

# RESEARCH REPORT



## Seniors' Housing and Social Needs Study: A Planning Tool to the Year 2005



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# **Seniors' Housing and Social Needs Study**

A Planning Tool to the Year 2005  
The Beginning

for:

The NWT Seniors' Advisory Committee  
Yellowknife, N.W.T. X1A 1H0

prepared by:

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**April 1995**

TO: All Those Concerned about Seniors in the Northwest Territories

I am pleased to introduce the **Seniors' Housing and Social Needs Study** which was conducted under the direction of the NWT Seniors Advisory Committee. The Study combines the views of seniors with the observations of professionals to create recommendations for housing and related needs to the year 2005.

Seniors themselves guided the development of the survey. They responded with approximately 300 questionnaires completed throughout the Northwest Territories. Service providers who work with seniors assisted by generously giving their insights into current issues. Together, they have provided guidance for the future.

This is the first study to statistically record vital information on NWT seniors. For example, seniors' income and their share of household expenses is described. Seniors' problems in personal care and daily living are outlined. Seniors' perceptions of their own health and well-being are revealed. The study also forecasts NWT seniors' housing needs into the next decade, for the first time.

The study clearly shows that a number of problems exist for seniors which must be dealt with. Most of Northern seniors report low income. Affordable and accessible housing for seniors is inadequate. Frail seniors, those most vulnerable of aged persons, are growing in numbers, and yet, care facilities are either in short supply or nonexistent in many NWT communities. These and other issues of concern to seniors are discussed in the study.

Seniors must now begin to take responsibility for their future by organizing into a viable advocacy group which shares a collective vision and a common purpose. To this end, Territorial seniors are prepared to aggressively pursue a partnership with the government of the Northwest Territories in the development of a Seniors Advisory Council.

I believe this study is a first step towards implementing a plan for the future. It is also part of our commitment to act as a responsible consulting body and advocate on behalf of NWT seniors.

Esther Braden, President  
NWT Seniors' Society

## **Executive Summary**

Challenging issues emerged from this study that are integral to the future of seniors' programs in the NWT. Briefly, these challenging issues are accessibility, affordability, flexibility, and independence for NWT seniors. The oncoming era of constrained financial resources cause concern. There is a need for a co-ordinating group to promote efficient facilities and to enhance the quality of life for all Territorial elders.

The principle recommendations of the study are as follows:

1. As there is a shortage of affordable and accessible housing in the NWT, new approaches for shelter must be developed for delivery to seniors by the public and private sectors.
2. An overhaul of the current income security system for seniors in the Northwest Territories is required because the majority of seniors have low incomes and current support spending is not focused.
3. The delivery of programs for seniors is fragmented and lacks coordination. A long term, holistic approach to senior's needs, managed and directed by a seniors' governed agency in the NWT, is needed. One of the first objectives of an agency dedicated to seniors should be to undertake a comprehensive evaluation to appraise senior services in the NWT.
4. A renewed emphasis on home support and coordinated home care as the primary means of promoting "Aging in Place" is advised.
5. Institutional facilities to care for the needs of frail elders and those suffering from physical and mental disabilities should be developed.
6. The abuse of seniors is reported to be widespread in the NWT. Further research and reporting, as well as a public information campaign, is essential to safeguard seniors from abuse.
7. The promotion and maintenance of pro-active seniors' programs that encourage healthy nutrition, fitness, recreation, and social development contribute to the long-term well-being of seniors. These programs should be enhanced and increased.
8. A Seniors' Management Information System which measures and tracks the cost and use of services by seniors is recommended, especially in light of public sector spending restraints.

## RÉSUMÉ

L'étude a soulevé des questions stimulantes qui font partie intégrante de l'avenir des programmes pour les aînés des T. N.-O. et que l'on peut résumer ainsi : accessibilité, abordabilité, flexibilité, autonomie des aînés. L'ère des contraintes financières imminente est inquiétante. On a besoin d'un groupe de coordination pour promouvoir des établissements efficaces et améliorer la qualité de vie de tous les aînés des T. N.-O..

Les principales recommandations se lisent comme suit :

1. Vu la pénurie de logements abordables et accessibles dans les T. N.-O., il faut développer de nouvelles approches au logement pour les aînés, réalisables par les secteurs public et privé.
2. Il faut revoir en profondeur le système actuel de sécurité du revenu des aînés des Territoires du Nord-Ouest, étant donné que la majorité des aînés ont des revenus bas et que les dépenses actuelles relatives au soutien ne sont pas canalisées.
3. Il y a fragmentation et manque de coordination dans l'application des programmes pour les aînés. Il faut une approche globale et à long terme aux besoins des aînés, administrée et dirigée par une agence gouvernée par les aînés du T. N.-O. Un des premiers objectifs d'une telle agence consisterait dans l'examen global de leurs besoins afin d'évaluer les services offerts dans les Territoires.
4. Il faut se concentrer de nouveau sur l'agencement de l'aide et des soins à domicile en tant que moyen privilégié de favoriser le vieillissement chez soi.
5. Il faut mettre en place des institutions où l'on peut s'occuper des personnes âgées de santé fragile et des personnes handicapées physiques et intellectuelles.
6. On dit que les aînés des T. N.-O. sont maltraités. Il est essentiel de mener des recherches approfondies à ce sujet et d'en produire des rapports, et il faut mettre sur pied une campagne d'information afin de protéger les aînés.
7. La promotion et le maintien de programmes proactifs qui encouragent une bonne nutrition, le conditionnement physique, les loisirs et le développement social contribuent au bien-être à long terme des aînés. Il faut donc améliorer ces programmes et en augmenter le nombre.

8. Nous recommandons la création d'un système d'information sur la gestion des services offerts aux aînés, qui permettra de mesurer les coûts et l'utilisation de ces services et d'en assurer un suivi, surtout en cette période de contraintes budgétaires du secteur public.



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## **1.0 Intent of the Study**

### **Background and Rationale:**

Seniors housing, social support and health needs have become a concern in the Northwest Territories, because the aged population is growing.

There is no single document that details the current needs of seniors. It is also not known what the long term needs of the senior population will be.

### **Objective:**

Consequently, this study is directed at determining if the present housing and support services are meeting the needs of seniors.

The study is also aimed at anticipating what the social and housing needs of seniors will be, in order to allow for the necessary planning to meet these needs into the next decade.

### **Study Plan:**

Aboriginal and non-aboriginal seniors were surveyed to gather essential data. The survey, developed by CMHC and modified by the NWT Seniors and the study consultants to reflect northern requirements, was conducted by volunteer seniors and others.

The completed surveys represent approximately the split in the aboriginal and non-aboriginal senior population of the NWT.

All types of care, housing, and support services were studied and analyzed. An extensive search of reports on seniors was carried out.

In addition, special studies and research information were provided for the study report by agencies such as the GNWT Bureau of Statistics.

The study was managed by a subcommittee of the Northwest Territories Seniors' Advisory Committee with support from the staff of the Yellowknife office of CMHC.

The study report and the data collected on the needs and preferences of seniors is available on a database through the offices of Canada Mortgage and Housing Corporation.

## 2. 0 Introduction

Senior's issues are becoming more of a concern in the Northwest Territories for two principle reasons: the general population is aging, and more seniors are retiring and staying in the NWT.

Unlike other jurisdictions, there is no NWT Seniors Ombudsman who is an advocate for seniors. Nor is there an agency in the NWT which plans for the future well being of seniors. As a result, planning, organizing, and forecasting for seniors' needs is difficult. In addition, information, especially statistical data on NWT seniors, is insufficient and lacking.

These deficiencies have been identified for some time. They were made explicit in May 1990 at the Northwest Territories senior's housing conference, "Elders Housing - The Challenge North of Sixty" where participants identified critical issues and recommended that:

*"A central seniors' agency should be created for seniors and all issues pertaining to seniors. This would allow seniors to obtain advice on an individual basis through one-stop-accessed information. A central agency could coordinate services for seniors, and make recommendations for government policy." p. 7 Executive Summary.*

Seniors at public forums and in commission hearings have stated that on-going consultation between themselves and the various regulatory and support service agencies which affect their lives is necessary because the NWT social service "safety net" is not working.

The Special Committee on Health and Social Services of the Northwest Territories Legislative Assembly reported in November 1993 that confidence in the health and social services system is a concern:

*"In general, we heard that many people feel detached and distant from their own health and social services. They have little sense of ownership or involvement in the system. It is seen as slow, complex, confusing and unresponsive to the needs of the community. As a result, many people told us that the current system does not meet their requirements.", p.V1, Executive Summary.*

## 2.1 Context of the NWT's aging population

This study deals with both the present and future quality of life for seniors in the NWT, as this is a planning tool to the year 2005.

Various options towards an improved future for NWT seniors are described in this study, including the requirements for different types of shelter and services.

Before describing some of the specifics, it is advisable to examine the broader issues which affect Territorial seniors.

It is widely known that the Northwest Territories has a young population. In fact, the NWT has the youngest population in Canada and is the only jurisdiction to register a median age lower than 31 years, at approximately 25 years of age.

The reason for the overall lower age of the NWT population is the relatively high birth rate. However, in the Northwest Territories, as in other regions of Canada, there has been a decline in the birth rate. Over the last decade the NWT birth rate has fallen by approximately 15% over previous years.

Statistical evidence reveals that the population of seniors in the NWT is increasing in numbers and in proportion to the overall population. It is estimated that there are approximately 1800 seniors over age 65 in the Northwest Territories. Over 75% of these seniors reside in the western NWT.

A seniors' population projection was done by computer model for this study to the year 2006 by the GNWT Bureau of Statistics. Sub-groupings for those individuals "less than 50 years", and those "50 years and over" are identified to match criteria used in the Senior's Survey.

Over a 15 year horizon from 1991 to 2006, the model projects that there will be almost a doubling in the number of seniors, from 5,906 to 10,334 - a net increase of some 4,478 seniors.

A projection of seniors' population by ethnic groupings of Inuit, Dene, Metis, for example, was not available. NWT population projections categorized by aboriginal and non-aboriginal are provided. See Appendix - GNWT Population Forecast.

## **2.2 Seniors income and income security benefits**

We realize that cultural diversity is one of the cornerstones of the development of the North.

Elders in the native communities provide a rich testament to the cultural and social values of their people. In addition, seniors who have come North to contribute to the development of the Northwest Territories have also provided a foundation of historical importance to the development of northern society.

Because the North is a developing region and is not as urbanized as other areas of Canada, many seniors have lived and continue to pursue traditional lifestyles associated with hunting, fishing, trapping and occasional or seasonal wage employment. These occupations do not provide for pensions. Consequently, NWT seniors have unique income characteristics.

According to the GNWT Bureau of Statistics, over 80% of all seniors in the Northwest Territories have no income besides their Old Age pension and the NWT supplementary benefit. In 1994, the average NWT recipient of Old Age Security [OAS] and the Guaranteed Income Supplement [GIS] received approximately \$1,100 per month.

There are no readily available statistics from the Government on the total income of seniors broken down by age, ethnicity or community. In addition, seniors' real income is difficult to assess because there are a number of programs and sources which provide additional received benefits to seniors of which a cash value can only be estimated on an individual basis. Some examples are as follows:

The NWT Housing Corporation has recently announced that effective April 1995 seniors over 60 years of age living in subsidized, rent-geared-to-income social housing or seniors facilities will have their rent reduced to zero. See Appendix - Press Releases/Media Coverage.

The Government of the Northwest Territories provides a fuel subsidy to seniors in the form of the free delivery of cut fire wood in some locations. There is a reduced rate or rebate of property tax for senior homeowners in those tax based communities in which property taxes are assessed. Some aboriginal elders receive periodic cash payments from land claims agreement payouts.

In addition, the Northwest Territories has a very generous Health Plan for seniors which includes extended medical, free prescription drugs, eyeglasses, and dental services.

Consequently, the senior population in the NWT has the potential to receive a complex array of income and service benefits. As such, well being is greatly dependent on many areas of government intervention, programs and services, and the ability of the individual to access them.

This report has attempted to look further into seniors income security. As part of this study aboriginal and non-aboriginal seniors across the Northwest Territories were surveyed with a detailed questionnaire, full completion of which would require some 200 responses.

With regard to seniors' income, approximately 250 seniors responded to the question: *"What was your household total income last year, include your income and that of all your relatives who live in your home?"*.

Over 33% of seniors responded that their annual household income was less than \$15,000. Over 50% of seniors had household incomes of less than \$25,000. Just over 25% of respondents had incomes of \$50,000 a year or more. See Chart 5 of Section 4.0 of this report for a visual representation of respondents' household income distribution.

When seniors who live in rental facilities were asked: *"Do you have difficulty finding enough money to pay for your house-related costs, that is rent, co-op payments and utilities,"* over 33% responded - yes! The response by homeowners to a similar question was even more significant - over 43% of senior homeowner households have difficulty finding enough money to pay housing related costs.

Because of regional differences and isolation of communities, there is no commonly accepted definition of the levels of poverty in the Northwest Territories. Nevertheless, the majority of NWT seniors have incomes which are low, leaving them reliant on a complex variety of benefits and services for survival.

The everyday reality of problems associated with seniors' income security and the complexity of income assistance and benefits programs available to them has been described by MLA's in the 1993 NWT Legislative Assembly Special Committee on Health and Social Services report:

*"Many people told us that income assistance benefits are inadequate to cover the high cost of living in northern communities. But we also heard of a number of problems in this area that are unique to elders. In many cases, for example, elders are supporting not only themselves but their extended families as well. Yet they are not eligible to receive additional support to meet these responsibilities.*

*We heard that elders who custom adopt may also be prevented from receiving additional benefits to help in caring for their adopted children. We also learned that some elders can experience considerable difficulty just trying to apply for income support. This is especially true if the applicant cannot read or write or if the age of the applicant cannot be verified from birth or records.*

*The adequacy of our income support payments to elders should be reviewed. These payments should more accurately reflect the high cost of living in the North and the changing costs between communities. This review should examine the programs operated by the governments of both the Northwest Territories and Canada."*

## **2.3 Health, Care, Support and Shelter Requirements**

Research on seniors in Canada tell us that seniors remain independent well into their old age.

In many communities throughout the North, older parents are providing homes for their adult children and are parenting grandchildren. Multi-generational households are commonplace throughout the Northwest Territories.

As mortality rates decline, people are living longer and are having more active lives. Statistically, we now know that today when a woman reaches age 65 she can expect to live for 19 more years. When a man reaches age 65, he can expect to live another 15 years.

Nevertheless, the reality is that as we age, our immune systems begin to fail us. Eyesight, hearing, and mobility diminishes. The survey results taken from the seniors' questionnaire administered for this study has confirmed the areas of health that NWT seniors have difficulty with. They are similar to national findings.

