

***THE COST OF HOUSING FOR
SENIORS***

AN ANNOTATED BIBLIOGRAPHY

— CENTRE FOR —
FUTURE STUDIES IN
HOUSING AND LIVING
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THE COST OF HOUSING FOR SENIORS AN ANNOTATED BIBLIOGRAPHY

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Foreword: The Cost of Housing for Seniors : An Annotated Bibliography

During the period from September 1991 to August 1992, the author participated in the Expert In Residence Program at CMHC's National Office. The purpose of the program is to provide CMHC employees with an opportunity to get away from their normal routine and look at a subject in the area of housing that is of interest to them and the Corporation.

The subject that I chose was the cost implications of providing housing to seniors. The outputs of the study are: a major report , a note on problems in estimating costs through econometrics, and this annotated bibliography. Its audience is primarily CMHC employees and the general public.

I wish in particular to thank Stephen Pomeroy and his staff at the Centre for Future Studies in Ottawa for all their support, advice and encouragement, and management in Toronto Branch for making this year possible.

The Cost of Housing for Seniors

An Annotated Bibliography

In this literature review, I deal with only a sample of the literature, though I believe this literature is reasonably representative of much of what has been written in English on the subject in recent years. Part of the annotated bibliography has been drawn from the HUD computerized library system, the remainder from my own search. The brief review of the literature is my own.

The review divides the literature into five components:

- the nature of housing, and the role of service provision
- the role of individual preferences
- the effect of income and prices on housing choice
- aggregating individual behaviour to arrive at market performance, and
- the supply of housing to seniors.

I. Nature of Housing

Virtually all of the writers in the field of housing and the elderly recognise that, as a household moves past middle age, it requires not only shelter, in the traditional sense of a place to live, but also a set of support services, as its ability to cope in society declines. An important implication of this is that, in defining housing needs of the elderly, it is not useful to use simply age, without recognising that age is but a proxy, and most likely a poor proxy, for the need for support services. More generally, most authors have merely listed a range or continuum of possible service-related possibilities. Thus, Gillespie and Sloan (1990) present the various options open to a senior, in the form of a guidebook to help seniors in making their choice. These options include:

Aging in Place

- Home health care
- homemaker services
- nutrition services
- adult day care
- seniors centres
- transportation programs
- care management
- emergency response systems
- assistance with home repair and maintenance

Home Improvements and Adaptations

- renovations and adaptations
- accessory apartments
- shared housing
- subsidised taxes, utilities
- reverse Annuity Mortgages

Alternative Housing

- condominiums
- cooperatives
- manufactured housing
- congregate housing
- retirement communities
- supportive housing
- nursing homes

Similarly, CMHC, in its brochure on Housing Options for the Elderly, presents a list of some of the major financial and tenure options that are, or might be, available for the elderly.

The academic literature has tried to organise this range of alternatives in terms of various instrumental variables. Lawton and Nahemow discuss housing alternatives from a psychological perspective in terms of the tradeoff between individual competence and environmental press; Regnier and Byerts look at housing in terms of the continuum of services, from none to a high level. Wister, in trying to simplify the alternatives for aging in place, focuses on the tradeoff between living alone (and the resultant privacy and independence) and living with others (with its social contact and support). Murray, in her study of Supportive Housing, develops a model very similar to the indifference curve, but with three dimensions: extent of privacy, amount of services, and size of project.

It is important to bear in mind that definitions within the academic, governmental and private worlds may not always be consistent. For example, retirement housing in the east tends to be synonymous with congregate housing in the west. While such discrepancies may always occur, it would be useful to have a dictionary of terminology in the field of housing for the elderly to ensure at least some consistency.

II. Individual Preferences

A great deal of the literature on housing the elderly has been devoted to identifying, through either expert opinion or through ad hoc or specialized interviews, how much of which aspects of housing and services individual households want. CMHC, through a series of conferences held in 1989-90 across the country, tried to get seniors to identify their preferences. Some of the items that appear repeatedly include the desire to have better at-home services, including meals on wheels, and being able to renovate their homes to make it possible for seniors to age in place. In fact, aging in place seems to be one of the major goals of seniors, with the inability to age in place due either to an absence of income or inadequate services. An implication of this is that a senior will consume less housing, or will give up on other things, in order to receive these services. Vallerand, O'Connor and Blais caution against using simple surveys to determine housing satisfaction; in a study of life satisfaction in different institutional settings in Montreal, they use a survey instrument designed by Diener et al and conclude that even nursing homes can be desirable places, if opportunities for self-determination are made available.

