergency related calls from tenants. The types of help that tenants request from management are mainly maintenance related and are generally dealt with in less than one hour per day.

- in those buildings without an *electronic* emergency response system, (the majority of buildings in the survey), about 40% of the tenants report they would use the system if it was installed.

- the main barrier to the installation of an electronic emergency response system is the cost.

- the vast majority of tenants rely on family in the case of an emergency.

These findings show that between one third and one half of the tenants living in non-profit housing in Nova Scotia require more support to maintain their independence than they are currently receiving. These are tenants who report fair or poor health, are limited in their mobility and have difficulties carrying out activities such as bathing, dressing and walking up and down stairs.

Further, the findings indicate that as many as one fifth of the tenants may be socially isolated. Ten percent of the tenants surveyed had no one they could call in an emergency. Up to twenty percent had only infrequent visits from friends and family.

Requiring assistance with personal care and social isolation are risk factors for institutionalization. If left unrecognized, the needs of senior tenants identified in the Nova Scotia Study will increase as tenants continue to age.

A national study conducted by Statistics Canada - The Canadian Health and Disability Survey - found that the percentage of seniors requiring assistance with daily tasks increases significantly after age 85 (see Exhibit 3.4). In fact for almost all of the activities measured including meal preparation, shopping, housework, personal finances and personal care, the percentage of seniors who require assistance more than doubles between the ages of 65-74 and 85+. Whereas only a minority of seniors age 65-74 require assistance with these activities, a majority of those aged 85+ need help. This means more home adaptations, service provision and the use of technology and assistive devices might be required in the future (Chappell, 1994).

**Exhibit 3.4** **Percentage Of Seniors in Canada Requiring Assistance With Selected Daily Tasks By Age**

| | AGE | | |
|---|---|---|---|
| **DAILY TASK** | **65 - 74 %** | **75 - 84 %** | **85 + %** |
| Meal preparation | 16 | 23 | 46 |
| Shopping | 29 | 43 | 71 |
| Housework | 30 | 41 | 62 |
| Heavy housework | 63 | 74 | 86 |
| Personal finances | 18 | 29 | 55 |
| Personal care | 12 | 15 | 31 |

Source: Health and Activities Limitation Survey Report, Statistics Canada, 1990

## The Concerns of Managers of Non-Profit Housing in Nova Scotia

The Nova Scotia study revealed that housing managers are concerned about their aging tenants. Collectively, housing managers have found their role changing dramatically over the last ten years. Increasingly, they see themselves as "managing people" rather than buildings. Compared to five years prior to the study, 36% of the managers reported that they were spending more time responding to tenant needs than they were spending on managing the building. Managers noted they were spending more time acting as companions to lonely tenants and facilitating referrals for tenants.

About one third of the managers reported a conflict in their roles as effective building managers and caring, helpful friends to tenants. Although 75% of the managers reported that they were currently monitoring tenants' functioning ability, only 25% felt this should be their responsibility.

The housing managers survey addressed several key areas including: the managers' experiences and training in the area of seniors housing; the most challenging management issues they face; the availability and use of support services in their buildings; and their views on what is needed to support *aging in place*.

### *Profile of managers*

The average age of housing managers in seniors' buildings in Nova Scotia, according to the study, is 50-59. While the majority of managers had at least five years housing

management experience, only about one quarter had prior experience working directly with seniors.

**In fact, over 70% of managers reported having had no formal training in the management of seniors housing or about seniors issues in general.** There was a strong interest among managers to receive further training, however, few managers were aware of specific training courses or workshops available to them.

*Most challenging issues facing managers*

Managers were asked to rank a series of operational and management issues they faced in their day to day work. The issue that ranked as the most challenging by managers was the **increasing number of older tenants with physical disabilities**. Closely ranked behind and related to this overall challenge was:

- an increase in requests for services beyond their responsibility to provide;
- the inability to obtain the cooperation of families, when needed;
- the difficulty in obtaining alternative housing for seniors too frail to cope on their own;
- the difficulty in handling disputes among tenants;
- the inability of some tenants to maintain their units; and
- the increasing number of tenants with sensory impairment and chronic progressive diseases.

Managers were concerned that current management problems would escalate, particularly in the area of obtaining alternative housing for seniors who need more services than the housing authority is able to provide. To respond to this concern, managers agreed that four major areas needed to be addressed:

(1) more effective coordination among service providers including housing managers;

(2) increased service availability particularly in rural areas;

(3) better communication with tenants and their families; and

(4) more accessible educational opportunities and resources on the management of housing for older people. **In particular, managers suggested that a guide for managing housing for seniors should be developed and published.**

### *Availability of support services*

Managers also saw the availability and coordination of support services as critical for successful *aging in place*. To examine the gaps in services, managers were asked to list the types of community support services available on-site to tenants in their buildings and where possible to estimate how many tenants used these services. These services are

typically delivered by other agencies, however, in some cases, they are offered by the housing authority. According to the study:

- a visiting nurse/homemaker program is delivered in all housing authorities. This program assists tenants who qualify with activities such as basic housekeeping, meal preparation, laundry, and personal care. Managers reported that in general, about half of the tenants use this service, however, in five authorities, it was reported that as many as 75% of the tenants in the building use this service;

- wellness or health screening clinics are offered in about 75% of the housing authorities; in some buildings up to 90% of the tenants attend the clinics;

- about half the housing authorities have emergency response systems (ERS) of some sort (either electronic systems or social such as a buddy system) in their buildings. Responsibility for operating the system lies either with the housing authority or another agency. In most buildings with an emergency response system (either electronic system or personal "buddy" system), less than 10% of the tenants use it;

- about half the housing authorities have a meals on wheels program available to tenants. In about 30% of the housing authorities, fewer than ten percent of the tenants use the service;

- social and personal counselling is available to tenants in about one quarter of the housing authorities. These services are less likely to be available in rural areas. Managers reported that these services are generally used by less than 10% of the tenants in those buildings that offer the services;

- seven housing authorities (out of 40) reported that a group meal service was available in their buildings. In some buildings, group meals are organized only as a special event and not regularly. It is not known how many tenants attend the group meals;

- six housing authorities have treatment services for substance use available to tenants on-site. 60% of the housing authorities refer tenants to these services off-site (usually Alcoholics Anonymous). According to managers, very few of the tenants access these types of services;

- only a few housing authorities have an on-site service coordinator or tenant support worker who assists in identifying tenant needs and facilitates access to needed services; and

- none of the housing authorities have special transportation services (i.e. wheelchair accessible bus, van or car) available.

Managers report the *biggest obstacles to tenants* using these services are:

- seniors' fear of dependency (won't request help);
- lack of available services, especially in rural areas;
- lack of information about what is available and how to access services;
- lack of special transportation for persons with disabilities;
- lack of coordination of services between housing providers and community service providers;
- poor economic situation of some tenants;
- inadequate outreach by service providers and the housing authority; and
- seniors' physical and emotional impairments.

***What is needed to support aging in place***

Managers identified physical improvements that could be made to buildings to support *aging in place*, however, they felt the greatest need was for convenient social and service amenities including:

- special transportation;
- emergency response system;
- provision of meals;

- help with housework; and
- a live-in person who could supervise medication and help with hygiene, offer counselling, and facilitate companionship or friendly visiting.

According to managers, the types of physical changes that are most required to support *aging in place* are:

- buildings with more than one floor should have an elevator;
- buildings with more than one floor should have washers and dryers on each floor;
- more parking spaces are needed to accommodate visitors and service providers;
- doors/walkways in public areas should be made barrier free to accommodate persons using canes, walkers and wheelchairs;
- stairwells should be widened to accommodate a stretcher;
- individual apartments should be modified to accommodate a stretcher;
- windows in individual apartments should be replaced with ones that are easily locked and opened; and
- managers made approximately 80 other comments and recommendations for interior design modifications, exterior project design, handling emergencies; and apartment and fixture design.

Managers of non-profit housing for seniors often find themselves having to undertake tasks that they feel are above and beyond their training and job description. As stated earlier, 75% of managers find themselves helping tenants with health and social needs but only 25% felt this role was appropriate for the job. Many expressed an interest in receiving training to help them cope with the changing expectations of their job.

## *Part Four: Strategies That Can Support Aging In Place In Non-Profit Housing For Seniors*

Consultants for the Nova Scotia Aging in Place Study conducted interviews with tenants and service providers as well as a survey of housing managers. They also held discussions with non-profit housing providers and researchers across Canada[9] who have had experience developing and evaluating *aging in place* initiatives.