Difficulty with walking was reported to be a most serious problem with nearly 8% of NWT seniors. Approximately 40% of the NWT seniors survey respondents reported "minor, fairly serious or very serious problems" with seeing. Over 30% had a similar range of difficulty with hearing.

The health problems of NWT seniors have been recorded by the GNWT Department of Health and Social Services. They performed a custom search of five data bases for this study to reveal incidences of the top ten diseases experienced by seniors age 60 and over in the NWT. The five data bases searched were: Hospital Outpatient services; Hospital Admissions; Health Centres; Physician Billings; and Medical Travel.

The data presents a "snapshot" of the seniors' use of health services for 1994. A scanning of the "top 10" incidences indicate that circulatory (hypertension), breathing (airway obstruction), and vision (cataract) problems are most pressing health areas for NWT seniors. Without parallel data for other years, it is not possible to see year-to-year differences, nor is it possible to develop trendlines into the next decade. [ See Appendix- Seniors Top Disease Incidence for details].



While younger seniors may require only basic health monitoring and supervision on occasion, such as provided by Homemaker services, many seniors 75 to 84 years of age begin to need special care and support.

Seniors 85 years of age and older may require a variety of health care services, including supervised dietary and drug therapy, as well as assistance with shelter, income, and activities of daily living.

In the "Housing - Wants and Needs", A Consideration of Housing Options for Seniors workshop at the Elders Housing Conference in May 1990, the Director of Community and Family Support Services for the Government of the NWT explained that each province and territory has its own classifications of the levels of care.

The NWT has seven levels of care: Level O, independent living, where no care is either required or provided. Level One, supervisory care, where care is mainly guidance or supervision with daily living activities. Level Two, 24 hour custodial care where seniors show some impairment. Level Three, Nursing home care as provided in a nursing home or similar facility with adequate staff and equipment. Level Four, Extended/Chronic care as provided in a care unit in a hospital. Level Five, Intensive Rehabilitation Care as provided for persons with physical disabilities who require intensive therapy by a rehabilitation team. Level Six, Acute care, which can include mental illness, is short term care for diagnosis and treatment in specialized hospitals.

For the benefit of this study, we attempted to find comprehensive evaluation reports which described the quality of institutional care and services provided to seniors in the Northwest Territories. We could not locate them nor could we determine if recent evaluations have taken place.

We polled a number of research and evaluation consulting firms in the NWT for their data, so that we could project requirements for care facilities into the next decade. They explained that no such studies were undertaken by them.

The information that is available is anecdotal, consisting of reports, such as the Special Committee report on Health and Social Services. That report does indicate that there are concerns about institutional and community based care in the Northwest Territories:

*"Elders are concerned about the care they receive in such institutional settings as hospitals, boarding homes and homes for seniors. They experience physical isolation, particularly if they have to move to another community. They do not always understand the treatments they are given and why. They are also uncomfortable in surroundings that do not reflect their culture, traditions, language and diet.*

*There is strong support for the provision of local health and social services for elders. At the same time, we heard that there is a shortage of home and community based care programs, including palliative care, in many areas.*

*A number of family elders may already share homes because of the housing shortage in the North. The additional burden of caring for an elder at home may only add to the considerable stress associated with overcrowding."*

The latest update of housing requirements by the NWT Housing Corporation (1995 NWTHC Annual Report) reveals that there is a need for over 3500 residential units to overcome housing shortages, overcrowding, and to replace older units. The principal reason for this requirement is the high birth rate and the increasing number of new family formations in the North.

Concerning the housing needs of seniors, the most current data available is an unpublished report from the NWT Housing Corporation stating that there are 577 senior-led households in need. See Appendix - NWTHC Seniors Housing Report - 1992 Survey.

Nationally, the number of seniors over 85 years of age is growing at a rate four times that of the general population and about 37% of this group live in institutions. Nevertheless, the vast majority of seniors continue to live in independent accommodations, usually as couples.

Traditionally, most of the care and shelter services provided to seniors have been given by family members, mostly daughters. But this has changed significantly in our society as more women have joined the work force. Even in small Northern communities, elders have observed that traditional family ties are breaking down. Society in both large and small communities of the Northwest Territories is changing. It can no longer be taken for granted that the family will be willing to, or will be capable of, taking care of seniors.

In Canada, seniors represent about 11% of the population. In the NWT, due to an overall younger population, the over-65 age group constitutes approximately 3% of the population. However, as the age of our population rises, this over-65 age group will increase rapidly over the next twenty years.

As a result, there will be a need for co-ordinated home care services, long term care, and affordable housing in the Northwest Territories. This view is supported by anecdotal reports and interviews taken with senior service providers for this study.

Home based services, such as respite programs, day programs, visiting nurses, meals on wheels, transportation, and elderly day programs exist in some communities of the Northwest Territories, but not in many.

In small Northern communities there are few, if any, doctors. There are no long term facilities except in some regional centers. Independent living residencies and nursing homes are in short supply. Most northern locations do not have a drug store and seniors must rely on nursing stations to provide much of their medical care and services.

At the Elders Housing Conference held in May 1990 in Yellowknife, the NWT Minister, the Honorable Mr. Tom Butters, informed seniors that the growth in service facilities and infrastructure for seniors into the next decade did not look promising, as fiscal restraints on services being offered by all levels of government would be a reality for some time to come.

Traditionally the over 75 age group has been heavily dependent on medical services and subsidized housing. With the increase in government deficits worldwide, different ways of financing and utilizing resources have been introduced.

Innovative approaches such as equity conversion of owned residences and life tenancies for homeowners have been introduced. Such concepts enable seniors to utilize their own financial resources more effectively and encourage a broad range of housing options which minimize the need for institutional care. These housing options are not well known or in practice in the Northwest Territories.

This introductory overview describes the current state of affairs for seniors in the Northwest Territories.

### 3.0 Seniors' Survey Profile

A survey was applied by seniors society volunteers and others across the Northwest Territories over a ten week period from January through March of 1995. Approximately 300 interviews were completed and returned to the consultant for data entry. The survey sample provided about an even split between aboriginal (54%), non-aboriginal (46%); and male (51%), female (49%)

An overview of the significant findings provides the following profile.

Most NWT seniors do not live alone. The average senior household in the Northwest Territories consists of three persons.

NWT seniors (96%) live in their homes year round. Most have lived in their present community for over 30 years, having moved to that community for employment or to be near family or friends.

The overwhelming majority of NWT seniors (80%) do not have any plans to move from their present homes. However, they identified two principal reasons that would cause them to leave their homes or communities: decline in health of a spouse or self (15%) or that the cost of living in the existing accommodation or community became too high (13%).

Most NWT seniors (57%) would prefer to remain in the same community. If given a choice as to switching to other accommodation choices, NWT senior homeowners show a preference to move to a smaller house or townhouse (21%); an independent seniors' residence (23%); a nursing/personal care home (15%); or an independent-with-supports seniors residence (14%).

Over 40% of NWT seniors live in their own home. Most NWT senior homeowners live in a single family detached or semi-detached house with 2 to 3 bedrooms. On average this housing was built less than 25 years ago. Utilities, electricity, heat, and water exceed \$2,500 a year in cost to the average NWT senior homeowner. Mortgage payments total almost \$4,000 a year [\$3,888].

Twenty five percent of senior homeowners report that their accommodation is in need of major repairs. Over 43% indicate that only regular maintenance is needed. Less than 25% of NWT senior homeowners have received financial assistance to rehabilitate or repair their homes or to make them more physically accessible. The principal modification that seniors have done to their own accommodation is to install grab bars in the bathrooms (22%).

Over 43% of senior homeowners who responded to the survey insist that they have difficulty finding enough money to pay for housing expenditures, such as utilities, mortgage and maintenance costs.

Over 33% of senior renters revealed that they had difficulty finding enough money to pay for rent, or co-op payments and utilities. Approximately 67% of NWT seniors do not live in rent geared to income or subsidized seniors accommodation.

The principal difficulty that most seniors have identified with their current housing situation is a lack of sufficient storage space (31%).

With regard to transportation preferences, the improvement most seniors (44%) would select for their community is access to a handivan.

The majority of NWT seniors report minor or no difficulties with personal care and daily living activities. The most serious problem, identified by over 8% of seniors, is going up and down stairs.

Concerning support services for NWT seniors, 20% of senior respondents receive some form of nursing care in the home.

Over 50% receive help with repairs around the house; over 40% receive help with yard work and snow removal; 40% have someone available to run errands for them; 36% report that help is needed with heavy cleaning; and 30% of NWT seniors receive assistance with grocery shopping.

Over 98% of seniors report that they do not have an emergency response system button available to them. While over 51% report that if such a service were available in their community they would make use of such a device. The overwhelming majority, over 81%, are interested in a 911 emergency call-in system.

Over 95% of NWT seniors who responded to the survey would like to see a seniors' program or seniors' centre in their community. And over 67% of seniors would attend an adult day program for seniors, if it were available.

Over 73% of seniors responded positively to participating in seniors' programs and activities in a local community centre, if they had access to a Seniors Recreation Centre. Most NWT seniors would pay a social membership fee (62%) to join and the primary activity they would select (21%) would be to participate in fitness activities.

With regard to age and household income, a great number of the large income households are in the younger 50-54 age group. The lowest income households are fairly evenly represented across all age groups, with the exception of the younger 50-54 age group. See Chart 3 of Section 4.0 of this report for a visual representation.

In comparing a northern senior's lifework and household income, the professional, managerial and semi-skilled white collar workers appear to be most financially prosperous; with housewives and hunters having the lowest levels of income in their households. See Chart 7 of Section 4.0 of this report for a visual representation.

Not surprisingly, comparisons of education levels and household income reveal that individuals having higher levels of academic achievement have the highest income, with the lowest incomes being associated with no formal education or elementary school only. See Chart 6 of Section 4.0 of this report for a visual representation

A number of significant findings on NWT seniors have been derived from this study. The following charts summarize the principal results.

## **4.0 Survey Summary and Projections for Seniors Need**

The following charts are derived from the seniors' survey responses and population statistics:

**Chart 1** - The surveys received mirror the GNWT forecasted regional population growth for seniors to the year 2006.

**Chart 2** - The numbers of seniors responding to the survey, grouped by income and the proportion of their income spent for shelter is illustrated.

**Chart 3** - The number of seniors responding to the survey are shown by age and household income

**Chart 4** - The number of seniors by age group and the lesser or greater share they pay for household expenses.

**Chart 5** - The Income groupings of Seniors responding to the survey.

**Chart 6** -The number of seniors by education level and household income.

**Chart 7** - The number of seniors grouped by their occupation and household income.

**Chart 8** - The number of seniors grouped by their owner/renter status and by household income.

**Chart 9** - Seniors with problems in personal care and daily living.

**Chart 10** - How Seniors perceive their health status.

**Chart 11** - The population of seniors by region for 1991 and projected to 2006.

**Chart 12** - The housing and "Level 1 to 3 + Acute beds" needs of seniors is projected to the year 2006. See also the following **Table 1**.