Gonyea and Hudson, in a series of interviews of the elderly in Boston, found that most elderly prefer to age in place, but that, for those elderly who are functionally impaired, there

is a frustration with the current utilization of living space and a desire to receive more services to assist in the upkeep. Doyle found an extremely strong attachment to home on the part of elderly BC widows. The American Association of Retired Persons, in their periodic surveys of the elderly, has found a trend over time to prefer to age in place. Serow and Sly report that, between 1940 and 1980, there has definitely been a trend to living alone, but that older households are more likely to be living in housing in need of repair (ie, consuming less housing), and that the very old, those over 85, have been increasingly using institutions (ie, consuming more services)-- as many as 25% of the cohort.

Chambers and Tugwell tried to estimate what is the trade-off between at home care and physical and psychological well-being, finding that a 10% increase in social services would result in only a 3% improvement in morale for those persons who are released from a hospital, a group most likely to benefit. For the population at large, the effect is likely to be even smaller.

One important key to the housing preferences of the elderly is the extent to which they move in order to change the bundle of housing and support services that they receive. A trend over the past two decades has been in the growing proportion of the elderly living in suburbs. Since most support services are thought to be within the central city this might lead us to suspect that the trade-off between housing and services is changing. However, Golant cautions us not to use this information as evidence of a trend among the elderly to move out of the city centre, since much of this is due to a redefinition of metropolitan borders and much reflects the fact that these were persons who had moved many years before to a suburban location. Northcutt described in some detail elderly mobility, using the 1981 Census of Canada. Clark and White developed a set of equations to model the decision of elderly households to move, and found that income and rent are major factors explaining the elderly decision to move. Reschovsky, using a Panel set of longitudinal data, found that, the reason that elderly homeowners did not move was primarily the high cost of moving, while elderly renters do not move because they in general are relatively satisfied with their housing. The literature on mobility thus seems to suggest that mobility patterns of the elderly in general has little to do with unique preferences of the elderly; the reason for this is likely due to the fact that most elderly do not have special service requirements, and those that do are able to get them while staying in their original dwelling.

Hunt finds proximity to shopping and family to be of major importance to the elderly. Jirovec and Jirovec, looking at elderly urban males, also identified the neighbourhood as being of prime importance. It is thus necessary to redefine support services to include easy access to shopping and family.

Some of the literature has tried to focus on the specific subgroup of households that do move in order to alter the amount of housing and services that they consume. Gutman and Milstein conducted a series of focus groups with elderly persons to find their attitude to special retirement housing. They report that those who would move would do so because of difficulty in maintaining their current home, but would miss the independence of traditional housing. Keigher, looking at the problem of homelessness among Chicago elderly, found that a significant proportion of the elderly are vulnerable to the loss of their homes because

of a lack of social support, and diminished mental functioning, in addition to loss of income; however, most homelessness is of short duration, as alternative housing is soon found.

III. Incomes and Prices

One of the features of Canadian society, reinforced by legislation regarding the age of retirement, is the tendency to retire at 65, resulting in a significant drop in income. The entire issue of pensions and incomes has been exhaustively studied by the Economic Council of Canada. They explore issues relating to the entire adequacy of the pension system. Rostrum and Thonney, in their summary of the Health and Welfare Department's Review of Demography, also highlight the changing income profiles in the aging process.

Anderson and Chen suggest that, because of the drop in incomes of the elderly at age 65, the 'housing' problem of the elderly may really be just an income problem. This is the same argument made by Fallis regarding the general problem of affordability. If this is the case, then, as Fallis argues, policy should look at the question of income and not housing;

Clark and White, in their analysis of mobility find that income and rent, and not housing consumption or support services, are the major determinant of mobility of seniors. In contrast, O'bryant and McGloshen, in looking at intentions to move, find older widows are more influenced by psychological factors than by incomes or rents in deciding whether to move.