There appears to be consensus from all sources that maintaining the good health and functioning of the elderly and helping to diminish the impact of physical and sensory changes associated with aging can be addressed by appropriate housing designs and services.

The following principles suggested in the Nova Scotia Study can be fundamental to the development of *aging in place* initiatives in non-profit housing:

**Guiding Principles for Aging in Place Initiatives**

A. Recognize the inherent rights of seniors to self-determination and choice;

B. Provide a "housing environment" that contributes positively to the quality of life of seniors and helps to foster a lifestyle of companionship, mutual support and choice by adapting to changes in tenants' needs as they age; and

C. Coordinate and facilitate services for seniors in need to ensure they are available, accessible, acceptable and appropriate.

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9 The following persons were interviewed for this publication: Beverly Kyle, Director, Gerontology Branch, Ministry of Health, Manitoba; Brian Johnson, Researcher, Policy and Research Unit, Saskatchewan Municipal Government; Joanna Alexander, Manager, Tenant Services, Saskatchewan Municipal Government; François Renaud, Agent de Recherche, Société d'habitation du Quebec; Susan Goddard, Program Advisor, Ontario Housing Corporation Support Services Branch; Neena Chappell, Director, Gerontology Research Centre, University of Victoria; Kate Joy, Housing Manager, Capital Region Housing, Victoria; Michelene Neville, Director of Self-Contained Operations, Greater Edmonton Foundation.

## Aspects of the Housing Environment that Can Support Aging in Place

The results of the Nova Scotia study and the experiences of others indicate that four aspects of the housing environment should be addressed in the development of *aging in place* initiatives.

1. Physical environment - includes design features for new buildings and individual apartments, and renovation options for existing buildings and apartments. Physical design and renovation ***options that can support aging in place in a residential building*** include provisions for:

    - a *common room on the main floor* that is large enough to accommodate space for a dining room, and is accessible (on the same floor) to other common spaces such as a craft room and an outdoor recreation area;

    - a *standard kitchen adjoining the common room* with space for preparing meals or serving meals that have been prepared elsewhere;

    - a *multi-purpose room* for activities involving small groups of people (exercise, craft activities etc.), or for use as an office;

    - a *unit, if need be, for a tenant support worker* or service coordinator located on the ground floor, and readily accessible;

    - *safe public walkways*, entrances and exits that are barrier-free, handrails where appropriate, and well-lit at night;

- *an emergency response system* - electronic system (basic or two-way voice system) with on-site response or off-site response, whichever is more appropriate and feasible[10];

- *elevators in all two and three storey high buildings*; and

- *laundry facilities on each floor* of multiple storey buildings.

Physical design and regular maintenance ***options that can support aging in place in individual apartments*** allow seniors[11] to:

- *enter or leave the apartment* (for ground floor units - install handrails, install outside lights, replace locks, modify/replace main door, add ramp, provide non-slip finish on walkways);

10 The Saskatchewan Municipal Government is currently piloting and evaluating three different personal alert systems in non-profit housing for seniors. The systems are: (1) *Mainstreet Messenger* which enables the pre-programming of four phone numbers - three to individuals identified by the user. The fourth number is a 24 hour monitoring station, which will be either Homecare, a local hospital or a professional security system; (2) *Lifeline* which also enables the pre-programming of three phone numbers of the users' choice. The 24 hour monitoring system is connected to a central hospital which contacts the closest ambulance service; and (3) *Voice of Help* which automatically dials the City of Regina Fire Department to send the appropriate emergency vehicle.

11 Canada Mortgage and Housing Corporation recently sponsored a survey of over 1000 seniors who made modifications to their homes with financial assistance from the demonstration Home Adaptations and Seniors Independence (HASI) Program (Social Data Research Ltd., 1994). The maximum assistance given was $1,500. The home modifications listed above are those which were rated as most helpful in assisting respondents to independently carry out their daily activities.

- *use the bathroom* (install grab bars by the tub, wash basin and the toilet, install hand held shower, replace tub with shower/add shower, install non-slip surface in tub, install single lever faucets on wash basin, install lever faucets on tub/shower, install higher seat on toilet, install seat in shower, install non-slip floor);

- *use the kitchen* (install single lever faucets, install smoke/heat detectors, install fire extinguisher, add cupboards/shelves, install pull-out shelves);

- *use stairs* (install handrails, improve lighting on stairway, cover stairs with non-slip surface, and add/relocate toilet to main level);

- *move around from one room to another* (install handrails/grab bars, replace door knobs);

- *control light and ventilation* (install/update light fixtures and outlets, repair windows/sliding doors);

- *use the telephone or answer the door* (install phone jacks, install/adjust peephole);

- *use closets and storage areas* (install bi-folding/accordion doors, add closet space); and

- *get out of a bed or chair* (install grab bars, vertical poles).

2. Operational environment - To support *aging in place*, it is important to work with tenants, their families and other service providers in the following areas:

   *assessing and monitoring tenant needs* - the tenant selection process should include a comprehensive needs assessment. The objective is to obtain a baseline of health related information that can be used for monitoring tenants needs. Periodic needs assessments can help to identify unmet needs and possible "at risk" tenants;

   *responding to tenant needs* - having a good understanding of available community services including other housing alternatives and their eligibility requirements can help to respond appropriately to tenant needs. If it does not exist, an inventory of community services should be developed in collaboration with other service providers. This list should be easily accessed by service providers, tenants and their families;

   *establishing the tenancy policy* - the tenancy policy should include criteria for determining when it is no longer appropriate for tenants to remain living in the building. The policy should also include guidelines on how to assist tenants and families to choose a more appropriate housing option.

3. Management environment - It is important to address the concerns of housing managers with respect to their skills and responsibilities, as well as to recognize the responsibilities of tenants and families. Managers should be trained and provided

with management tools such as user friendly manuals, videos and other information that can help them meet the tenants' needs.[12] Training sessions and information products should include topics such as:

- how to identify tenants at risk by learning how to detect possible indicators of risk;
- how to intervene if a tenant is suspected to be at risk;
- how to involve tenants and families in decision making;
- legal and ethical issues for housing managers;
- how to address the needs of tenants with mental health problems;
- understanding Alzheimer's Disease and the special needs of tenants with this disease;
- how to create a supportive environment for tenants; and
- how to promote and support active lifestyles among tenants.

4. Supportive environment - The *aging in place* concept works best as part of a comprehensive and holistic approach to meet the needs of an aging individual and an aging community. A supportive environment should promote and support self-care and strengthen the abilities of individual tenants and tenant associations to find their own solutions. A supportive environment facilitates access to community

12 Examples of these include: The guide developed for housing managers in the province of Quebec (Société d'habitation du Quebec, 1991) by the provincial housing department; a series of booklets produced by the Centre for Health Sciences (1986-1990), University of Wisconsin for sponsors and managers of housing for older people; and a self-assessment guide published by CMHC in 1993 (see Bibliography for details).

support services when needed. Community support services that can promote healthy *aging in place* include:

- visiting nurse and home care programs that provide limited health care in the home;
- homemaker services that assist with housekeeping, laundry services and meal preparation;
- wellness clinics that include footcare, vision care, hearing checks;
- meal programs such as meals-on-wheels and wheels-to-meals;
- transportation programs such as specially equipped vans for seniors with disabilities, volunteer ride programs;
- mobile library services;
- religious services on-site;
- on-site fresh produce stand (arranged with local farmers);
- grocery store delivery services (sometimes no delivery fee is charged if several tenants shop at the same time);
- shopping and banking services provided by local seniors' centres;
- friendly visiting programs where volunteers make periodic visits to socially isolated tenants; and
- recreation and leisure programs offered by local seniors' centres. Some centres have vans that pick-up seniors who are without their own means of transportation or are too frail to take public transportation.

## Implementing Aging in Place Strategies

Strategies that support *aging in place* can be introduced into a building by the housing provider, the tenants, or by other agencies. Experience has shown the chance for acceptance and success of a new idea appears to increase if all stakeholders, including tenants, play a role in its development, implementation and evaluation. The types of strategies should indicate who plays the key roles. For instance, physical design changes to a building or unit cannot happen without the consent of the housing provider. Facilitating access to needed support services can come about only as a result of partnerships between housing and community service providers. Examples of three different initiatives implemented in Nova Scotia are profiled in the next section.