# Comparative Percentages 1995 Survey (total=296) regional breakdown versus 2006 Projected Population

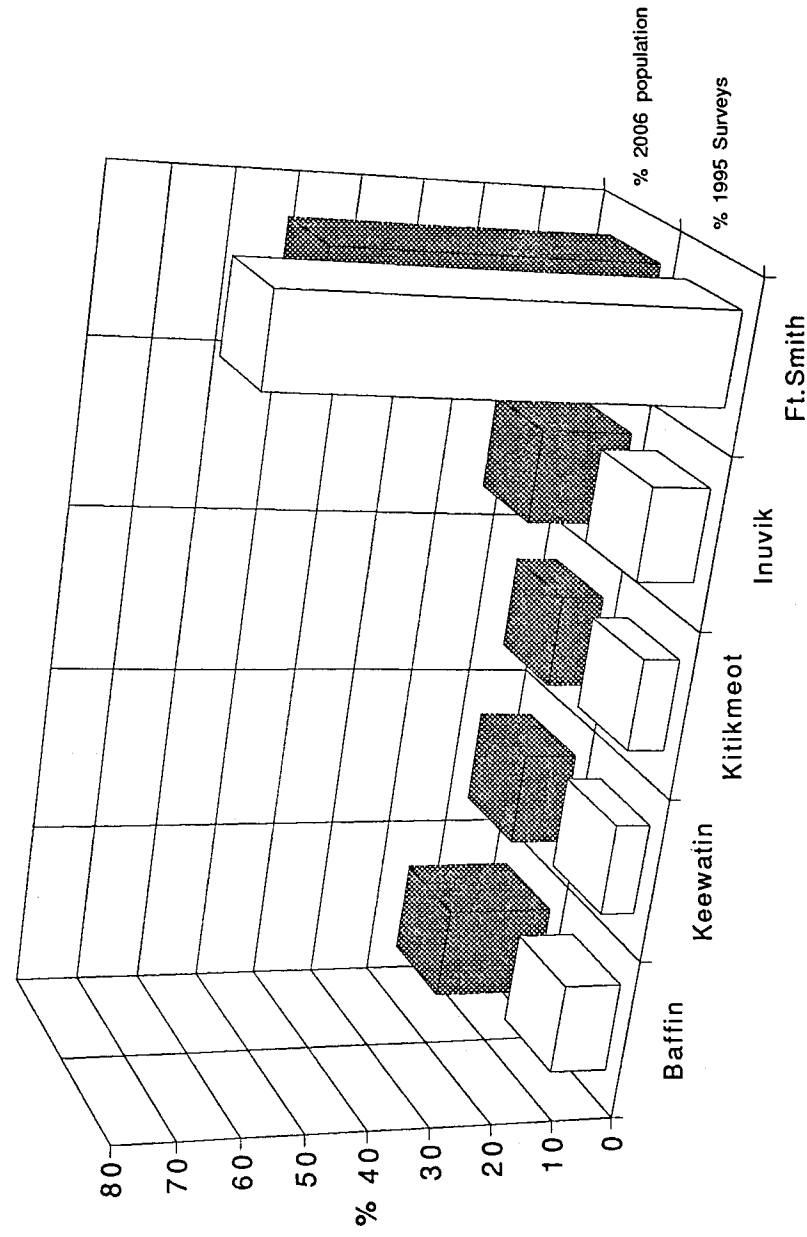


Chart 1



## Respondants by household income and proportion of income spent for shelter

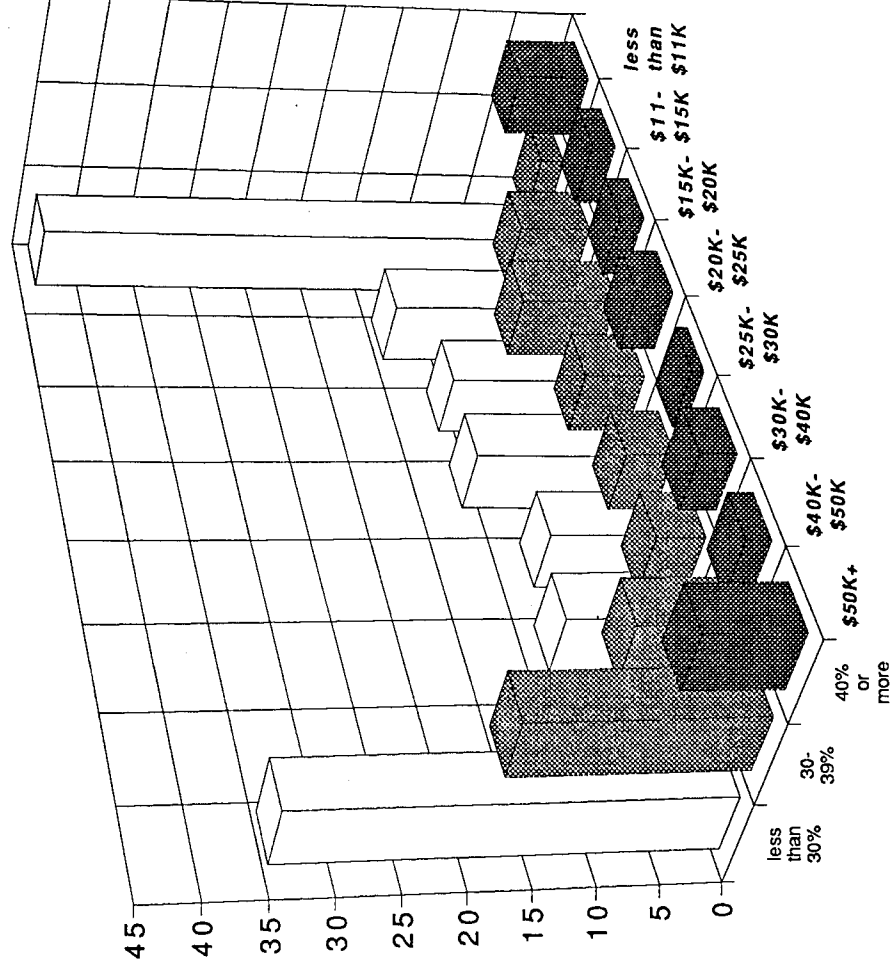
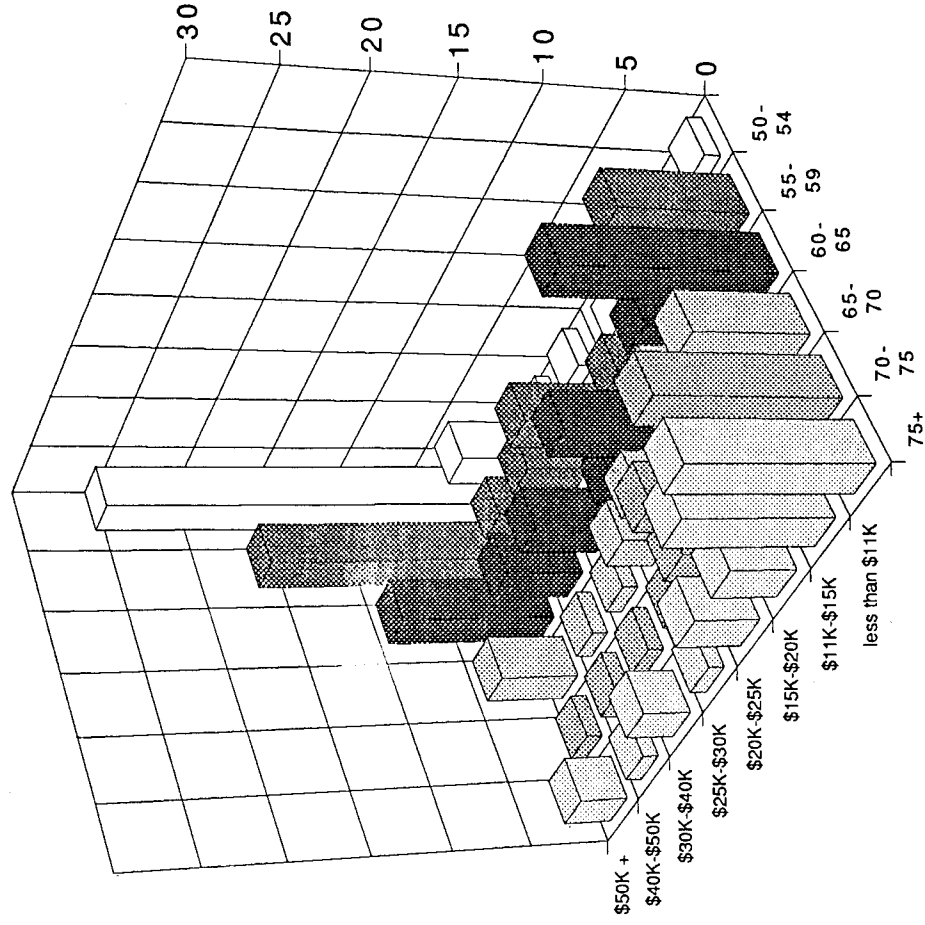


Chart 2

A significant number of seniors pay over 30% of income for shelter (see darker columns)

# Seniors Age and Household Income



**Chart 3**

Highest income for age 50-54 due to employment income; income drops with departure from work force