Easterlin and Macdonald caution against the use of simply income per household; they find the baby boom cohorts are more likely than previous cohorts to enter retirement with more wealth because of deferred marriages, fewer children, and increased female participation in the labour force. Especially well off will be homeowners in large urban centres that witnessed major price inflation in the late 1980's. They estimate that baby boomers will be 85% better off than previous cohorts. On the downside, because they have fewer (female) children, and because their children are more likely to be living far from them, they will be less able to rely on family to provide services, and will have to purchase such services on the marketplace. Longman is concerned with the question of intergenerational equity, as the baby boomers will rely on a smaller base population to provide them with the high cost of medical services and housing that they are likely to require.

Gutman and Blackie emphasise that the elderly are more likely to live alone because of their greater wealth and smaller families. Krivo and Mutchler show how the propensity to live alone varies by region and gender, with females more strongly influenced by economic circumstances than males. Stone feels that there is a shift to relying on extended family and close friends, many of whom are also seniors, and the voluntary sector, rather than immediate family, to provide many of the required services. In terms of the indifference curve analysis, the rise in incomes will push the budget line out, but the need to rely on the market place rather than family will mean that the price of services will rise, and the budget line will also shift inward. The net effect of these two changes will depend on the shape of the indifference curve.

One of the major issues regarding the question of income and housing is the ability of households to utilize the equity in their home as a means of increasing their income. CMHC has issued a pamphlet describing the alternative methods of converting equity: deferred payments, reverse mortgages and sales-life occupancy plans. The report, written for the layman describes both the pros and cons of the alternatives, noting that none are, as yet, widespread in Canada. Schwartz Ferlauto and Hoffman view the reverse mortgage as the cornerstone of their proposed new housing policy for the U.S.

Venti, however, is very skeptical of the potential of such schemes. He argues that most elderly persons are not liquidity constrained, and have no desire to reduce their housing cost, especially since the cost of such transactions are quite high and, as mentioned already, the desire to age in place is very strong.

IV. Aggregation

Aggregation, the adding up of values or characteristics of individuals in order to arrive at a total for the entire group, usually begins with Census information on the current distribution of households by age. In addition to the Census, Statistics Canada has undertaken a number of special surveys including:

- household facilities and Equipment survey (HIFE)
- family expenditure surveys
- general social survey
- survey of housing limitations(HALS).

In addition to written reports and tabulations, Statistics Canada also sells a public use table with most of the data. CMHC has used this data in various reports, including the study by John Engeland on households in need.

Because of the baby boom bulge in the population pyramid, there has been a great deal of attention devoted to forecasting the size of the elderly population to the middle of the next century. CMHC has developed a computer-based population and housing forecasting model, PHD, that allows users to insert assumptions regarding such factors as household formation, and then arrive at a distribution of households to 2011 by tenure and housing type. Some of these forecasts have been reported in the OECD-directed study on socio-demographic trends.

These studies require an assumption about mortality rates, and most assume a relative flattening out of mortality at current levels. Guralnik and Yanagishta, in contrast, believe that mortality rates will continue to decline. A particular concern in the gerontology literature is the health cost associated with an aging baby boom population. Denton, in his article in Marshall's book, estimates the cost burden, particularly the medical costs, of an aging society. He is somewhat optimistic that new technologies and better delivery will enable society to cope with these costs. One of the key, unresolved issues in this literature is the trade-off between morbidity and mortality.

There are 2 polar theories regarding the future health status of the elderly -- compression of morbidity and mortality, and expansion of morbidity. One theory, advanced by Fries,

contends that morbidity will be increasingly compressed into a smaller and smaller part of life. Citing evidence that all major organs show a linear functional decline that starts early in life and is not due to disease but to biochemical properties of growing old, he argues that these changes can lead to natural death without disease. In this optimistic scenario, the morbidity and mortality curves will become more rectangularly shaped as people live longer, healthier lives and then die quickly after only short periods of disability. The increase in health and fitness, improved diet, exercise, and decline in smoking all contribute to the likely decline in morbidity.