# Part Five: Examples Of Initiatives To Assist Aging In Place

This section describes three different initiatives that support *aging in place* in non-profit housing. The initiatives were implemented in buildings managed by the Nova Scotia Department of Housing and Consumer Affairs. They were either originated or enhanced as a result of the Nova Scotia Aging in Place Study. The initiatives are presented below under two major categories: (1) examples of physical design modifications to existing buildings and individual apartments; and (2) examples of coordinated approaches to improve access to supportive services.

## 1. Examples of Physical Design Modifications to Buildings and Individual Apartments

A recent study completed by CMHC found that inexpensive home adaptations such as grab bars in the bathrooms, handrails in hallways, and hand held showers greatly improved seniors' perceptions of their quality of life. Seniors interviewed across Canada reported that the changes made to their home, helped them to carry out activities of daily living more independently. Over 80% of the seniors that participated in the survey had made changes to their bathroom including: installing grab bars by the sink, toilet or tub; enlarging the shower area; adding a hand held shower or shower bench; and installing lever style faucet handles in the sink.

The majority of seniors that participated in this survey strongly agreed that the modifications to their homes made their lives more comfortable and safer, and helped them to function more independently. Almost 20% of those who lived either in private or non-profit rental homes strongly agreed that without the changes, they would not have been able to remain in their homes. This view varied by physical design of the home.

The changes seemed to make the biggest difference to seniors living in non-elevator (and possibly older) buildings. These seniors were far more likely to feel that without the changes they would have had to move.

The Nova Scotia Study identified a number of physical design aspects in the buildings and units that could be modified to enhance seniors' ability to function more independently. Older buildings designated for physical design modifications or retrofitting were rated using three major criteria:

1. Larger buildings where more tenants could be affected were given priority.
2. Those buildings with a higher percentage of older (75+) and frailer tenants were given priority.
3. All regions of the province were targeted to arrive at a balanced geographic distribution.

The Nova Scotia Department of Housing and Consumer Affairs considered the study's recommendations in their decision to introduce physical design modifications to existing seniors buildings and individual apartment units across the province. The priority areas for the retrofit program include: installing elevators in two to three story buildings; improving the ventilation systems; and enlarging exit stairwells in buildings to allow easier evacuation and handling for stretchers. To improve safety and security, buildings are also being equipped with "hold open" door closers. These devices hold stairway and corridor doors open unless they are triggered by the fire alarm in which case the door automatically closes.

The most significant and costly modification was the commitment to install elevators in older two and three story walk-up seniors' apartment buildings. Many of these buildings had already been retrofitted. A policy was also put into place to ensure that any new buildings of this type would automatically have an elevator.

The following photos show the types of modifications and design features that are being incorporated in new and existing buildings managed by the Nova Scotia Department of Housing and Consumer Affairs to promote *aging in place*.

***Modifications and design features to improve accessibility within public areas***

- Photo 1 - *new automatic swing door operator*
- Photo 2 - *enhanced entry lobbies with security doors*
- Photo 3 - *retrofitted internal accessibility ramps*
- Photos 4 and 5 - *retrofitted handrails in corridors and stairs*

**Photo 1 - below**

*New automatic swing door operator* for the main door into the building allowing easy entry/exit.

**Photo 2 - above**

*Enhanced entry lobbies with security doors* designed with enhanced light levels and adequate space and visibility for senior tenants who are waiting for taxi pick-up.

**Photo 3**
*Retrofitted internal accessibility ramps* designed to be integrated with the interior decor.

**Photos 4 & 5**
*Retrofitted handrails in corridors* (above) *and stairs* (left) for older buildings designed to meet the requirements of frail elderly people. They feature comfortable grip size, and appropriate mounting height.

***Modifications and design features to enhance accessibility and mobility in the individual apartment***

- Photo 6 - *enhanced kitchen features*
- Photo 7 - *enhanced bathroom features*
- Photos 8 & 9 - *wheelchair accessible kitchen*
- Photo 10 - *wheelchair accessible shower area*
- Photo 11 - *wheelchair accessible toilet area*
- Photo 12 - *wheelchair accessible bathroom sink area*
- Photo 13 - *wheelchair access to outside areas*

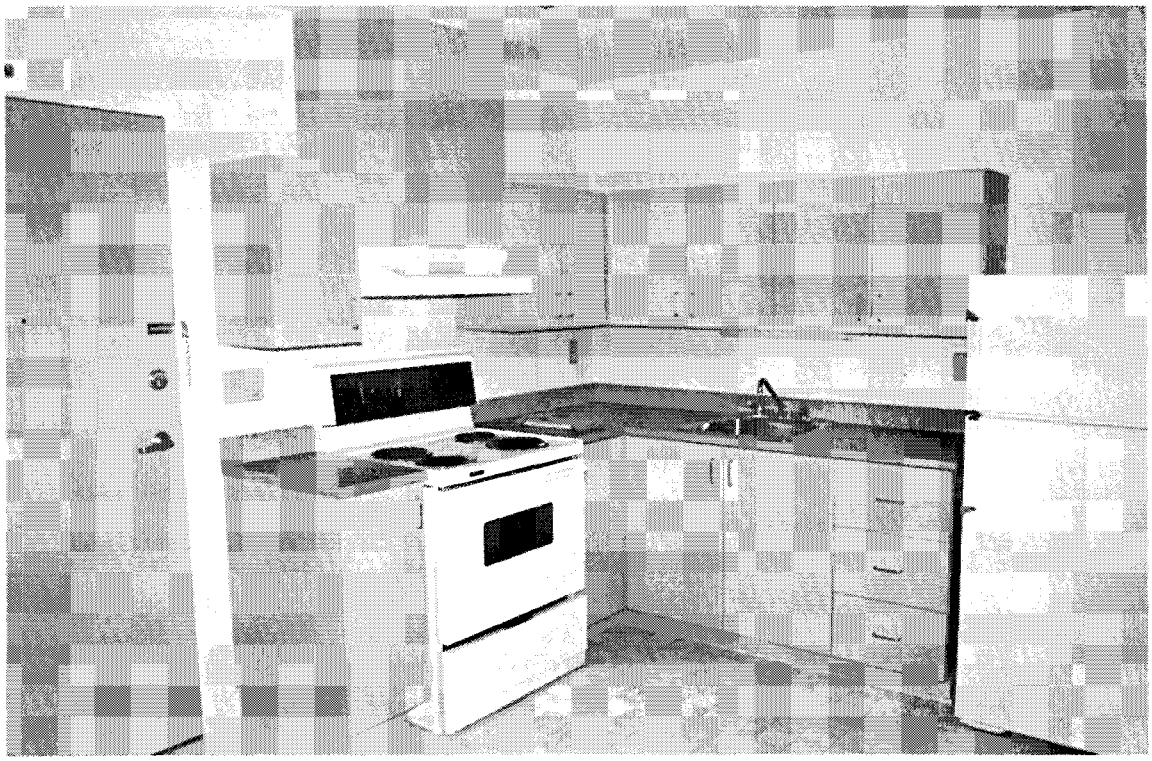


**Photo 6**
*Enhanced kitchen features* include: increased illumination through the use of fluorescent ceiling fixtures (also installed in living rooms); cupboards installed lower than conventional height; and lever handles on sinks.