# Seniors by Age Group Share of Household expenses

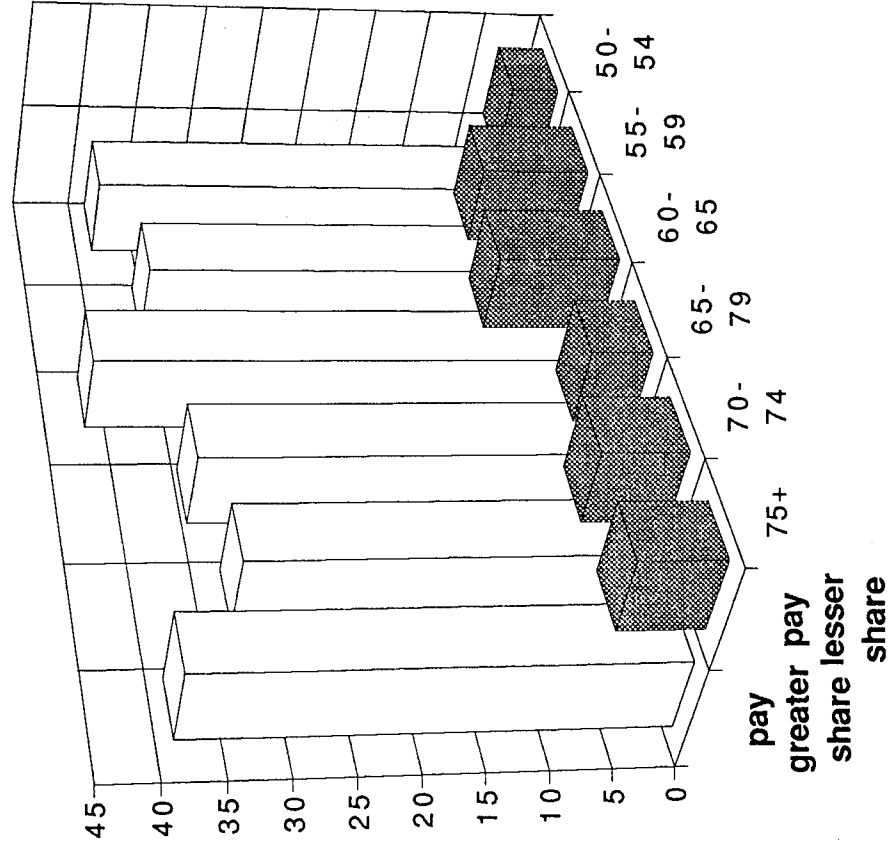


Chart 4

Seniors in all age groups pay majority of household expenses

# Income Groupings of Seniors - 1995 Survey

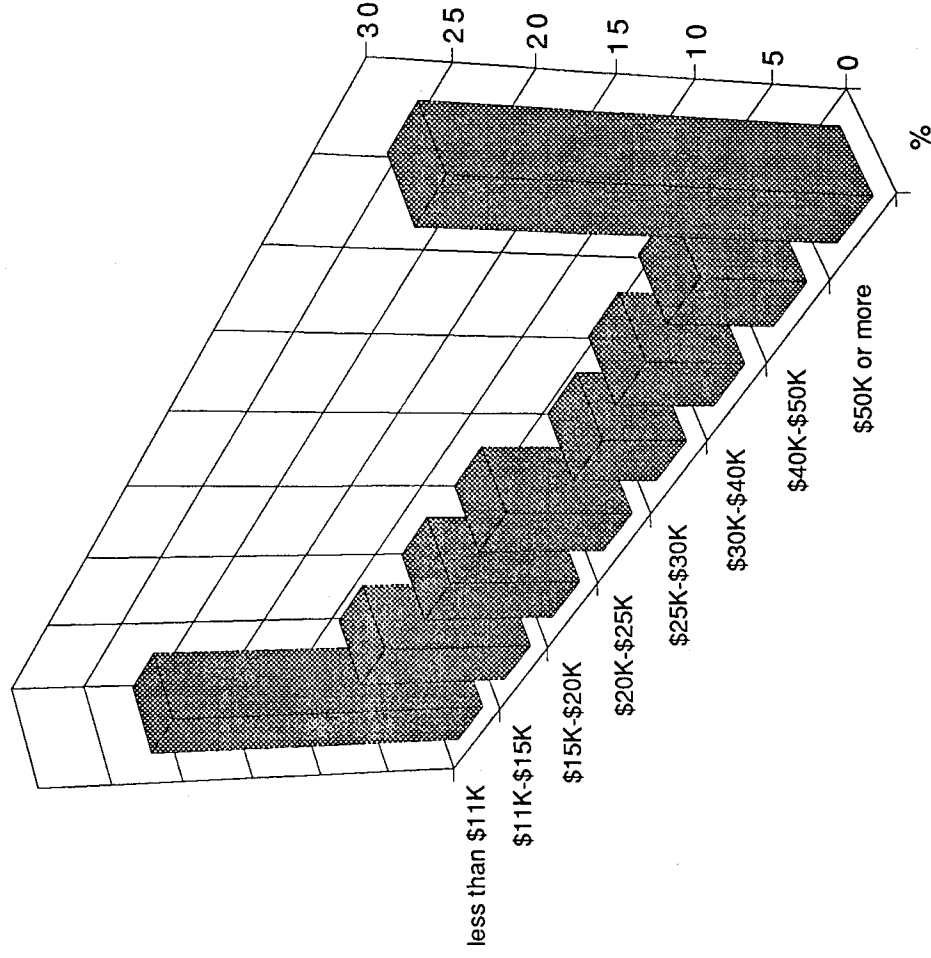


Chart 5

Seniors income spikes at both the low and high levels

# Seniors Education Level versus Household Income

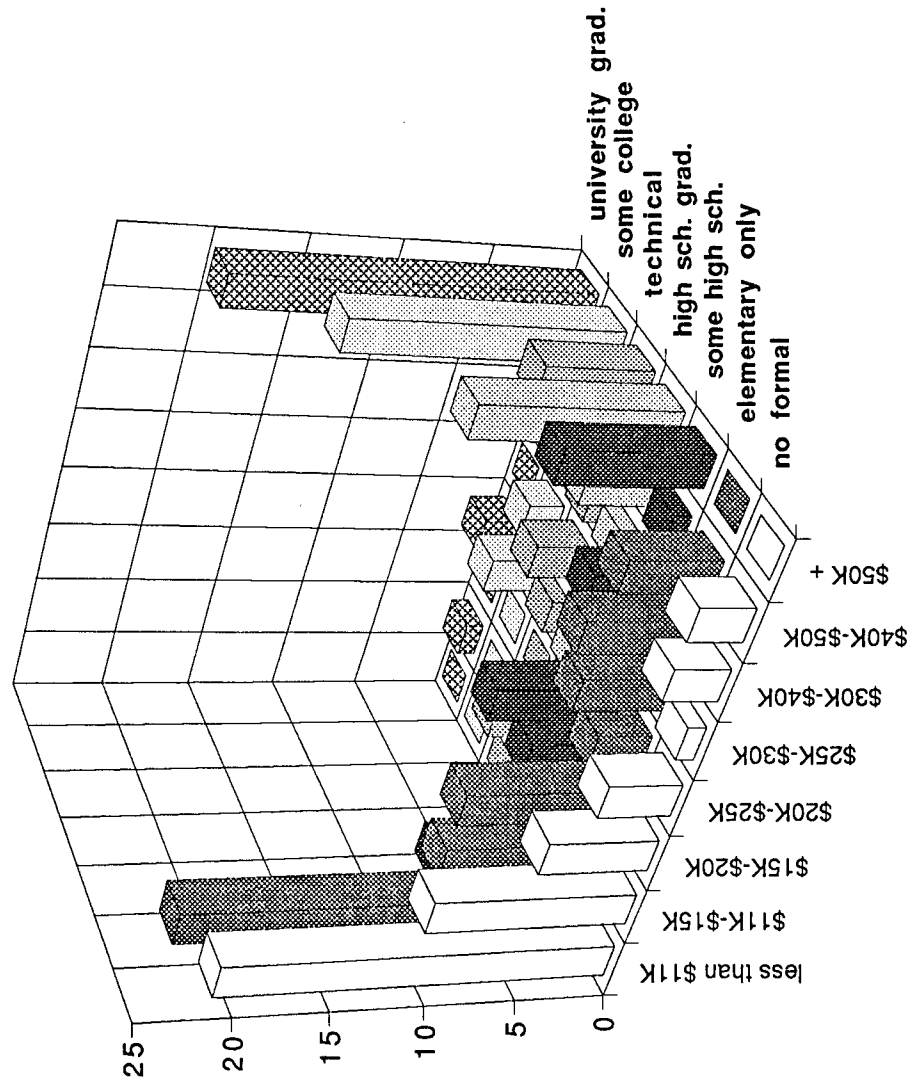


Chart 6

Better educated seniors have higher incomes

# Seniors Occupation and Household Income

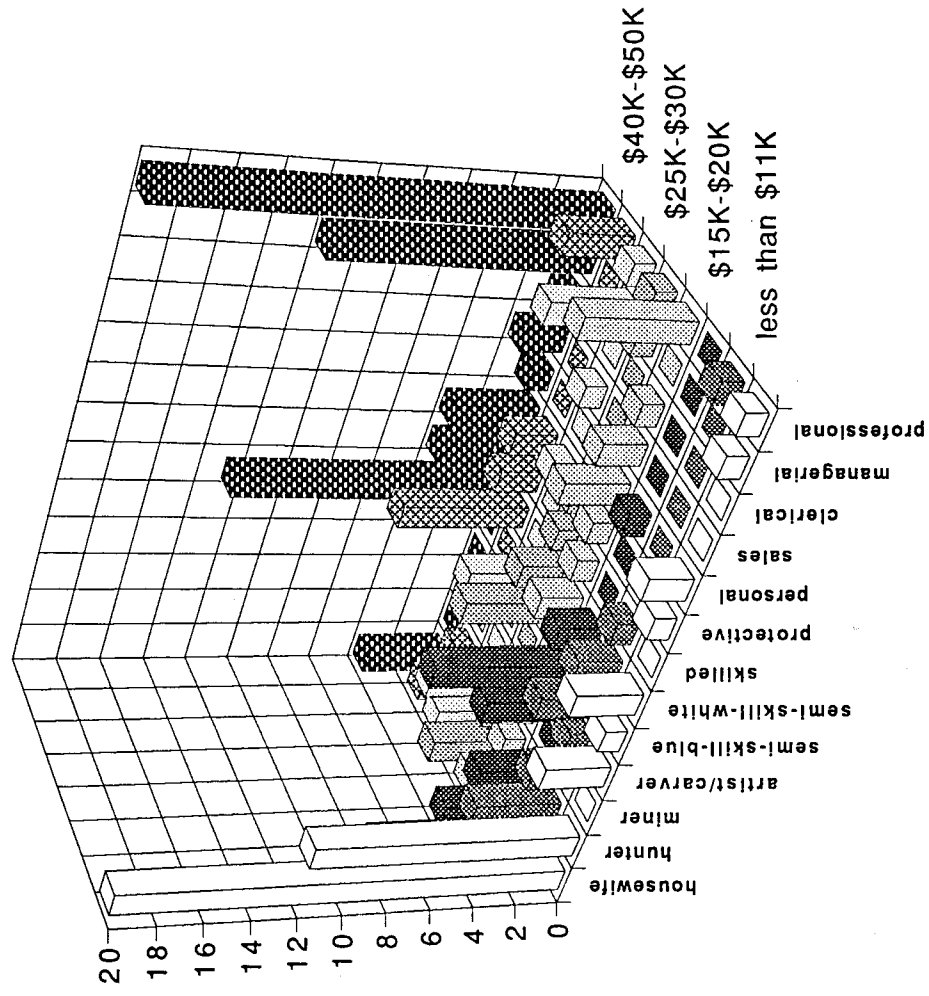


Chart 7

Traditional occupations have lower household income

# Owner/renter status by household income grouping

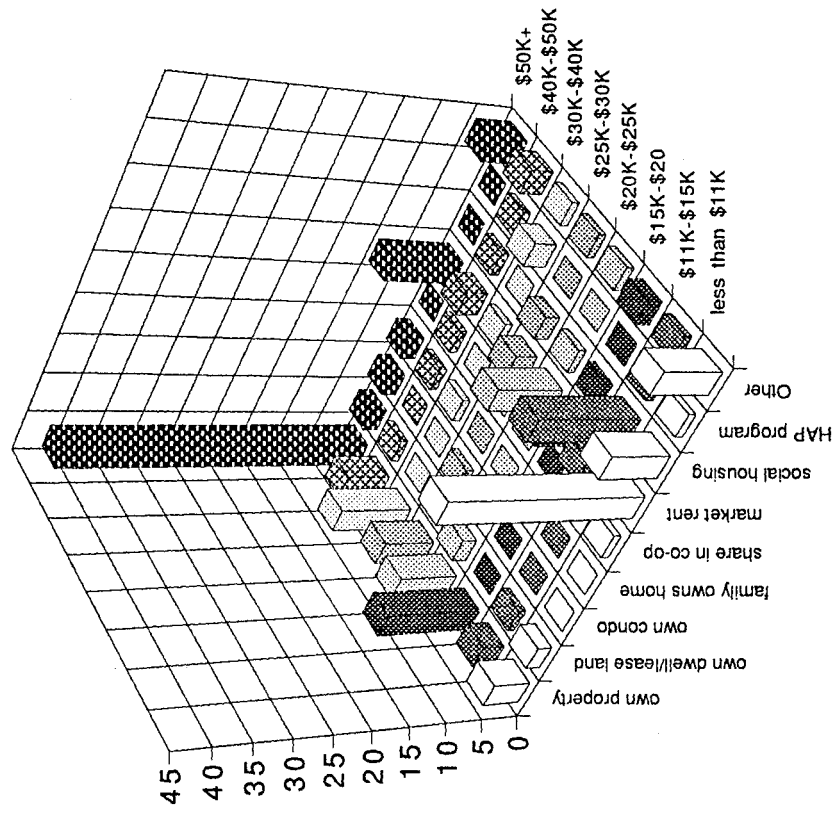
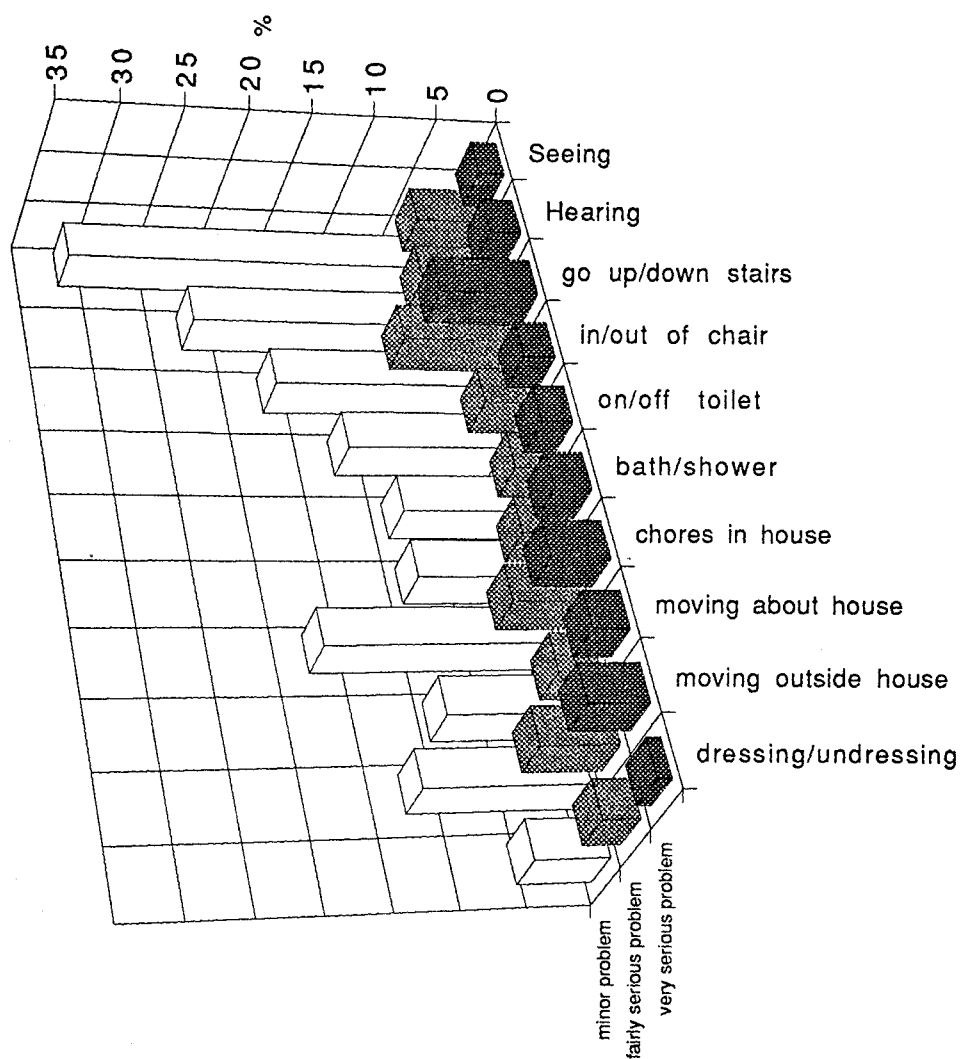


Chart 8

Higher incomes are property owners; lower incomes are rental tenants

# Seniors with Problems in Personal Care and Daily Living



**Chart 9**

Seeing, hearing, going up/down stairs and movement about/outside the house are the significant problems



# Seniors' Perceptions of their own Health

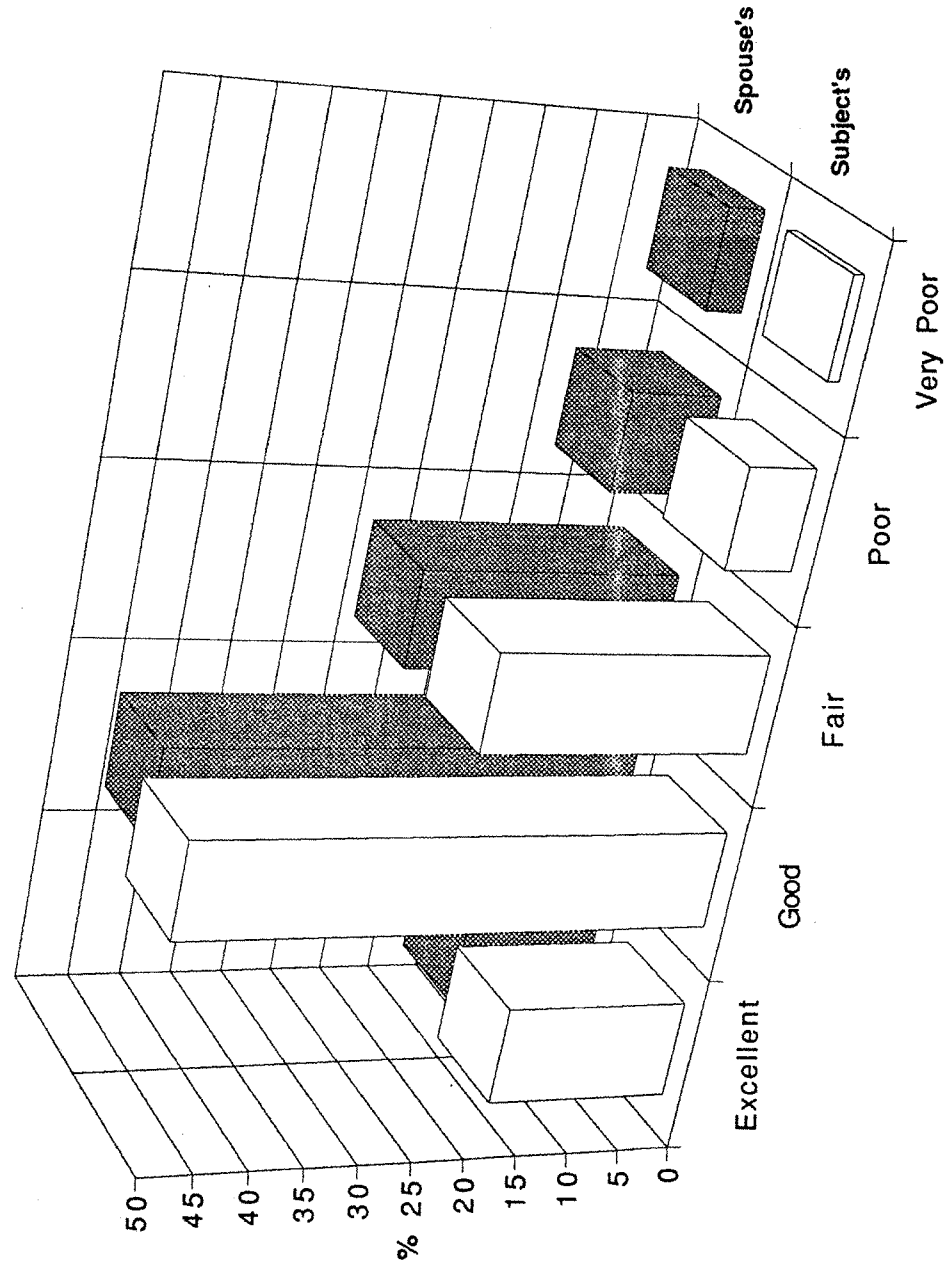
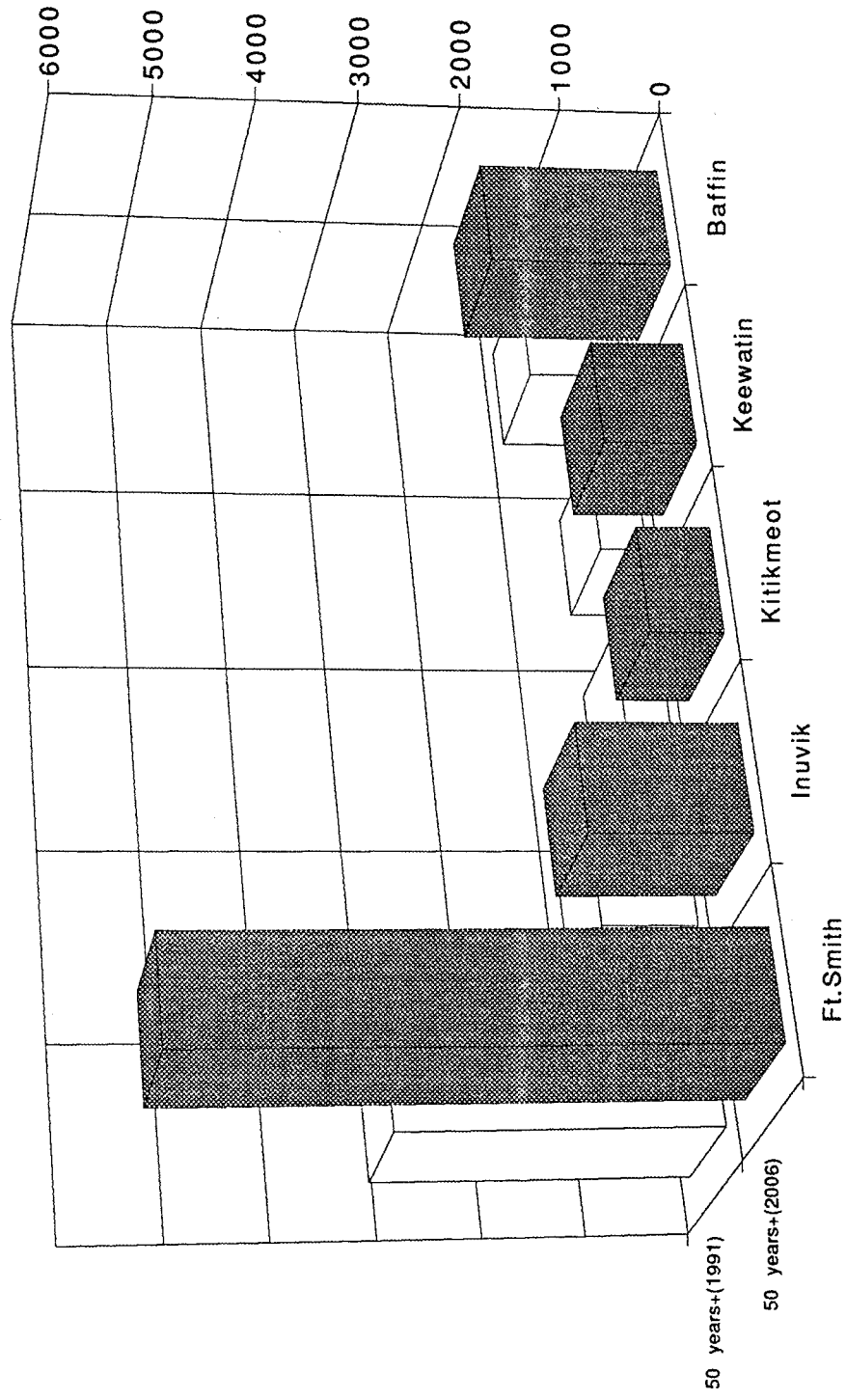