At the other extreme, Gruenberg and Kramer suggest that disability levels will radically increase in the future. They argue that medical advances have reduced mortality but have not changed the age of onset of morbidity--a result of the medical emphasis on clinical management of diseases rather than on their prevention. This theory views medical care as pulling people back from the grave and leaving them in a disabled state for an extended period of time, though Rogers claims that over 25% of the elderly actually recuperate fully from a disability. Proponents of this theory pessimistically predict a rising rate of chronic disorders and ironically characterize that as the failure of the success of the medical care system. Olshansky has tried to build a model that incorporates the fact that a reduction in death by stroke, for example, might result in more people being frail for a long period; he points out that, because the over-85 are such a major user of health care, even a slight change in the assumptions can have a major effect on the anticipated health care costs. As Montgomery and Ross point out, those dying at older ages have much more expensive deaths because they are heavy users of health care.

Which of these theories accurately describes the past and predicts the future has generated a great deal of controversy. None of the empirical literature strongly support either theory. For example the nursing home institutionalization rate for the elderly has fallen somewhat in recent years, consistent with the notion that their health is improving though it might also be due to relatively less availability of nursing beds. Nevertheless, Rivlin reports that the amount of medicare expenditures per person for those aged 85 and over relative to the expenditure for those 65 has not changed.

Several authors suggest that the elderly should not be viewed as a homogenous body. Lazere Leonard and Kravitz focus on the rural elderly, the higher incidence of low income and low wealth among them. Crystal argues that there is a growing tendency toward more income and wealth inequality among the elderly, as the better educated secure better pensions and more assets. Driedger and Chappell argue that it is necessary to look at the ethnic composition of the elderly since both housing and support services vary by ethnicity.

V. Issues of Supply

Much of the literature on supply has to do with how the private sector can supply product to the potentially large seniors market. Within the literature, the terms such as continuing care retirement community, congregate housing, and supportive housing tend to be used fairly loosely, to refer to any large scale development that provides both shelter and certain services, primarily meals and some nursing care. The American Association of Homes for

the Aging regularly surveys retirement communities to provide participants in the industry with statistical data on the market. Gimmy and Boehm have produced, for the American Real Estate Institute, a guide to doing a market appraisal for the entire range of special housing for the elderly; they identify the quality of management in providing support services as the key element to a successful project. Bishop analyzed the cost of care across 132 communities, finding that the more nursing care was provided, the higher the operating cost. Heuman estimates that congregate housing in the US can be from \$300 to \$6700 cheaper than long term care, by limiting the amount of nursing care provided. Ruchlin and Morris calculate that the cost of a service package for a senior in congregate housing is \$567 per month.

One difficulty faced by private continuing care projects that guarantee service for life, is the failure to have prices accurately reflect risk; Kurerth recommends that the projects make use of private insurance programs to protect themselves. Better insurance was also the recommendation of the CMHC task force on life tenancies. Rivlin suggests that insurance may be the answer for all forms of care, and not just care within individual projects, provided it begins when the applicant is still young.

To reduce the cost, several authors have suggested a continuum of care project, ie, a project that provides units under an entire range of support services. Gutman evaluated one such project in BC, but found it had little effect on mortality and few residents actually move up to a higher level of service. Others, such as Murray, argue that using the Abbeyfield model, of smaller project size, can reduce costs, though Symmons has found the Abbeyfield model to be significantly more expensive.

A second way of reducing costs is to encourage homesharing. While Jaffe and Strieb are very optimistic about the potential, Gutman found that only in Ontario have such programs succeeded, thanks to strong government backing; even in Ontario, 39% of all homesharing matches last for under 3 months and a typical agency makes only 36 matches per year. Similar experience in the US led Struyk to reject homesharing as a major means of assisting the elderly.

A third option, promoted by Patrick Hare, is accessory apartments. He has gone across the country, and been to Toronto, to try and get the projects going, but has not met with a great deal of success, though the provincial government in Toronto has recently increased its commitment to accessory apartments by limiting zoning restrictions. Varady suggests that the reason may be due to a lack of outreach and information about the program, leading to citizen objection to zoning changes.