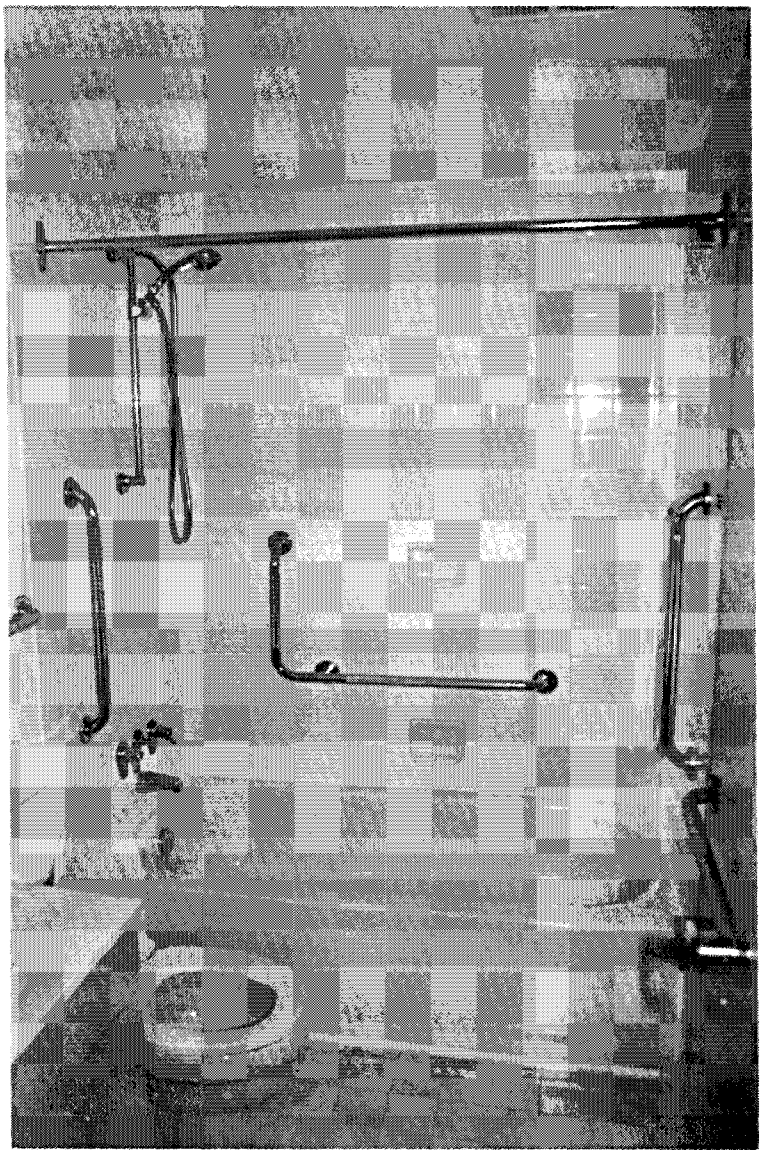
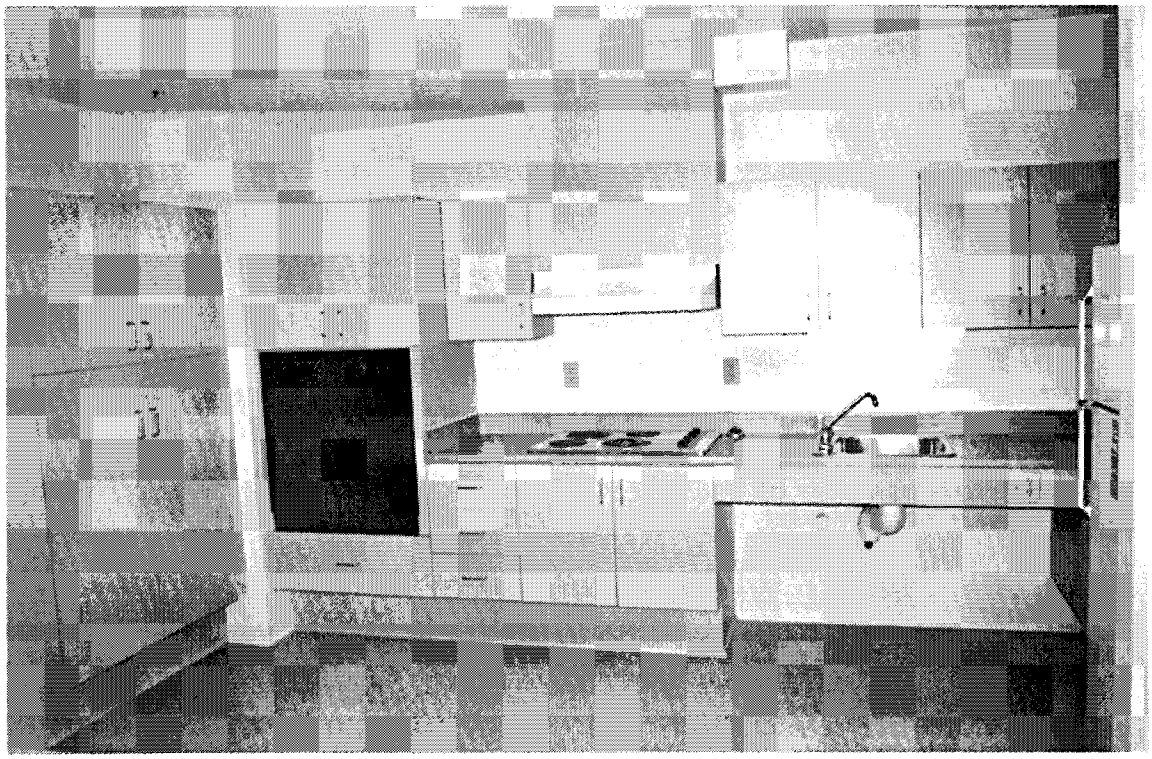


**Photo 7**
*Enhanced bathroom features* include: grab bars installed in the bathtub and toilet area; soap dishes installed at two heights; lever handles in all bath fixtures; and hand held "telephone type" shower heads on adjustable height bars.



**Photos 8 and 9**

*Wheelchair accessible kitchen* includes features such as: lower than conventional counter and cabinet heights; wall oven; range top; plugs and switches on face of base cabinet; deck faucet mounted at side of sink; insulated water pipe in knee space under sink (above); and a "see through" opening from the kitchen to the entry door (below).

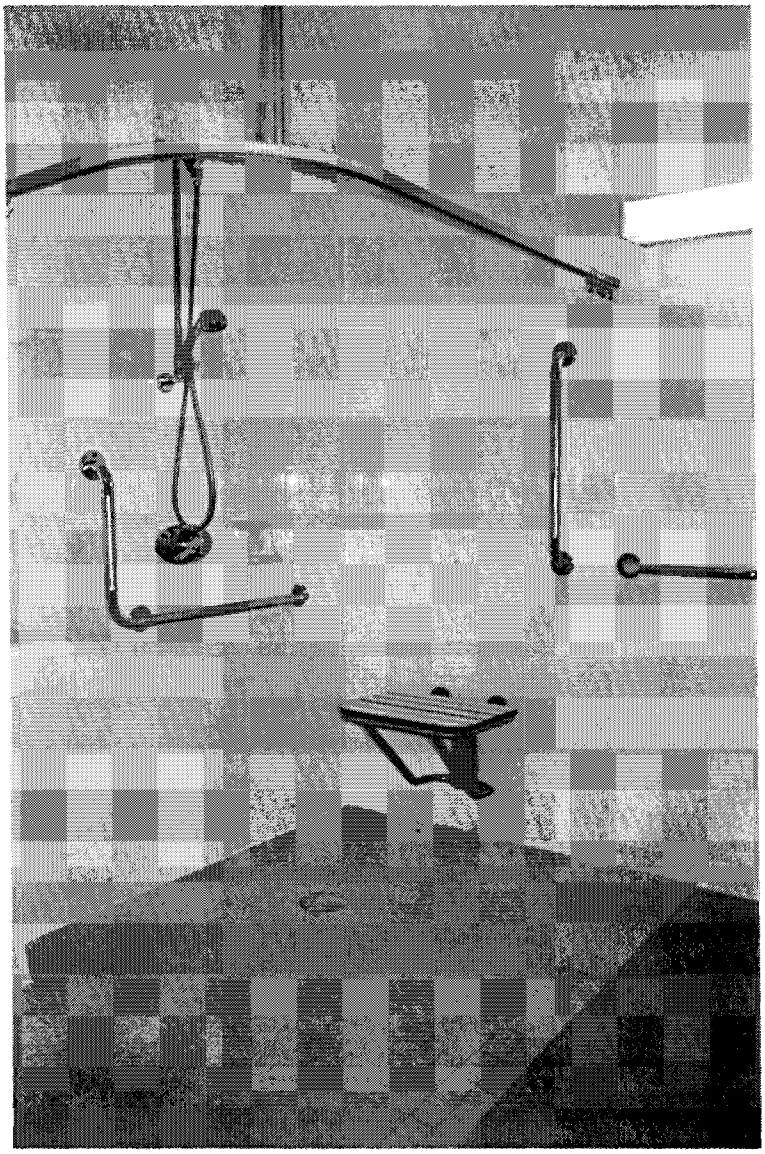
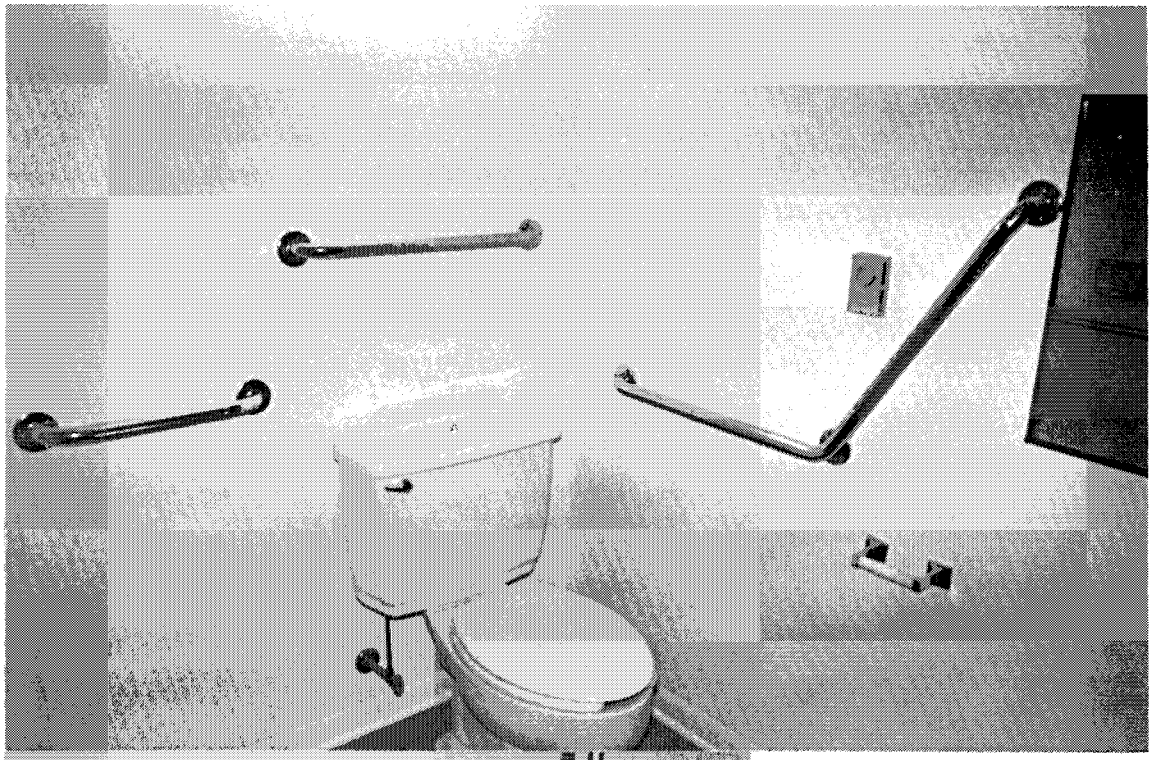