Chart 10

Seniors consider themselves and their spouses to be in relatively good health

# **N.W.T. Seniors Population by Region for 1991 and 2006 (projected)**



**Chart 11**

Source: Bureau of Statistics, Government of the Northwest Territories

# Seniors Projected Independent Housing and Levels 1-3 + Acute beds by Region in 2006

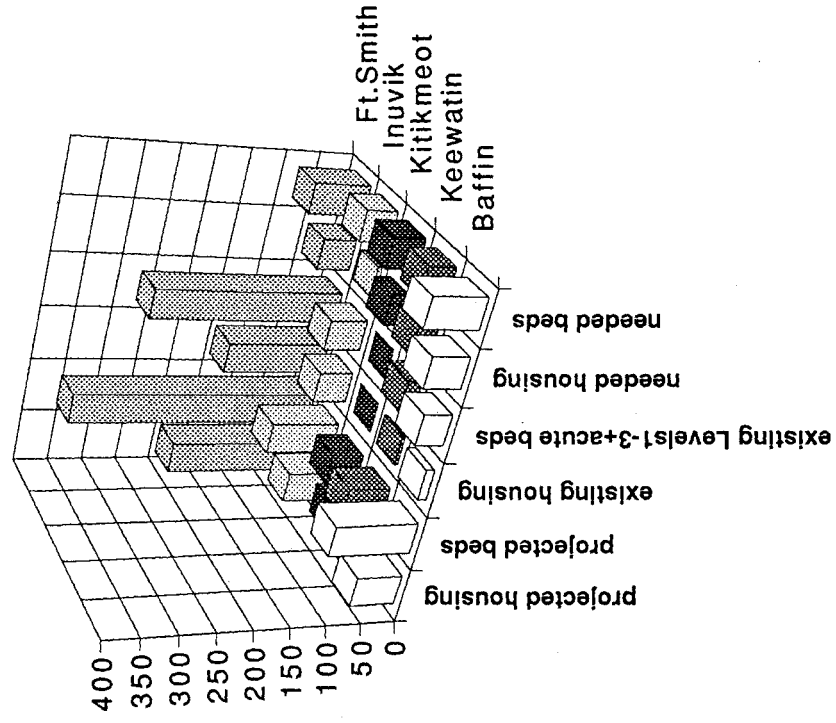


Chart 12

Growing senior population requires more housing and "Level 1-3+Acute" beds, see Table 1 following

# Seniors Facilities Projection

information source column	* A	@ B	calculated C	@ D	calculated E	* F	calculated G	calculated H	calculated I	calculated J
calculation operation			A/B		A/D		F/averageC	F/averageD	G-B	H-D
Region	1991 population 50 years+	1994 independent housing	1994 ratio persons/unit	1994 level 1-3 + acute beds	1994 level 1-3 + acute ratio persons/bed	2006 population 50 years+	2006 projected ind. housing	2006 projected beds	2006 needed housing units	2006 needed beds
Baffin	969	12	80.8	40	24.2	1779	65	117	53	77
Keewatin	468	5	93.6	20	23.4	899	33	59	28	39
Kitikmeot	443	0	0.0	0	0.0	706	26	46	26	46
Inuvik	933	49	19.0	54	17.3	1516	55	100	6	46
Ft. Smith	3093	149	20.8	274	11.3	5434	198	357	49	83
total	5906	215		388		10334	376	679	161	291
average			27.5		15.2					

n.b.: 1991 base population figures are not aligned with 1994 facility numbers

\* - sourced from GNWT Bureau of Statistics

@ - sourced from GNWT Health & Social Services

**Table 1** Two right-hand columns show additional estimated needed housing and beds to meet 2006 population

## **Table 1 - Seniors Facilities Projection**

The table is a projection model based on two main premises: population figures for 1991 and 2006; as well as the existing numbers of seniors' independent housing and personal care beds.

The overall projection is based on a stepped calculation:

Firstly, baseline ratios are determined for housing and "Level 1 to 3 plus acute" beds. The viewer will notice considerable variability in ratio figures by region, so an average baseline ratio figure for each facility form is calculated.

Secondly, with the average figure, a projected number of facility units is calculated for a 2006 population (forecasted) in each region.

Thirdly, the final two right-hand columns show the additional estimated housing and beds that would be necessary to meet the 2006 population (assuming the earlier established ratios for all regions). Figures are derived by subtracting 1994 current facilities from the 2006 projected facilities.

The estimated additional housing and beds to meet 2006 population are 161 independent housing units and 291 "Level 1 to 3 + acute" beds. These projected needs assume that the levels of service reflected in columns C and E in the table are acceptable. If it is felt that current facilities are in short supply compared to present need, then the projected numbers would have to be increased proportionately to obtain a greater expressed need.

Alternatively, if homecare and support services to seniors were increased significantly, then the number of projected "level 1 to 3 + acute" beds for the year 2006 would diminish by a proportionate amount.

In addition, if existing benefits to NWT seniors were altered or diminished over time, migration out of the NWT by seniors would also reduce the forecast requirements. This would impact the western NWT region especially, because more seniors live in that region.

#### 4. 0 Service Providers' Observations

Service providers across the Northwest Territories were contacted as supporting input to the recommendations of this report. [See Appendix for list].

Each interview was structured around a form originating from the CMHC Seniors' Program. In addition caregivers were encouraged to express concerns and solutions they believed to be important for the study.

Certain themes emerged from the service providers' interviews which have universal application to northern seniors. They are summarized as follows.

**"Aging in Place"** is the preferred model suggested by providers. This concept sees the senior staying in the most familiar surroundings of family and community as long as possible, while being truly comfortable and secure.

Many professionals feel that the practice of extending a senior's lifetime in quality surroundings could be usefully managed and improved in the NWT; further that this concept delivers the most effective use of available resources.

In contrast to this ideal, **there is a perceived compartmentalization and fragmentation of service delivery to elders in the NWT.** This is partly rooted in professional biases and organizational requirements, rules and regulations.

As a result, the self-interest of various professionals and organizational groups drives the allocation of resources, as well as the choice of service modes. Service to seniors suffers accordingly when one considers what might be done with optimum utilization of given resources.

The **cognitively-impaired** represent a special challenge for providers of northern housing and social services. In addition to the numbers of Alzheimer's' patients who are becoming more common among longer-living seniors, there is also a rising number of individuals suffering from alcohol and drug-induced dementia from chronic overuse of these substances. This second group are not necessarily the aged, but as a matter of practice they share senior facilities as there is no other place to provide care for these people.

Service providers believe that the incidences of drug-affected individuals are increasing, as the average lifespan of the aged population increases. Numbers of cognitively impaired will place an increasing pressure on seniors' facilities through disruption of routine and confusion. Steps must be planned to ensure that the treatment of the cognitively-impaired does not detract from services to other seniors in better cognitive health.

According to service providers, the **acute care model** of dealing with senior problems tends to dominate the more effective long-term preventative approach. Acute care is characterized by the over-assignment of hospital-stay days, the over-prescription of pharmaceutical drugs to suppress symptoms, the under-use of dynamic activity (nutritional, physical, social) vehicles as a means of extending quality senior life.

The acute care model assumes that treatment and care is best applied at the crisis-intervention stage. This downplays the contributory importance of preventative efforts to extend the comfortable lifetime of a senior.

In addition, it was expressed a number of times by caregivers that politically-motivated considerations, rather than measured need, was apparently at the heart of too many decisions made on facility allocation by government agencies. An impartial needs rating system, along with public accountability, are seen by caregivers as essential elements of improving the current decision making process.

The **frail elderly** are a special concern for caregivers given that their maintenance can consume considerable resources and that there are few supporting management methods for arriving at decisions about their care.

Caregivers and professionals believe that a significant number of **seniors are financially, emotionally, and/or physically abused**. This includes frail elders and other seniors.

It is reported in the Survey that seniors routinely pay the majority of household expenses. The reasons are complex. Some seniors may do so out of loyalty to their own children and grandchildren. Some may do so under intimidation, including the threat of physical violence, if they do not comply. Seniors are routinely approached by younger family members, or others, for money on pension cheque day.

With many in-kind services offered directly to seniors by government, the pension cheque is seen as surplus cash to be made available to any family member. This situation is compounded also by the traditional aboriginal concept of sharing which is exploited.

Too many exploited seniors are paying for significant portions of household expenses, caregivers believe. As a result, seniors are limited in their ability to acquire other personal goods and services which could provide for more comfort than they are presently enjoying. Financial abuse of seniors can lead to heavy personal stress in the lives of elders.



## **6.0 Recommendations**

Eight recommendations were developed in relation to this study.

### **Recommendation #1**

The NWT Housing Corporation's 1995 Annual Report reveals that to overcome housing shortages, overcrowding, and to replace older units, an overall need exists for over 3500 residential units.

The housing needs of NWT seniors are not well documented. The most current information is an unpublished report based on the NWT Housing Corporation Housing Needs Study done in 1992. It reveals that there are 577 senior-led households in need - most of these seniors live in single family dwellings.

Housing options, such as garden suites, in-law suites, accessory apartments, and made-to-convert housing, are not available in the Northwest Territories. These housing options can enable seniors to live in close proximity to family members and encourage elders to stay in their communities.

To put in place innovative shelter approaches requires that hurdles in the form of local municipal zoning by-laws and other regulations be successfully dealt with. The high cost of northern construction and renovation must also be addressed.

Nevertheless, these types of housing schemes allow for small scale development which is appropriate for the North and may provide acceptable alternatives to more expensive and less suitable care away from the home community.

New approaches for shelter developed for delivery to seniors by the public or private sectors should take into account the restricted incomes of many seniors and their special physical requirements.

Seniors are not requesting free housing. Some seniors prefer a fair market rent, or a properly managed "rent to income" scheme which recognizes the needs and income of ordinary people. See Appendix - Press Releases/Media Coverage.

Consequently, it is recommended that further research into the feasibility and application of innovative, affordable and accessible housing options for seniors in the North be investigated.

## Recommendation #2

The majority of seniors in the NWT have low incomes. These seniors will continue to require financial support.

Some residents believe that the NWT "social safety net" is failing. Others believe that, historically, the benefits made available to seniors, especially in health care and subsidized housing, have been overtly generous.

An analysis of the income support system for seniors in the North reveals that there are a variety of benefits and services for seniors. But they are not easily accessible. All seniors do not receive or are apportioned benefits in an equitable manner.

An overhaul of the current income security system for seniors in the NWT is needed. If income and benefit support programs are to be more equitably realigned and targeted, considerable leadership from the political level will be needed. Advocates representing seniors must be involved.

## Recommendation #3

The Territorial Seniors Society should work to develop seniors' associations throughout the NWT in order to become recognized as a viable advocacy group. The Society has recently established a 1-800 telephone number for all seniors in the NWT. The purpose of this number is to allow seniors to access immediate information from one source. This is a pilot project funded by GNWT Department of Health and Social Services.

A central co-ordinating agency is needed in the NWT for seniors because the delivery of programs for seniors within agencies and between communities is fragmented and lacking in coordination.

One of the earliest observations made during this Study is the fragmented delivery of social services. The confused "bolt-on" nature of support services for seniors in the NWT can be explained by the constant re-arrangement of Government departments.

From the Seniors' perspective, their existence is regulated by a complex relationship with numerous agencies: one organization for housing; two or three for income support; and yet another for health services.

At present, part of successfully extending a senior's smooth adaptation into their later years is based on their own ability to cope with the proliferation of agencies which they have to deal with.

In response to this situation, it is believed that a longer-term holistic approach to senior's management is needed. This could take the shape of a specifically mandated and dedicated agency. A seniors-managed agency reporting to a high level of governmental authority would be most suitable. This agency could co-ordinate the range of senior services available in the public sector.

#### Recommendation #4

A renewed emphasis on home support and coordinated home care, as the primary means of promoting "Aging in Place", is advised.

"Aging in Place" is favoured by the greatest number of seniors and service providers. The enhancement of home support and coordinated homecare is seen as the first priority for the overall success of a basic seniors support system.

Seniors have stated time and time again that they prefer to stay as close as possible to their families and in their communities in circumstances well adapted to their physical capabilities, as they progress through time.

The extension of this period of well-being for seniors in their own communities, close to their own people, could be achieved by offering more innovative support services delivered in the home, supported by trained, flexible, part-time support personnel.

#### Recommendation #5

Institutional facilities to care for the needs of frail elders, those suffering from physical and mental disabilities, including the cognitively-impaired, should be developed.

The growth of the projected senior population, the extension of aging, and the rise of afflictions, such as drug-induced dementia, are driving requirements for facilities.

The possibility of encouraging the development of privately-owned homes for the aged should be explored. This type of service would assist in the building of local economic development and service employment in smaller communities. This approach would also extend the stay of seniors in communities that do not have public sector facilities.

A comprehensive evaluation of existing senior facilities in the NWT is required, in order for accurate planning and forecasting to take place, as well as to assess the current effectiveness of such facilities.

#### Recommendation #6

Steps should be taken to control the financial, emotional and physical abuse of seniors which is reported to be widespread in the NWT. Most knowledge of abuse comes from anecdotal accounts, because no specific research in the NWT has been done in this area. This question was not included in the Seniors' Housing and Social Needs Study Survey, but it was commented upon by caregivers who were interviewed for the Study.

Further study and analysis of the families and communities in which abuse occurs is warranted. In addition, an information campaign to educate the public on this problem should be considered.

A similar recommendation was presented by the Special Committee on Health and Social Services Report of November 1993:

"A public education program should be launched to inform people that elder abuse is unacceptable, and to let abused elders know where they can find assistance".

#### Recommendation #7

The promotion and maintenance of seniors' programs that encourage healthy nutrition, fitness, recreation, and social development contribute to the long-term well-being of seniors. These types of programs should be enhanced and increased.

A comfortable lifestyle for seniors aging in place will require that more attention be paid to their social activity needs. Over 95% of seniors who responded to the Survey stated that they would like to participate in programs at a centre in their community. Over 67% of seniors reported that they would attend an adult day program for seniors, if it were available.

Some 84 % of surveyed seniors expressed a strong desire for fitness, craft, and bingo/games activities. Over 73% responded positively to participating in seniors' programs and activities in a local community centre, if they had access to a seniors' recreation centre.

Most NWT seniors reported that they would pay a social membership fee to join a recreation centre. The primary activity they would select to participate in is fitness. It is apparent from the survey results that NWT seniors strongly support these types of programs.

#### Recommendation #8

Further research is required in many areas related to seniors in the NWT, as information is either inadequate or not available. The lack of tangible data is alarming considering the number of services, facilities and programs for seniors already in place.

This situation of inadequate information and inaccurate forecasting is widespread within the Northwest Territories. For example, in the NWT Legislature in April, 1995, the Finance Minister admitted that the Government's statistical and financial projections were not accurate and that he was "working on ways to try and find out why our projections were so far off." See Appendix - Press Releases/Media Coverage.

This study, the Housing and Social Needs of Seniors in the NWT, is the first study to statistically record vital current information on NWT seniors, such as: seniors' income and their share of household expenses; seniors' problems in personal care and daily living; and seniors' perception of their own health and well-being. Also, for the first time, this study forecasts NWT seniors' housing and "Level 1 to 3 + acute" bed needs well into the next decade. See Chart 12 - Table 1.

A Seniors' Management Information System which measures the use and cost-effectiveness of services for seniors is recommended. Such a system would also assist practitioners to evaluate needs and allocate resources to seniors more efficiently.

## **Appendix A - Methodology**

## **Appendix A - Methodology**

This **Housing and Social Needs of Seniors in the NWT** study was contracted to Treeline Planning Services Limited in the Fall of 1994. The study was supported by Canada Mortgage & Housing Corporation and conducted under the guidance of the NWT Seniors' Advisory Committee with assistance from the Yellowknife CMHC office staff. The study was completed in April 1995.

The study was composed of two major activity phases:

### **1. Survey phase**

Aboriginal and non-aboriginal seniors across the Northwest Territories were surveyed with a detailed 37 page questionnaire.

Approximately 300 NWT seniors, fifty years of age and older, were interviewed with a nationally-developed survey instrument. Modifications to the national survey were made to meet the unique circumstances of the North. The intent of the survey was to gather the latest data on conditions, experiences, and aspirations of seniors across the Territories as related to housing, health, and social issues.

Survey returns from across the NWT reflected the distribution of seniors across the regions. In ethnic terms, both aboriginal (54%) and non-aboriginal (46%) responded. This is representational of the general population.

Fifty year olds were selected as the lowest age cohort for interview, as this study has a planning horizon of 10 years into the next century to the year 2005.

Survey information was received and entered into an Excel version 4.0 spreadsheet database by the contractor. Select cross-tabulations and accompanying graphics were prepared using tools within the Excel software.

The Housing and Social Needs of Seniors in the NWT survey data is available on disk from the Yellowknife CMHC office.

The consultants also surveyed and discussed seniors issues/experiences with twenty-two health care and service provider professionals in person and by telephone across the Northwest Territories. The views of these professionals are summarized in the Service Providers' Observations section. The names of professionals interviewed over the course of research appear in the Appendix.

## 2. Literature survey/review phase:

A broad range of past and current reports related to seniors' issues were examined. Key research and studies related to aging and seniors in the Northwest Territories and throughout Canada were reviewed and summarized in the Annotated Bibliography to this report.

Statistical research and information was provided by the NWT Housing Corporation, Statistics Canada, the Government of the Northwest Territories Bureau of Statistics and the Department of Health and Social Services.



## **Appendix B - Press Releases /Media Coverage**

## **Appendix B - Press Releases /Media Coverage**

### **Press Release**

#### **SENIORS ANNOUNCE SURVEY OF HOUSING AND RELATED NEEDS**

**For release: Immediately**

Yellowknife, NWT - 10 January 1995 - The N.W.T. Seniors Advisory Committee announced today that they will commence immediately with a landmark study on housing and related needs of seniors across the Territories to the year 2005 A.D.

Esther Braden, President of the N.W.T. Seniors Advisory Committee, said: "We're noticing that Northwest Territories communities have a growing number of senior citizens. Many older Canadians are living longer, and those in the North are expressing the desire to stay in their own communities as long as possible".

The study project announced today will help determine the features of housing that seniors feel are desirable, as well as the kind of support services, including transportation, that would complement their lifestyle.

Esther Braden said: "We feel it is important that Seniors' themselves identify the issues and constraints, as well as shape the solutions. That's what this study including survey is designed to do."

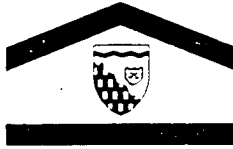
**Canada Mortgage and Housing Corporation** has been instrumental in fostering and funding the project. Seniors themselves will be applying questionnaires through their own community societies, with the assistance of co-operative social and health agencies. Data interpretation and report writing is being handled by **Treeline Planning Services Ltd.** of Yellowknife.

The study will conclude by mid-March.

-30-

For further information: Contact:

**Esther Braden, President  
N.W.T. Seniors Advisory Committee  
tel: 403-873-4735**



Hon. Don Morin, Minister

**20**  
**YEARS**  
**74/75 - 94/95**

## **N.W.T. HOUSING CORPORATION RENT SCALE**

**YES...**

**CHANGES TO THE RENT SCALE ARE HAPPENING  
EFFECTIVE APRIL 1, 1995**

**HERE ARE SOME OF THE CHANGES:**

- Rents are adjusted based on the cost of living in YOUR community.
- Rents are adjusted for units lacking basic facilities.
- Seniors 60 years of age and older no longer pay rent.
- Training Allowances and "Government funded" child care subsidies are no longer included as income.
- Tenants who leave their community for education or training, can return to a social housing unit.
- Rent increases are phased-in over four years; decreases effective April 1, 1995.
- Rents start at 6.4% of income for low income tenants.
- All rents are less than 30% of income.
- High income tenants will be encouraged to consider homeownership options. If tenants move into their own homes, more units will be available to low-income applicants on the waiting list.

FOR MORE INFORMATION CONTACT YOUR LOCAL HOUSING OFFICE.

**BUILDING FOR THE FUTURE**

# Senior's ask how homeowners will be affected by new Rent Scale

by Sandi Stanway

Ross Ullathorne, a member of the Hay River Senior's Society, wants to know why he, as a homeowner, and other homeowners, will not be affected by the new Rent Scale scheduled to come into effect April 1.

The Rent Scale states that senior's over 60 years of age, who live in Public Housing, or Senior's Homes, like Riverview Lodge in Hay River, will no longer pay rent.

Ullathorne as a senior, and a homeowner, will not be effected, simply because he owns his home. He suggested that the government purchase his home, so he won't have to pay taxes or mortgage, and when he leaves his home, or passes on, the government will own it, and they can do what they want with it. This would give them more homes he suggested.

Speaking at the Annual General Meeting of the Senior's Society, NWT Housing Corporation Program Officer, Joe Kelly, explained the new Rent Scale to members.

Ullathorne asked Kelly, "What are you doing? Are there any plans to help citizens in their own homes?"

Kelly said, "There isn't anything in the way of a subsidy directly from the government and people are asking why." He

added, that there have been many calls to his office asking that question.

Ullathorne said, "Under the present standards, it's only saying to me, sell my house and apply to go to public housing or Riverview Lodge. The government has to build more houses. They are not encouraging people to live in their own homes. I object to the program."

Kelly responded by saying, with the new Rent Scale, there will be more Public Housing Units freed up.

President of the Senior's Society, Ben Greenfield, said he met with Ken Lovely, Deputy Minister of Health and Social Services, and asked why seniors weren't consulted prior to the release of the Rent Scale.

It was also asked why the government is reducing the rent to zero. Kelly said there was a lot of pressure to change the Rent Scale, because they are working with a scale from 1983, and so much has changed, including the cost of construction.

Greenfield added that when he was in Yellowknife for a meeting of the NWT Senior's Society, they agreed on lowering the rent, but "we didn't agree dropping it to nothing."

Doreen Kelly (no relation to Joe Kelly),

said that "Us, over 60, are getting into housing and not paying rent, but ten years down the line, for people who are 60, there may be nothing in their pension to even have an income. We are paying nothing, the next may be paying through the nose."

Kelly also discussed the other programs offered through the NWT Housing Corporation which Senior's may wish to apply to.

After Kelly's talk, the new board was chosen for the 1995/96 year.

Greenfield was returned to Chairman's position, Lloyd Brunes was acclaimed to the position of Vice Chairman, Mansell Grey will continue with his role as Secretary, and after the only election at the meeting, Fred Planidin was returned to his position as treasurer.



## The 1995/96 Seniors Executive and Board

Last Tuesday the Seniors Society elected their new executive for the 1995/96 year. Cal Mains, Ross Ullathorne, Mae Eyford, Joyce Hinton and Harold Page are standing at back. Seated in the front are Lloyd Brunes, Ben Greenfield, Fred Planidin and Mansell Grey.

## EDITORIAL

# NWT hit harder with cuts and taxes

The federal budget announced by Finance Minister Paul Martin Monday was touted as "the largest set of actions in any Canadian budget since demobilization after the Second World War."

National reaction has been mixed. Many feel it is a good start to cutting the deficit, others feel it didn't go far enough.

One thing is certain in the different world known as the NWT, spending cuts and selected tax increases will hit hard — harder than the provinces.

This jurisdiction, like the provinces, is being forced to choose between raising revenue and cutting programs.

Unlike the provinces, the NWT has no tax base or resource royalty mechanisms, like the Northern Accord, to find new money.

With few revenue options, federal funding cuts translate into program cuts sooner in the North than the provinces — and there is probably a greater need for social programs here than anywhere else in the country.

The demands our small society places on social services, health, housing and education programs is immense.

Next year, the NWT will face \$58 million less in federal transfer payments that have been over \$800 million.

NWT Finance Minister John Pollard said Monday that, because of an accumulated effect, his successor will have \$100 million less to work with in 1996-97 than in 1995-96.

The change to federal transfer payments means money will have to be managed differently by the territorial government. Essentially, the territorial government must now be given more control over the funding and delivery of programs and services. To deliver services in the same manner NWT residents have become accustomed to, the territorial government will need to raise more money, through fees or taxes.

Let us not be fooled by Ottawa's down-loading ploy.

Ultimately, the trade-off for no increase in personal federal tax rates will be increased expenditures by the territorial government. Martin is gambling that the NWT, and others, can make up the difference through increased economic growth.

That's ambitious for anyone. In the NWT, the tools to generate revenue must be handed over first.

## FEDERAL BUDGET



## WEEKLY BULLETIN

No. 95/12

March 31, 1995

### **Finance Minister Predicts \$100 Million Shortfall**

On March 10, 1995 the Government of the Northwest Territories Minister of Finance, the Honourable John Pollard, responded to a question in the Legislative Assembly regarding the impact of the Federal budget address and other financial matters on the budget of the Government of the Northwest Territories.

Mr. Pollard responded: "The problem, Mr. Speaker, is going to occur in 1996-97. That is where we lose \$58 million again from the amount that we would have normally received in that particular year in the grant from Canada. *That will put the next government, in putting an O&M and Capital budget together for 1996-97, in the bad position of having to look at a \$100 million shortfall in that fiscal year.*"

The Finance Minister reported that there are no plans at present to reduce government spending prior to the Fall 1995 election. But that the Cabinet is looking at "documents that spell out to them all the programs and revenue in some detail at the task level". "We will be meeting shortly to look at those particular things to see if there is something we should be doing between now and the end of our term, in order to prepare the next government for at least having a shot at balancing the budget."

Over 80% of GNWT revenue, nearly \$1 billion, comes from Canada in the form of federal transfers and grants under the Formula Financing Agreement between the NWT and Canada. The Formula Financing Agreement grant has been extended for one more year [1995-96], but it is frozen at the 1994-95 level.

Overall, the 1995-96 main estimates project total revenues of \$1.212 billion and expenditures of \$1.226 billion. The Government of the Northwest Territories is estimating a \$14 million deficit for 1995-96.

The Minister admitted in his Budget Address that the current 1994-95 budget is expected to be over \$42 million in deficit. This follows a \$35 million deficit that was posted for 1993-94. In four of the past five years, revenues have been lower than expenditures resulting in four annual deficits. The accumulated debt at the end of 1995-96 is estimated to be \$38 million.

NEWS/NORTH, Monday, April 3, 1995

# Gov't has 'lax' budget standards: MLAs

by Doug Schmidt  
Northern News Services

The government's number-crunchers were accused by ordinary MLAs last week of "very lax" budget-making standards during debate on \$28.2 million in excess spending for the fiscal year concluded March 31.

Finance Minister John Pollard got a rough ride but grudging approval for Bill 21, which allowed for \$27-million in supplemental spending for the 1994/95 fiscal year.

"This shows that there have been some bad mistakes

made in the estimates," finance committee member Dennis Patterson said.

The Iqaluit MLA told Pollard Wednesday the gap between original estimates and departmental spending and what was actually spent indicated a "planning process (that) is faulty."

At worst, Patterson said the finance minister might even have been "misled" by his departmental budgetmakers.

Committee chairman Jim Antoine said initial projected expenditures were "unrealistically low," and that the gap

with what was really spent was "unacceptable."

Yellowknife Frame Lake MLA Charles Dent said more accurate figures to begin with "would have made a significant difference" in the way MLAs would have responded to overall spending estimates.

As an example, Dent pointed to the original estimate of \$92.4 million for 1994/95 health and hospital boards spending, and com-

## Pollard gets approval on \$27-million spending bill

pared that to the current fiscal year 1995/96 estimate of \$93.8 million, a level of growth which "makes some sense."

When supplemental spending is added to last year's figure, however, it rises to \$94.9 million, meaning the government's books project an actual decrease in health spending this year.

But Dent said MLAs have never been told what the gov-

ernment plans to do to spend less in the coming year.