**Photo 10**
*Wheelchair accessible shower area* includes features such as: a "roll-in" shower area with a ceramic tile sloped floor; lift-up shower seat; strategically placed grab bars; and an adjustable height "telephone" type shower head.



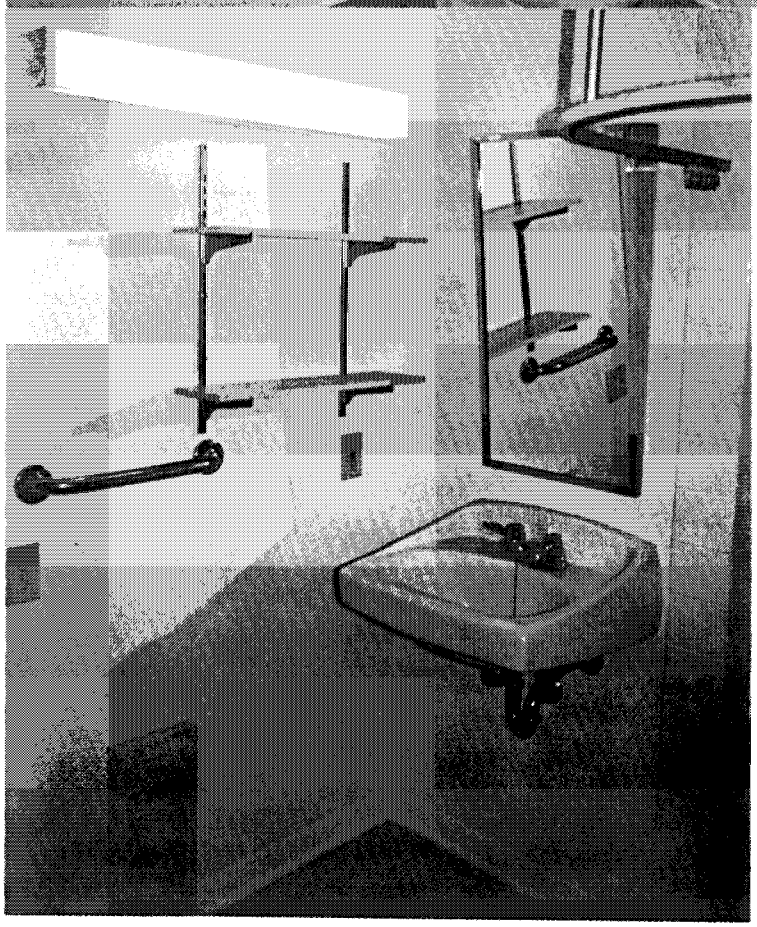


**Photo 11 & 12**
*Wheelchair accessible toilet area* with grab bars above and beside the toilet, elevated toilet, and a conveniently mounted thermostat (above)

*Wheelchair accessible bathroom sink area* with grab bars by the bathroom sink, a lever handled faucet control, a tilted mirror and adjustable height shelving. (left)

**Photo 13**
*Wheelchair access to outside areas*: outside areas include a patio seating area, a sheltered doorway, and a direct route to the parking lot.

***Modifications and design features in new buildings to improve access to support services***

- Photo 14 - *congregate dining area*

- Photo 15 - *multi-purpose activity room*

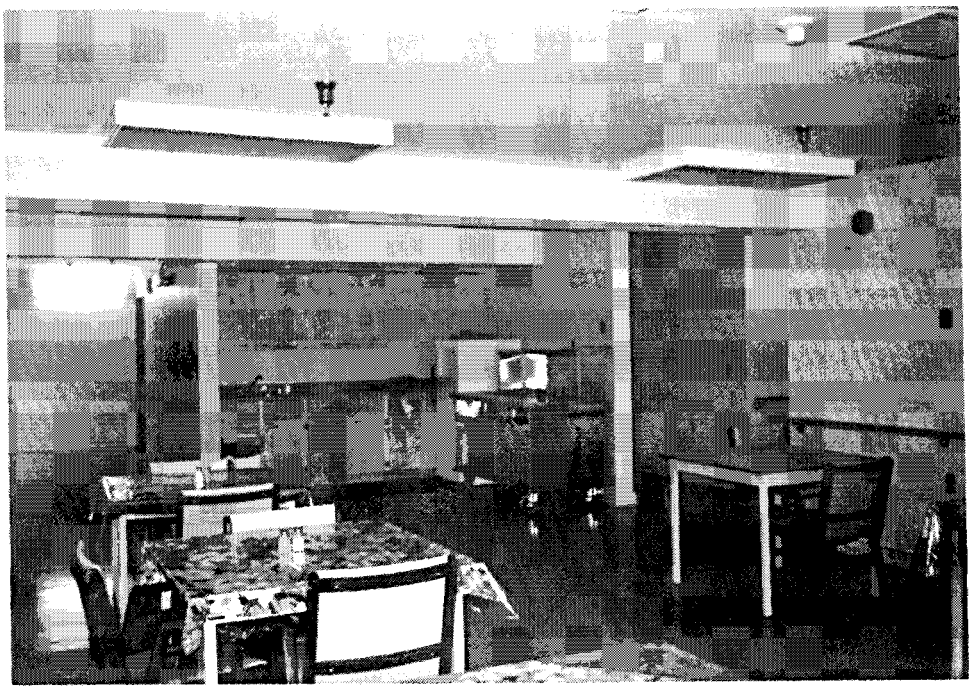


**Photo 14 - above**
*Congregate dining area* with a fridge, stove and sink.
Tenants can have meals served in a communal setting.

**Photo 15 - above**
*Multi-purpose activity room* which is approximately 100 square feet. It typically contains a counter and sink, and can be used for health clinics, exercise classes, special projects or craft classes or hairdressing salon.

## 2. Examples of Coordinated Approaches to Improve Access to Supportive Services

This section describes three initiatives in Nova Scotia that assist seniors to age in place. Each initiative takes a different approach to the provision of housing and supportive services to seniors living in non-profit housing.

### *1. Johnson Manor in Truro, Nova Scotia*

Johnson Manor is a new housing project (ready for occupancy in 1993) that was designed with frail senior tenants in mind. It combines a specially designed physical environment with on-site support services including a support worker who lives in the building.