Patterson pointed to similar discrepancies when it came to \$1.9 million in supplemental spending on medical travel, bringing the actual 1994/95 cost to \$19.4 million, about the same as the previous year. But estimates for the fiscal year just begun has the government anticipating a drop to \$16.1 million in spending there.

"How on earth are we going to spend \$3.3 million less in the 1995/96 fiscal year?" he asked Pollard.

Pollard said his department is working on ways "to try and find out why our projections were so far off."

The total \$27 million figure for supplemental spending should have been \$1.2 million higher, but Pollard said that figure, for extra water and sewer programs, is being entered in the budget books as a departmental overexpenditure.

"We have to ask why we go through the exercise of approving these numbers when we know they may not be real," said Patterson.

## **Appendix C- Service Providers Interviewed**





## **Appendix C- Service Providers Interviewed**

<b><u>Name</u></b>	<b><u>Organization</u></b>
Linda Koe	Aven Centre
Heather Leslie	Stanton Hospital
Sandra Mackenzie	GNWT Health & Social Services
Margaret Marshall	GNWT Health & Social Services
Jan Stirling	Public Health, YK
Dr. Seamus McGlynn	Family Medical Clinic
Bernice McKinley	Stanton Hospital
Cheryl Conin	Northern Lights Home, Ft.Smith
Barb Carthew	Stanton Hospital
Lynn White (statistics)	GNWT Health & Social Services
Ruth Bennet	Extendacare - Inuvik
Cindy King	Baffin Regional Hospital
Clarence Kort	Erasmus Centre - Rae
Jennifer Seeley	Woodland Manor - Hay River
Linda McConnell	Greenland Centre - Aklavik
Melodie Rasmussen	Isiah Home - Fort Simpson
Karen Ennis	Homecare - Hay River
Mary McInnes	Homecare - Inuvik
Lea Stunpel	Homecare - Iqaluit
Arlene Chermishnok	Housing Authority - Yellowknife
Julie Lys	Homecare - Fort Smith
Elsa Cheeseman	Homecare - Baker Lake

## **Appendix D - Seniors Top Disease Incidence**

# TOP 10 DISEASE INCIDENCE FOR HOSPITAL-OUTPATIENT SERVICES IN TH

By the International Classification of Disease (ICD 9 Codes)

## AGE GROUP 60 YEARS AND OVER

### OUTPATIENT SERVICES

#### 1993 CALENDAR YEAR

DESCRIPTION OF DISEASE INCIDENCE	SERVICES	PATIENTS
Unspecified hypertension	80	39
Chronic airway obstruction, not elsewhere classified	62	31
Abdominal pain	59	44
Urinary tract infection, site not specified	52	43
Upper respiratory infection, unspecified site	51	45
Bronchitis, not specified as acute or chronic	45	42
Chest pain, unspecified	32	27
Unspecified gastritis and gastroduodenitis	32	21
Other and unspecified noninfectious gastroenteritis and colitis	31	27
Pneumonia, organism unspecified	31	22
<b>TOTAL</b>	<b>475</b>	<b>341</b>

Prepared: March 21st, 1995 NChikawa

Source: Dept of Health & Social Services, Planning and Information Management, THIS Database

Information represent services rendered to patients in a hospital facility but released the same day  
The disease incidence are extracted by (Icd 9 codes , International Classification of diseases)

# TOP 10 DISEASE INCIDENCE FOR HOSPITAL ADMISSIONS IN THE NWT

By the International Classification of Disease (ICD 9 Codes)

## AGE GROUP 60 YEARS AND OVER

### INPATIENT - HOSPITAL ADMISSIONS

#### 1993 CALENDER YEAR

DESCRIPTION OF DISEASE INCIDENCE	HOSP DAYS	PATIENTS
Chronic airway obstruction, not elsewhere classified	696	53
Pneumonia, organism unspecified	303	47
Other and unspecified alcohol dependence	85	15
Congestive heart failure	74	11
Unspecified psychosis	62	3
Disease of unspecified parts of the intestine	55	2
Decubitus ulcer	51	1
Atrial fibrillation	49	6
Cancer of other parts of bronchus or lung	49	2
Cardiac arrest	47	4
<b>TOTAL</b>	<b>1471</b>	<b>144</b>

Prepared March 21st, 1995 NChidrowe

Source: Dept of Health & Social Services, Planning and Information Management, THIS Database

Information represent services rendered to patients who were admitted to a hospital facility  
The disease incidence are extracted by (Icd 9 codes , International Classification of diseases)

# TOP 10 DISEASE INCIDENCE FOR THE NWT IN HEALTH CENTRES (CHMIS)

By the International Classification of Disease (ICD 9 Codes)

## AGE GROUP 60 YEARS AND OVER

### 1993 CALENDER YEAR

DESCRIPTION OF DISEASE INCIDENCE	SERVICES	PATIENTS
Other diseases of respiratory system, not elsewhere classified	1110	484
Chronic airway obstruction, not elsewhere classified	737	197
Acute respiratory infection, unspecified site	422	311
Urinary tract infection, site not specified	420	220
Arthropathy (acute, chronic arthritis)	301	187
Dermatitis, unspecified cause	257	134
Acute nasopharyngitis (common cold)	251	204
Constipation	241	142
Osteoarthritis, unspecified whether general or localized	227	141
Abdominal pain	186	136
<b>TOTAL</b>	<b>4152</b>	<b>2156</b>

Prepared: March 20th, 1995, NChidowe

Source: Dept of Health & Social Services, Planning and Information Management, CHMIS Database

Information represent services rendered to patients by nurses in Health Centres

The disease incidence are extracted by (Icd 9 codes , International Classification of diseases)

# TOP 10 DISEASE INCIDENCE - PHYSICIANS BILLINGS

By the International Classification of Disease (ICD 9 Codes)

## AGE GROUP 60 YEARS AND OVER

1993 CALENDAR YEAR

DESCRIPTION OF DISEASE INCIDENCE	SERVICES	PATIENTS	COST
Unspecified hypertension	1043	392	\$36,068.65
Chronic airway obstruction, not elsewhere classified	952	295	\$45,127.05
Arthropathy - chronic or acute arthritis	470	204	\$22,141.86
Pneumonia, organism unspecified	484	198	\$28,957.42
Abdominal pain, unspecified	338	203	\$15,830.25
Osteoarthritis, unspecified whether general or localized	334	141	\$11,951.26
Bronchitis, not specified as acute or chronic	387	280	\$15,500.16
Diabetes Mellitus, without mention of complication	295	108	\$12,329.43
Acute Upper respiratory infection, unspecified site	242	195	\$9,115.62
Congestive Heart Failure	241	79	\$13,761.26
<b>TOTAL</b>	<b>4786</b>	<b>2095</b>	<b>\$210,782.96</b>

Prepared March 29th, 1995NC

Source: Dept of Health and Social Services, Planning and Information Management, Medicare Database

Information represent services provided by a Medical doctor in the NWT

The disease incidence are extracted by (Icd 9 codes , International Classification of diseases)

# TOP 10 DISEASE INCIDENCE - MEDICAL TRAVEL

By the International Classification of Disease (ICD 9 Codes)

## AGE GROUP 60 YEARS AND OVER

1993 CALENDAR YEAR			
DESCRIPTION OF DISEASE INCIDENCE	SERVICES	WARRANT	COST
Unspecified Cataract	207	59	\$79,223.33
Chronic airway obstruction, not elsewhere classified	118	49	\$83,272.93
Unspecified transient organic mental disorder	116	45	\$72,917.21
Abdominal pain, unspecified	102	50	\$91,748.36
Pneumonia, organism unspecified	101	47	\$101,588.49
Fracture of femur, unspecified part	78	20	\$79,924.01
Hematuria (benign or essential)	58	16	\$18,837.48
Inguinal hernia, with gangrene	53	14	\$16,500.36
Neoplasm (cancer) of digestive system	48	21	\$18,556.56
Hemorrhage of gastrointestinal tract, unspecified	34	13	\$35,422.98
<b>TOTAL</b>	<b>915</b>	<b>334</b>	<b>\$597,991.71</b>

Prepared March 29th, 1995NC

Source: Dept of Health and Social Services, Planning and Information Management, Medical Travel Database

The disease incidence are extracted by (Icd 9 codes , International Classification of diseases)



## **Appendix E - Continuum of Care**

# COMPONENTS OF THE CONTINUUM OF CARE

COMMUNITY			INSTITUTIONAL
Home Support	Co-ordinated Homecare	Facility Care	
<ul style="list-style-type: none"> <li>• Homemakers</li> <li>• Home visits by nursing staff from Health centre</li> <li>• Family and community support</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment and case management</li> <li>• Promotion and prevention strategies</li> <li>• Care and support provided by:               <ul style="list-style-type: none"> <li>• Nurses</li> <li>• Homecare Assistants</li> <li>• Homemakers</li> <li>• Physical, Occupational and Speech Therapists</li> <li>• Meals on Wheels</li> <li>• Respite Services</li> <li>• Family &amp; Community Support</li> </ul> </li> </ul> <p>Other community based programs and services may include:</p> <ul style="list-style-type: none"> <li>• VRDP</li> <li>• Adult Day Support</li> <li>• Community Living Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Group Homes</li> <li>• Adult Group Homes</li> <li>• Personal Care Facility</li> <li>• Multi Level Care Facility</li> <li>• Long Term Care Facility</li> </ul>	

## **Appendix F - GNWT Overview of Senior Services**

# OVERVIEW N.W.T. – COMMUNITY AND FACILITY BASED LONG TERM CARE/REHABILITATION SERVICES AND PROGRAMS

BY G.N.W.T. REGION

(Including Independent Seniors Housing and Acute Care Beds)

REGION	NUMBER OF COMMUNITIES	COMMUNITIES WITH SERVICES/PROGRAMS	COORDINATED HOMECARE PROGRAMS	REHABILITATION		INDEPENDENT SENIORS CITIZENS' HOUSING UNITS	* NUMBER OF BEDS		
				OCCUPATIONAL THERAPY	PHYSICAL THERAPY		LEVEL I & II	LEVEL III & IV	ACUTE CARE
BAFFIN	13	Iqaluit	X		1 PY	12	8	3	29
FT. SMITH	19	Ft. Liard				3			
		Ft. Providence				16			
		Ft. Resolution				8			
		Ft. Simpson				20	10	4	10
		Ft. Smith	X	Occupational Therapy Outreach (S.Y.H.)	1 PY	27	16	4	13
INUVIK	12	Hay River	X	1 PY	1 PY	16	10	6	
		Hay River Reserve				5	5	16	32
		Rae Edzo		Occupational Therapy Outreach (S.Y.H.)		14	8		
		Yellowknife	X	Occupational Therapy Outreach (S.Y.H.) 4 PY's and casual and support staff	5 PY's and casual and support staff	16	30	14	84
KEEWATIN	8	Aklavik				7	8		
		Deline				10	6		
		Ft. Good Hope				8			
		Ft. McPherson				8			
KITIKMEOT	6	Inuvik	X	1 PY	1 PY	10		16	24
		Tuktoyaktuk				6			
		Arviat							
TOTAL	58	Baker Lake	X			5	5	7	
		Chesterfield Inlet		Occupational Therapy Outreach (S.Y.H.)					
			6	9		215	114	82	192

TOTAL : Number of Bed – Level I to IV 196

\* \*Staffed and in operation\*

Department of Health & Social Services

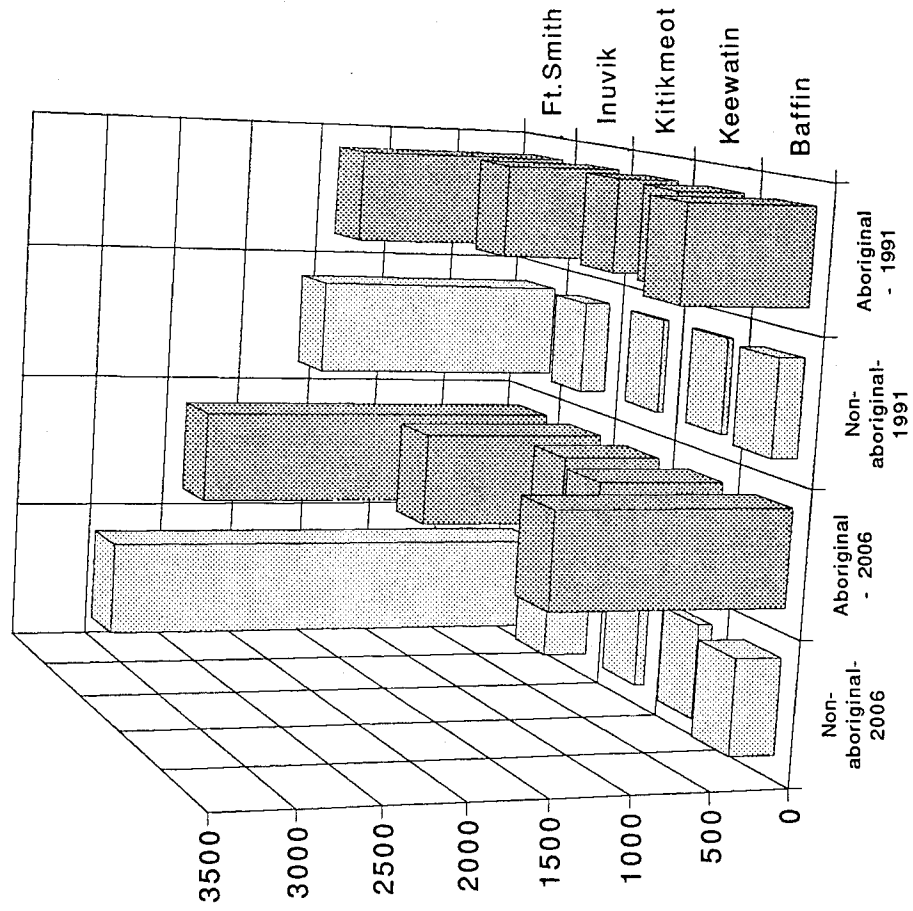
October, 1994

## **Appendix G - GNWT Population Forecast**

*Population, by Ethnic Group and Age Category  
Northwest Territories, 1991 & 2006*

	1991			2006		
	All Persons	Under 50 Years	50 Years & Over	All Persons	Under 50 Years	50 Years & Over
Northwest Territories						
Aboriginal	57,649	51,743	5,906	79,379	69,045	10,334
Non-Aboriginal	35,302	31,447	3,855	49,956	43,382	6,574
	22,347	20,296	2,051	29,423	25,663	3,760
Baffin Region						
Aboriginal	11,385	10,416	969	16,030	14,251	1,779
Non-Aboriginal	9,328	8,521	807	13,856	12,368	1,488
	2,057	1,895	162	2,174	1,883	291
Keewatin Region						
Aboriginal	5,834	5,366	468	8,403	7,504	899
Non-Aboriginal	5,211	4,780	431	7,661	6,855	806
	623	586	37	742	649	93
Kitikmeot Region						
Aboriginal	4,386	3,943	443	6,289	5,583	706
Non-Aboriginal	3,950	3,541	409	5,826	5,183	643
	436	402	34	463	400	63
Inuvik Region						
Aboriginal	8,491	7,558	933	10,262	8,746	1,516
Non-Aboriginal	6,255	5,486	769	7,929	6,713	1,216
	2,236	2,072	164	2,333	2,033	300
Fort Smith Region						
Aboriginal	27,553	24,460	3,093	38,395	32,961	5,434
Non-Aboriginal	10,558	9,119	1,439	14,684	12,263	2,421
	16,995	15,341	1,654	23,711	20,698	3,013

# **N.W.T. Seniors Population by Region and Ethnicity for 1991 and 2006 (projected)**



**Appendix H - NWTHC Seniors Report/1992 - Extracts**



Senior-Led Households in Core Need,  
by Building Preference of Household Head and Structure Type  
Northwest Territories, 1992

	All Structure Types	Structure Type				
		Detached House	Semi- Detached	Apartment	Mobile Home	Other
Building Preference of Household Head	577	481	65	16	10	5
Detached House	483	429	36	6	9	3
Semi-Detached House	34	12	20	2	0	0
Apartment	14	2	4	8	0	0
Mobile Home	1	1	0	0	0	0
Other	2	2	0	0	0	0
Refused	8	7	0	0	1	0
Do Not Know	35	28	5	0	0	2

Senior-Led in Core Need, by Housing Problem and District  
Northwest Territories, 1992

	NWT	Baffin	Keeewatin	Kitikmeot	North Slave	South Slave	Western Arctic
Total Senior-Led Households in Core Need	577	108	92	83	82	107	107
Suitability Only	227	68	51	37	21	21	29
Adequacy Only	197	15	21	20	28	64	49
Affordability Only	9	1	3	0	3	2	0
Suitability and Adequacy	141	22	16	26	30	18	29
Suitability and Affordability	1	0	0	0	0	1	0
Adequacy and Affordability	1	0	1	0	0	0	0
Suitability, Adequacy and Affordability	1	0	0	0	0	1	0

Seniors in Core Need, by Household Type and Ethnic Group  
Northwest Territories, 1992

	All Ethnic Groups	Dene	Inuit	Metis	Other Native	Non-Native
All Household Types	844	261	452	37	50	44
Couples	19	6	1	3	2	7
Extended Families	380	104	255	5	14	2
Families	327	105	173	18	22	8
All Seniors	119	46	23	11	12	27

## Core Need

If a household had any one problem (suitability, affordability, or adequacy), or combination of problems, and a total household income below the Core Need Income Threshold (CNIT), the household was considered to be in Core Need. The CNIT represents the cost of owning and operating a housing unit in a particular community.

- Suitability - A household had a suitability problem if there were not enough bedrooms according to the National Occupancy Standards which specify:
- a minimum of one and a maximum of two persons per bedroom;
  - parents are eligible for a separate bedroom from their children;
  - household members aged 18 or more are eligible for a separate bedroom, unless married or cohabiting as spouses; and
  - dependents aged five or more of the opposite sex do not share a bedroom.
- Affordability - A household had an affordability problem if more than 30 percent of household income is paid for shelter costs.
- Adequacy - A household had an adequacy problem if the dwelling was:
- without hot and cold running water; or
  - without indoor toilet; or
  - without installed bath or shower; or
  - requiring major repairs as evaluated by the household. Major repairs include more serious defects in the structural condition of the dwelling, as well as in the plumbing, electrical and heating systems.

## **Appendix I - Annotated bibliography**

## **Appendix I - Annotated bibliography**

### **Age Wave: The Challenges & Opportunities of an Aging North America.** K. Dichtwald, PhD., Z.P. Tacher, Inc., 1989.

A comprehensive study of current social and economic patterns which includes a description of the broad diversity of older North Americans. The unique approach of this 'best seller' is the classification of people 50+ of age into three separate generalised groups: 50-64, Middle Adulthood; 65-75, Late Adulthood and the 80+ Old Age group.

These cohort groupings reflect social research which demonstrates "that each generation, or cohort, tends to form its own unique point of view with regard to key preferences for choices such as food, clothing, and music, as well as regard to more serious issues, such as social values and the making and spending of money."

### **Sociology.** R. Hagedon, Holt & Rinehardt, 1990.

This sociology text uses "the best Canadian data available" to present the fundamental issues of study and research on aging and later life. Aging is described as a "key aspect of society, as well as an opportunity for social change to occur."

Canadian data and theory on various categories of demography and population aging include: "Income, Health and Gender Differential among the Aged"; "Macro-Level Theories of Aging"; "Individual Adjustment and Life Satisfaction Analysis".

### **The Changing Housing Industry In Canada, 1946-2001: Summary Report.** Clayton Research Assoc. & Scanada Consultants, CMHC, 1988.

An analytical review of past, current and future housing market activity in Canada. "The external environment which comprises economic, demographic and lifestyle trends, as well as the role of the government and the growth of computer based technology, has a number of potentially significant consequences for the housing market. ... The focus on lifestyle housing will grow. Growth is expected in congregate forms of new housing for the elderly."

### Options: Housing for Older Canadians. CMHC, 1989.

A conference report on Canadian aging issues such as: aging in place; shared housing; sheltered housing; developing and marketing seniors housing; design and management of seniors housing; and innovative housing financing and tenure.

### Housing and Support Service Needs and Preferences of Rural Seniors from Three Regions in Canada. Gutman & Hodge, Gerontology Research Centre, Simon Fraser University, Vancouver, B.C., 1990.

The results of a CMHC based seniors survey of 417 respondents in ten small communities across three different regions of southern Canada undertaken in 1989.

“Some key findings were: 80% of respondents had no difficulty in meeting shelter costs; homeowners expressed an interest in sheltered housing, congregate housing and in buying a retirement housing unit. Home sharing was the most popular option for those considering aging in place with revenue”.

The authors expressed the view that “in discussing the findings a need for more information on elderly rural renters is identified”.

### The State of Canada's Housing. CMHC, 1992.

This report assesses the state of Canada's housing and analyses trends in the housing sector in order to answer the question: “How well housed are Canadians?”

Some of the relevant trends and findings include: “ [1] Many smaller households are associated with poverty. Those with lower incomes include single female parents and elderly widows; [2] the population of Canada is aging and will require new housing options; [3] meeting the needs of an aging population will require new designs and construction technology as well as new financing and tenure options to ensure the continued independence of seniors in the communities of their choice.”

Yellowknife/Dettah Independent Seniors Housing Project: Needs Assessment, Final Report: Lutra Associates, 1991.

A study undertaken to determine market demand for YACCS to proceed with the next phase of planning for an Independent Seniors Housing Project. 74% of seniors responding to the survey classified their health as either good or excellent. The majority of respondents owned their own home [57%] and most [60%] lived in a single family house or trailer. 52% of respondents stated that they would consider moving into the YACCS Independent Seniors Housing Project.

Hay River and Area Community/Regional Health Services, Planning Group, GNWT Dept. of Health, 1991-92.

In the Hay River area 142 respondents were surveyed in order "to gather the thoughts of the community with regard to health care".

The areas of greatest concern were Alcohol, Drug, and Substance Abuse, Family Violence, Physical, Sexual and Mental Abuse, Education, Literacy and Housing concerns.

A chronic lack of facilities for those suffering from mental illness and/or addictions was identified. There was a need expressed for palliative care and 'on call' hours and home care provisions in rural areas. "As of April 1992 people expressed a need for more housing for the elderly and single parents."

Final Report of the Special Committee on Health and Social Services, GNWT Legislative Assembly, 1993.

The Special Committee held 200 workshops, meetings and public events across the NWT in 1993 examining "all matters dealing with health and social services".

The findings related to seniors noted that "there is a strong support for more local and home based health and social services for elders. There is a need for respite care services for those who care for elders and for elders who care for others.... Overcrowding may play a role in a problem we heard about in a number of communities: the abuse of elders, often in their own homes. We heard that current income support benefits are inadequate to meet elder's needs".



Front line Workers Survey, Talking and Working Together, Special Committee on Health and Social Services, M. Nicoll, GNWT Legislative Assembly, 1993.

This telephone survey of 281 social service 'front line workers' in the NWT provides a summary of opinions of social workers and counsellors about community needs differentiated according to two broad generalisations: those of an 'urgent crises' or a 'major problem'.

"The ranking of these issues suggest that front line workers see alcohol and drug abuse, unemployment and family violence as the major problems facing their communities. The next four issues in order of priority: sexual abuse, gambling, housing and crime are seen to be at least a 'major problem' by more than 60% of respondents.

The Canadian Disability Resource Program: Offsetting Costs of Disability and Assuring Access to Disability and Related Supports, H. Rioux, PhD., The Roehen Institute, 1994.

Over 4 million Canadians have disabilities, a number that continues to grow. People who have disabilities comprise a major segment of the Canadian population that relies on this country's safety net. At present 'the system' of providing for disability related income and other supports is sorely in need of reform."

This proposal outlines a national program which would provide "a social security system that is designed to meet the needs of those who have been excluded from social and economic participation."

"We propose an integrated policy framework and delivery system to cover direct costs that are specifically related to disability and to ensure the delivery of disable related supports that are appropriate to individual requirements... The proposed system is designed to contain the social and economic costs over time more effectively than current arrangements."

Getting Together Against Elder Abuse, Seniors Speak Out, One Voice, 1994.

A summary of six regional forums held in Canada "to address the problem of elder abuse and neglect in the home by pooling expertise and resources of older adults."

The factors cited as being conducive to aggressive or abusive behaviour were "alcohol or substance abuse; the stresses of poverty and financial hardship including unemployment of adult children; the lack of privacy or suitable accommodation; a history of abusive family relationships and lack of love; and the 'burden of care giving'."

"The victims of abusive was described as being a survivor, male or female, but most frequently, an older female with the following characteristics: aged 75+; frail and dependent; mentally or physically disabled; in poor health; unskilled at managing financial matters; lacking literacy and numeracy skills; suffering from multiple losses [ such as loss of supportive family members, friends and mobility ]."

"Forum participants identified the characteristics of communities where abuse takes place. These communities were described as lacking a number of essential elements, such as: social stability and continuity; knowledge about aging, both physical and social aspects; information about assistance that is available; support from the community where a complaint 'might be taken seriously by police'; unavailable help, such as Crisis Centres, emergency shelters; local banking services in case of financial abuse, understanding of different cultures and their different values."

#### The NACA Position on Informal Care Giving: Support and Enhancement, National Advisory Council on Aging, 1990.

This NACA report recommends: [1] linking informal care givers and the formal service sector network; [2] research into the changing and varied needs of care givers; [3] accommodating the housing needs related to informal care giving; [4] developing community-based services to enhance informal care giving; [5] recognising the monetary costs of informal care giving; [6] recognising the costs related to care givers employment.

"Society must recognize the central role of informal care givers in supporting frail seniors' autonomy and facilitate their care giving efforts."

#### Northern Perspectives on Ageing and Long Term Care Conference, Yellowknife, N.T., March, 1987

#### Elders' Housing - The Challenge North of Sixty Conference, Yellowknife, N.T., May, 1990.

Two conferences on issues related to NWT seniors , future housing needs and choices for financing development - sponsored by CMHC, the NWTHC and others. These studies are referred to in the text of this report.

Strength at Two Levels: Appendices to the Report of the Project to Review the Operations and Structures of Northern Government, GNWT, 1991.

An NWT government review of programs and services. Concerning programs targeted for the 'Aged and Handicapped', the report concludes: [1] that these programs should be located in the Department of Health; [2] all shelter programs should be income or means tested; [3] further research should be conducted to increase federal cost sharing in this area.

Pension Reform. Report of the National Council of Welfare, Ministry of Supply & Services Canada, Ottawa, 1990.

A report on the Canadian retirement income system and its major deficiencies. The report proposes specific recommendations, including: [1] improvements in federal income security benefits for people who have already retired; [2] expansion of the Canada and Quebec pension plans; and [3] revisions to occupational pension plans and RRSP's. The final chapter provides detailed estimates of the costs of the study's proposals to the federal government.

## **Appendix J - Other Bibliographic Materials**

## **Appendix J - Other Bibliographic Materials**

Housing and Transportation Study, T. Carnahan & C.A. Miller, October 1991

The Canadian Disability Resource Program Offsetting Costs of disability and assuring Access to disability-related supports, M. Rioux, 1994

Investing in People Program handbook; GNWT Education, culture and employment, July 1994

Getting together against elder abuse; One voice - Seniors' Network, September 1994

Summary report, the Changing Housing Industry in Canada, 1946-2001, CMHC, 1988

Assessment Project - Aged, disabled & Chronically Ill, GNWT Health and Social Services, February 1987

Services to the Aged and Disabled, GNWT Health and Social Services, and Canada Medical Services, August 1984

Strength at Two levels, GNWT Legislative Assembly, November 1991

Health Services Planning for Yellowknife, Dettah and Ndilo, Mark Nicoll, April 1994

Residential and Community Services for Old People, P. Hepworth, 1975

Resource Manual, NWT Council for Disabled Persons, March 1990

Habitat, New Perspectives - New Choices, One voice - Seniors' Network, October 1988

Consumer Issues for Senior Citizens, Consumers' Association of Canada, undated

"Aging and Housing", American Planning Association Journal, Autumn 1994

Canadians in the pre-retirement years: a profile of people aged 55-64: highlights, Statistics Canada, 1991

A portrait of seniors in Canada. Highlights, Statistics Canada, 1990

Population Ageing and the Elderly. Highlights, Statistics Canada, 1993

Disabilities in the Northwest Territories. A Catalogue of statistical research, 1981-1991, NWT Council for Disabled Persons, 1992

Housing Needs Survey, NWT Housing Corporation, August 1992

Literacy and Older Adults, One voice - Seniors' Network, April 1990

Annual Report 89-90, Saskatchewan Seniors' Secretariat, 1990

By-laws of the NWT Seniors Society, March 1983

Bill of Rights for People who live in Ontario Nursing Homes, Advocacy Centre for the Elderly and Community Legal Education Ontario, 1990

Caring Community Conference. Highlights, Statistics Canada, 1991

Inventory of Physical Fitness Programs and Services for Seniors, Fitness Canada, 1985

Report of the Special Committee on Housing, GNWT Legislative Assembly, 1985

"Information folder", Abbeyfield Houses Society of Canada, 1990