*How the initiative started* - The concept of Johnson Manor originated as a result of a legal agreement made in 1991 between the Minister of Housing of the province of Nova Scotia, the mayor of the town of Truro, the trustee of the estate of the late Herbert Johnson, and the Colchester Regional Housing Authority. The Johnson Will specified a desire to contribute to the building of living accommodation for "deserving aged people of modest means".

The Nova Scotia Department of Housing and Consumer Affairs agreed to provide the capital cost of constructing the building, including the costs associated with the special design features. The estate covered the costs associated with the support services including the support worker's salary and benefits and the costs associated with the operations and maintenance of one unit used as an office for the support worker.

*The physical environment and its special features* - Johnson Manor is a small three storey building. It has 23 one-bedroom units situated on the upper two floors. The common room and offices are located on the ground floor. (Photo 16)

**Photo 16**
Johnson Manor

**Special design features and amenities in the building:**

- wheelchair accessible entrance into the building (Photo 17);
- an enhanced entry lobby providing shelter and security (Photo 18);
- an automated main door that opens with a push button;
- telephone type security system at entrance door;
- an elevator large enough for a stretcher;
- hand rails in corridors;
- a communal therapeutic tub with a hydraulic lift;
- an office for use by the support worker;
- a communal food preparation and eating area with a pass through window for serving (see Photo 19);
- an emergency response system to monitor those tenants who require this service; and
- food transportation equipment.

**Individual units contain special features** such as well lit and spacious kitchens, grab bars beside the toilet, sink and bathtub area, and non-slip floors.

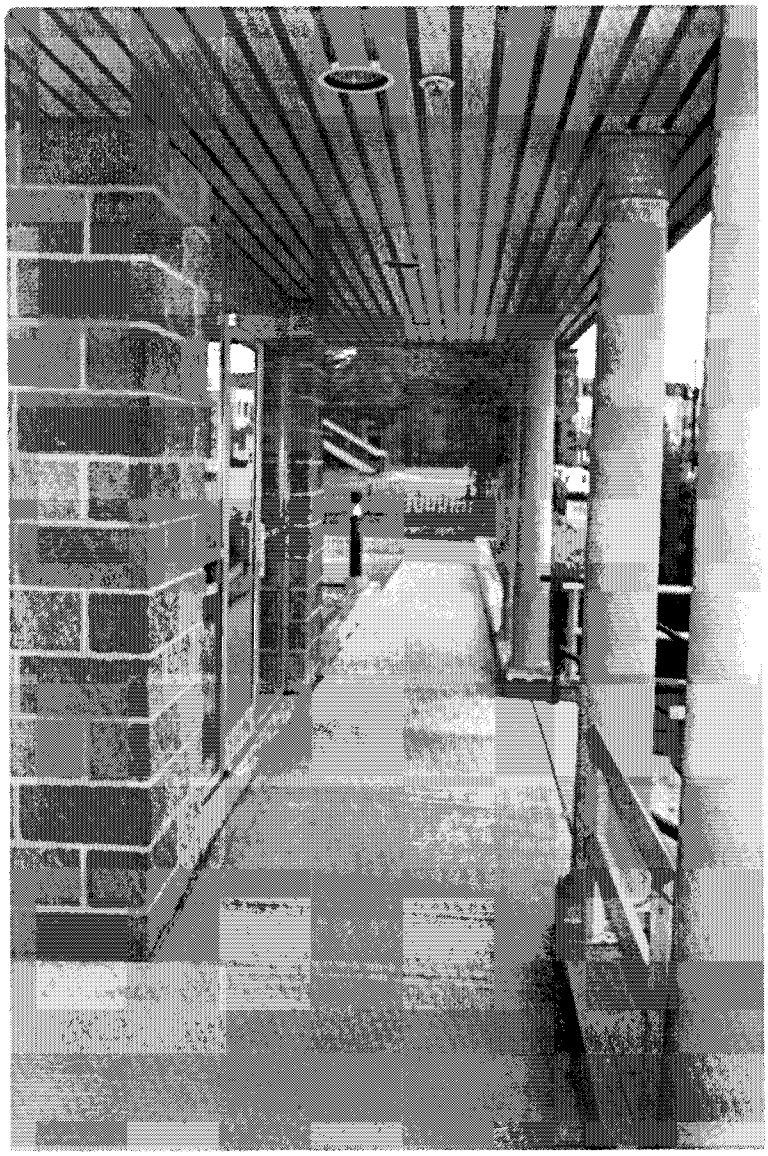


**Photo 17**
Wheelchair accessible entrance at Johnson Manor

**Photo 18**
Sheltered entrance lobby at Johnson Manor

**Photo 19**
Common eating area at Johnson Manor

*The supportive environment in Johnson Manor* - Ongoing daily support for the tenants in Johnson Manor comes from a **support worker** who lives and works in the building. The types of support the worker offers include:

- accompanying tenants to doctor's appointments;
- assisting tenants to use the therapeutic bath;
- visiting tenants who are in hospital;
- monitoring and providing support to tenants who have returned home from a hospital stay;
- visiting or phoning tenants on a daily basis - mornings and evenings;
- assisting tenants to organize social and recreational activities;
- supporting tenants and their families in their decision to move to a care facility;
- assisting tenants to understand their leases; and,
- being on call for tenants who use the emergency response system.

In addition, the live-in support worker facilitates access to services, for tenants who need them. The services are delivered by agencies such as: Visiting Homemakers; the Victorian Order of Nurses; and Meals on Wheels.

*Operations and management* - The support worker works 30 hours a week during the daytime and is on call evenings, overnight and on weekends. In addition to the direct support the support worker provides to tenants, the worker's responsibilities also include assessing tenant needs, and service coordination. The support worker provides security for about 8-10 frail tenants on a 24 hour basis. A pendant (worn by the senior) and pager type emergency response system is used.

The support worker typically receives 2-3 calls per week, usually during the night. In most cases the call is a real emergency requiring an ambulance. At other times, the support worker renders assistance or reassurance. The support worker's off-time is covered by a part-time worker.

The major costs related to the support worker are covered by the estate, however, each tenant pays a fee of $25 per month to help defray expenses.

Prior to full occupancy, a management committee oversaw the management of the project. However, since occupancy, the housing authority took full management responsibility for all on-site services. The authority is responsible for hiring, training and supervising the support worker. As an employee of the authority, the support worker is paid by the housing authority which in turn reports to the estate to request reimbursement.

According to the regional housing manager, one of the main benefits of the on-site support worker at Johnson Manor is the sense of security and comfort that this individual offers the tenants living in the building. Tenants do not use the support worker's services unless absolutely necessary, preferring to remain independent as much as possible. No inappropriate use of the emergency response system or other services was found during the preliminary evaluation of Johnson Manor.

## 2. *Mountain View Manor in Yarmouth*

Mountain View Manor opened in 1994. It provides a supportive environment for 20 senior tenants many of whom have multiple health related needs. The main source of support comes from a tenant support worker who lives in the building and provides security and monitoring services to tenants in the evenings and early mornings. A community agency provides needed services during the day.

Mountain View Manor incorporates barrier-free design features in all public areas and some individual units.

*How the initiative started* - The Mountain View Manor supportive housing initiative came about as a result of a partnership between two local agencies - the housing authority and the Homecare agency. The two partner agencies worked together to identify seniors in Yarmouth most at risk for a loss of independence. Potential residents must qualify for subsidized housing according to the criteria established by the housing authority. Potential residents must also require assistance with daily activities such as housekeeping, preparing meals and personal care. The level of their need for assistance is assessed by Homecare using a functional assessment.

*The physical environment and its special features* - Mountain View Manor is an attractive building located on a spacious property (Photo 20). It has three storeys, and a double loaded corridor and features 17 units - 2 two-bedroom units, and 15 one-bedroom units.

**Special design features in the building include:**

- wheelchair accessible entrance into the building (Photo 20);
- an enhanced entry lobby providing shelter and security;
- an automated push button main door entrance;
- telephone type security system at entry door;
- an elevator that is large enough for a stretcher;
- hand rails in the corridors;
- a laundry room on every floor;
- a multi-purpose room on every floor;
- an office on the entrance level floor; and
- a lounge on the entrance level floor which also serves as a communal dining area (Photo 21); the lounge is adjacent to a kitchen containing a fridge, stove and sink.

**All of the apartments include the following features**:

- increased illumination in the kitchen and living room through the use of fluorescent ceiling fixtures;
- grab bars in bathtub area and around the toilet;
- extra lighting directly over the bath area;
- "telephone type" hand held shower;
- light switches strategically located, for example, next to the headboard in the bedroom so tenants do not have to get out of bed to switch off lights; and
- easy to open windows with lifting handles.

One of the units - a one-bedroom apartment - is designed for tenants with mobility related disabilities and features a wheelchair accessible bathroom, kitchen, living room and bedroom.

**Photo 20 - below**
Wheelchair accessible entrance to Mountainview Manor

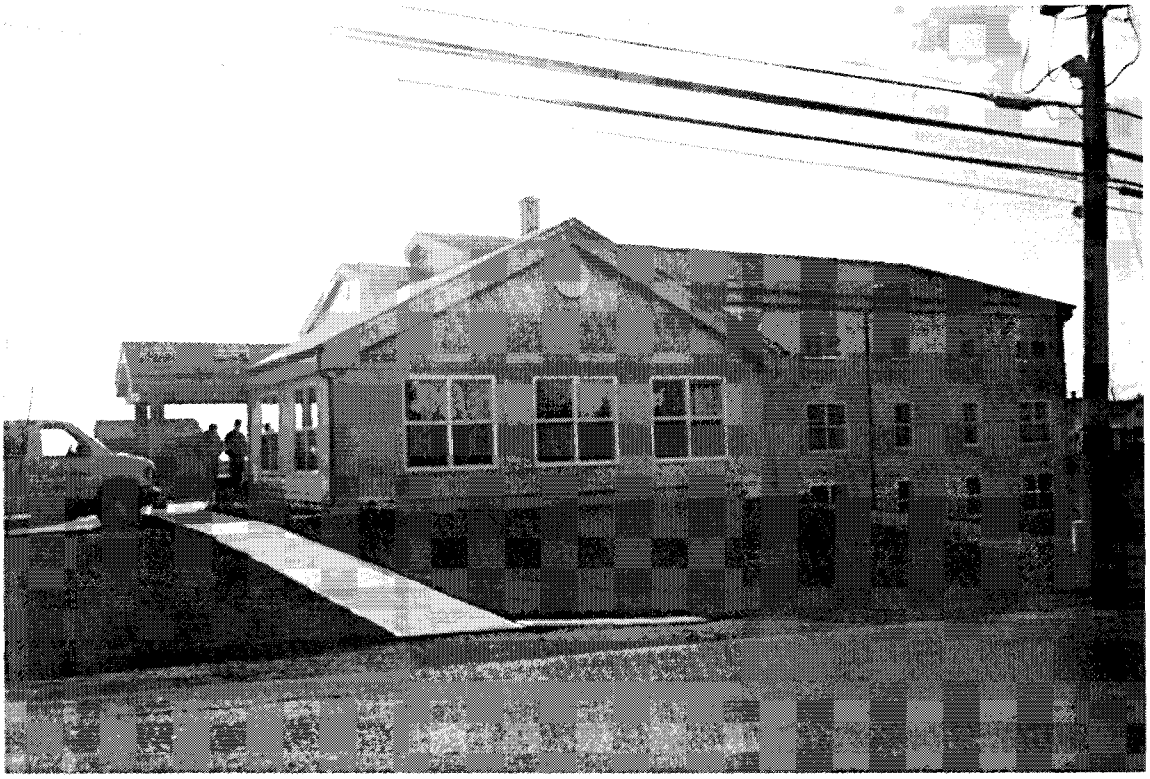


**Photo 21 - left**
Lounge at Mountainview Manor

*The supportive environment in Mountain View Manor* - Daily support for tenants comes from the live-in tenant support worker. This individual, who is a trained homemaker, works elsewhere during the daytime but visits tenants every morning and again before bedtime to provide daily assurance, friendly visiting and assistance with small homemaking tasks if needed. During the daytime, Homecare provides services to assist tenants with activities such as housekeeping, laundry, shopping and personal care. Homecare also works closely with other agencies such as Meals on Wheels and the Victoria Order of Nurses (VON) to provide meals and nursing or therapy services to those tenants who require these types of services.

*Operations and management* - The tenant support worker receives an apartment rent-free in exchange for the services the worker provides. Each tenant in Mountain View Manor is required to pay $25 in addition to their monthly rent to help cover the cost of the worker's rent. The housing authority covers the remaining cost. The tenant support worker is employed by Homecare and reports to the director of Homecare. Homecare is also responsible for the training and supervision of the tenant support worker.

A management committee comprised of representatives from the partner agencies makes decisions regarding admissions of tenants into the building. In addition, the committee meets once a month to discuss problems and concerns about the building, the tenants or the services, and to assess the impact of providing a supportive environment on the tenants.

In the year that Mountain View Manor has been in existence, staff have found that most tenants' anxiety levels have steadily reduced. This has been attributed to the daily

presence of the live-in tenant support worker. Staff are also of the opinion that some tenants in the building would definitively have had to move to a nursing home if the supportive services, particularly the tenant support worker, had not been available.

The partnership between the housing authority and Homecare has been successful and has shown that two agencies with differing mandates can work together for the betterment of their clients.

### 3. The Sunrise Manor Health Promotion Project in Halifax

The Sunrise Manor Health Promotion Project is an inter-agency community development initiative that stimulated opportunities for seniors to become better able to take care of their own health and social needs. One of the major outcomes of the Project was the establishment of a Well Seniors Health Clinic in Sunrise Manor and five other high rise seniors buildings managed by the Halifax Housing Authority.

*How the initiative started* - The Sunrise Manor Health Promotion Project was developed by a group of community agencies in Halifax (Sunrise Manor Health Committee) that came together in 1991 at the initiation of the Halifax Housing Authority. The objective of the committee was to help the Authority address the health related concerns of the tenants living in Sunrise Manor. In addition to the housing authority, the committee included: a neighbourhood community health centre; the VON; and the City of Halifax Department of Social Services. Tenants from Sunrise Manor were also represented on the committee.

In 1992, the Sunrise Manor Health Committee received two-year funding for the Project from Health Canada's, Seniors Independence Program. The Project had a number of specific objectives. These were to:

1. increase tenant participation in group activities;
2. increase tenants' self-help skills in accessing needed services;
3. improve tenants' knowledge and ability to meet their own health needs;
4. improve the collective ability of the Sunrise Manor seniors to meet community health needs; and
5. improve the tenants' ability to advocate on their own behalf.

A coordinator was hired at the outset of the Project. The role of the coordinator included facilitating tenants' participation in a variety of activities and programs, seeking collaboration from community agencies, and planning and implementing a series of programs and activities in the building during a two year period. Activities included carrying out a needs assessment survey of tenants, organizing small group discussions with tenants in a social setting, forming a health fair committee with tenant volunteers, organizing educational trips, bringing in public speakers to make presentations, offering peer counselling and tutoring sessions, and showing afternoon movies.

As the Project advanced, it became clear that the coordinator's role should also encompass an advocacy function on behalf of tenants. Advocacy activities included individual counselling, help with written communications and forms, referral and representation to third parties (i.e., physicians, social services, government agencies).

*The physical environment and its special features* - Sunrise Manor is located in the north end of the city of Halifax in a neighbourhood that has suffered from economic decline and has witnessed a significant decrease in local businesses and services such as supermarkets and the district post office. Social services such as hospices, soup kitchens, shelters and clinics have increased in response to a growing need for such assistance from the local population. The neighbourhood has a higher than average crime rate and incidence of drug and alcohol abuse by its residents. Sunrise Manor, one of a number of non-profit housing projects in the area, was opened in 1970 and was the first to be designated as a seniors' building by the Halifax Housing Authority. It is a ten storey building with an elevator and contains 165 one-bedroom units (Photo 22).

The building has been renovated to accommodate an aging population. Some of the **building's special features** include:

- a sheltered entrance with ramps/steps; easy access to main street and bus shelter; and outside sitting area at door entrance (Photo 23);
- a landscaped sitting area at the back of the building with a ramp to the tenant parking lot (Photo 24);
- an automated push button door entrance (Photo 25);
- a fully equipped large kitchen adjacent to a main floor lounge that can be used to prepare communal meals (Photo 26);
- a pass through window in the kitchen for serving communal meals in the adjacent dining area;
- a large combined lounge and dining area adjacent to a kitchen that can be used for more informal get togethers involving food (Photo 27);
- a games room which is used for a variety of activities such as pool, shuffle board or crafts; and
- a large office on the main floor which is used for the Well Seniors Clinics and other health promotion activities.

**Photo 22 - below**
Sunrise Manor

**Photo 23 - below**
Sunrise Manor's entrance

**Photo 24 - below**
Sitting area of Sunrise Manor

**Photo 25 - below**
Automated push-button door entrance at Sunrise Manor

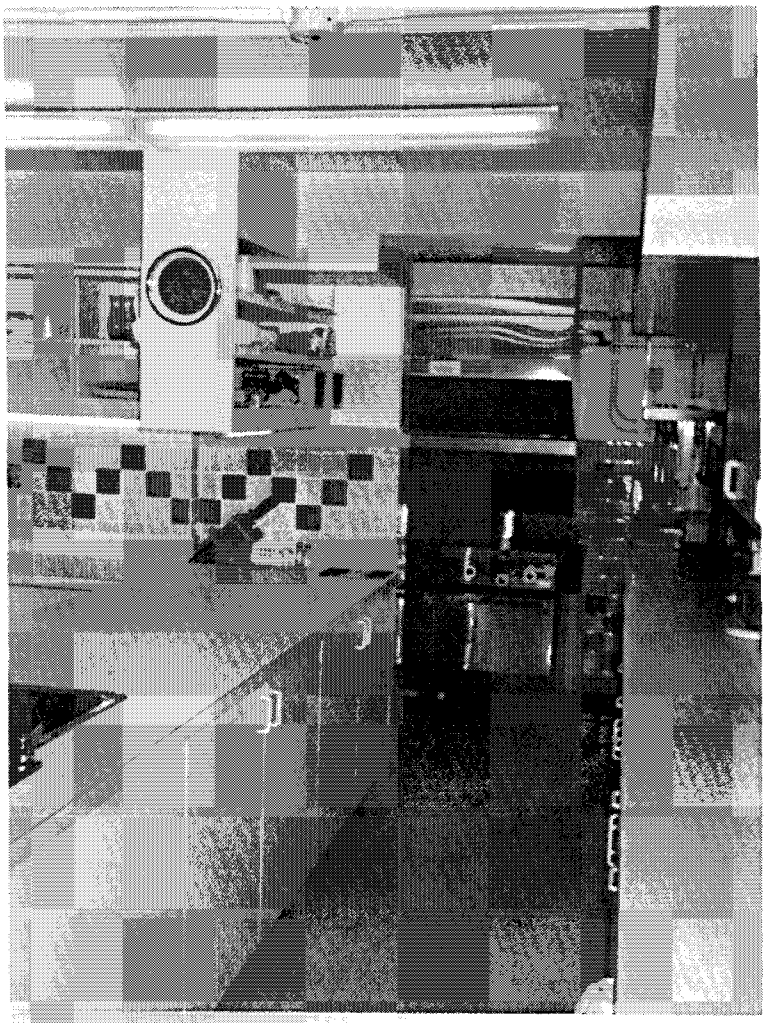
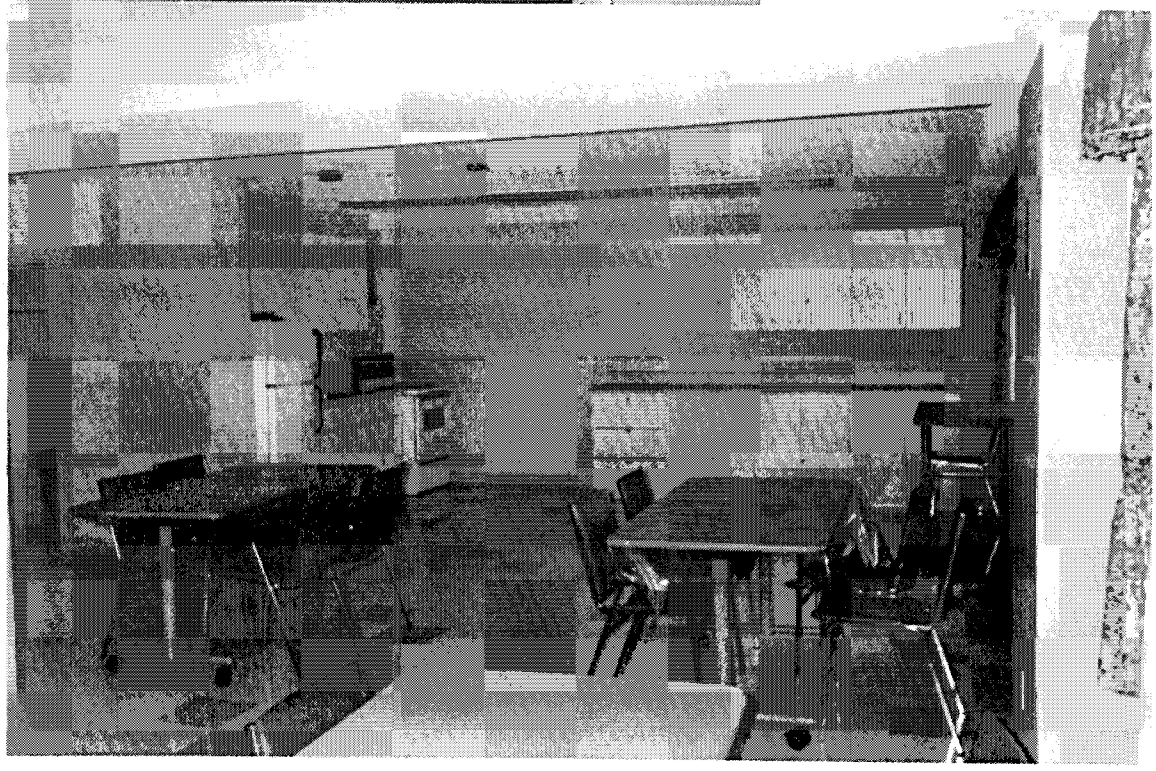


**Photo 26 - left**
Kitchen at Sunrise Manor

**Photo 27 - below**
Dining area at Sunrise Manor



Individual units have also been modified to assist seniors. Adaptations include grab bars beside the toilet and sink area, and in the bathtub, hand held showers, increased lighting throughout the apartment, non slip floors in the kitchen and bathrooms, and strategically located light switches for easy access.

*The supportive environment in Sunrise Manor* - As a result of the Sunrise Manor Health Project, a number of health promotion activities were introduced into the residence. Health promotion activities include:

- policies restricting smoking in public areas;
- health fairs;
- flu immunization clinics;
- first aid classes to instruct participants how to respond to an emergency situation; and,
- an on-site Well Seniors Clinic for four hours per week; the clinic focuses on preventative health education. Educational pamphlets and booklets are made available in the "health room" which is also used for the operation of the clinics.

The Sunrise Health Promotion Project also stimulated a number of self-help activities in the building including:

- a "good neighbours" week to promote and acknowledge the value of informal peer support;
- greater participation in meetings on issues of interest such whether or not the building should remain a seniors only building, proposed rent increases, and removal by Elections Canada of an on-site polling station; and
- self-directed advocacy efforts by individuals and the Tenants' Association (for example, petitioning the City Mayor for a bus shelter).

*Operations and management of the well seniors clinics* - In 1994, after the Sunrise Manor Health Promotion Project funding ended, a proposal was submitted to the VON by the Halifax Housing Authority. The goal was to establish well seniors health clinics in all six highrise seniors' buildings managed by the Halifax Housing Authority. A three-way partnership between the Halifax Housing Authority, the tenants, and the VON was established to fund and operate the clinics.

The Halifax Housing Authority commits the following resources for the clinic in each building:

- the room where the activities take place;
- cost of all utilities for the room;

- cost of maintenance services for the room;
- a contribution towards supplies & equipment including a telephone; and
- staff time to organize and work with various joint committees.

Tenants contribute:

- their participation in the Sunrise Manor Health committee which guides the operations of the clinics;
- assistance with fund raising for equipment and supplies to stock the facility; and
- their commitment to use the services.

The clinics' staff are employed by the VON which is also responsible for materials and supplies needed to run the clinics. The work of the well seniors health clinics is supported by monthly meetings between the VON, the tenants and housing staff. Any issues regarding the clinics are discussed at these meetings.

The clinics are free to all tenants and by self-referral.

To date, the well seniors health clinics have been very successful. They are well attended. After six months in operation, the clinics averaged 12-20 tenants per session. Approximately 50% of all residents had used the service on at least one occasion and 84% of the visits were self-referral. The high rate of self-referral demonstrates tenants are willing to initiate and actively participate in self-help behaviours. The clinics have been running for over a year and participation has remained at a high level.

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