With the focus on aging in place, an industry has developed to provide at home care. This has been encouraged by government which views it as much less expensive than institutional care. Grayson and Chellis report that this trend is true not only in North America, but throughout western Europe as well. But Applebaum warns that there is a problem in controlling the quality of care, as the industry relies on low paid workers and has staff turnovers as high as 60% per year. The difficulty as Harrington and Grant conclude, is that no-one quite knows how to regulate the industry to ensure quality. Weissart and Cready find

no evidence that a home care program will reduce hospital costs, since only 25% of those receiving support actually enter a hospital; for them the justification for a home care program must be normative. Blandford, Chappell and Marshall suggest that, at least in government owned projects, a tenant resource coordinator is a fruitful way of helping seniors access better quality care, a point also made by Parkoff. Similarly, Struyk and Page suggest that the government actively provide services in existing public housing projects that have a long concentration of the frail elderly. Along a similar vein, CMHC has provided funding to the Niagara region to evaluate their attempts to coordinate and regulate care at the municipal level. Crystal estimates that there will be a need for 1 home care person for every 100 persons over 65.

In addition to the traditional set of services, Struyk and Soldo recommend a cluster of home maintenance programs to assist the elderly to age in place, and also preserve neighbourhoods; they object, however, to any large scale, preferring careful targetting and active outreach.

Many suppliers of care look to new technologies to help reduce the cost of housing and care. The Centre on Aging in Massachusetts produces a regular bulletin on new technologies, as well as information on conferences and other information exchange instruments. Klassen suggests a number of design changes that can significantly improve the quality of housing, and encourages developers to listen to tenants.

From a policy perspective, an ongoing problem is the difficulty of coordinating the delivery of both housing and support services across government departments. The National Advisory Council on Aging urges greater ongoing coordination. Lammers feels that the only way to ensure coordination is through a case management approach, with the case worker given wide discretion in reallocating funds between programs.

VI Conclusions

The following are key conclusions that I have drawn from this brief summary of the literature:

1. Housing for seniors must be examined in terms of a continuum that includes, in addition to shelter, a range of services that individuals consume as they age and require more support.
2. While ageing-in-place is in general a desirable mode of living for most seniors, it can also lead to frustration for the functionally impaired.
3. The next generation of seniors is likely to be financially better off than the current generation, and will likely prefer to live alone, relying on friends and extended family for support.
4. Forecasts of the post-85 population depend on views regarding trends in morbidity and mortality. There exists major differences between the experts on how these two phenomena will change over the next decades.

5. The supply of special housing for seniors can be very risky to the proponent, and some form of insurance is recommended by a number of experts to minimize this risk. Alternatively, several authors have suggested innovative ways of providing care by modifying the existing infrastructure and regulations.

Le coût du logement pour les aînés

Une bibliographie commentée

Dans la présente analyse bibliographique, je ne présente qu'un échantillon de la documentation mais, à mon avis, il est bien représentatif de ce qui a été écrit en anglais sur le sujet au cours des dernières années. Une partie de cette bibliographie commentée est tirée de la bibliothèque informatisée HUD, le reste provient de ma propre recherche. J'ai fait moi-même le bref sommaire bibliographique.

L'analyse se divise en cinq parties :

- la nature du logement et le rôle de la prestation de service
- le rôle des préférences individuelles
- l'effet du revenu et des prix sur le choix du logement
- le regroupement des comportements individuels pour en arriver à un rendement du marché, et
- l'offre de logements pour les aînés.

I. Nature du logement

Pratiquement tous les auteurs qui écrivent dans le domaine du logement pour personnes âgées reconnaissent que plus une personne s'éloigne de la cinquantaine, plus elle a besoin non seulement d'un toit, dans le sens traditionnel d'une résidence, mais aussi d'une série de services de soutien, puisqu'elle est de moins en moins en mesure de s'intégrer dans la société. Il est donc important de savoir que lorsque l'on détermine les besoins des aînés, il n'est pas utile de ne tenir compte que de l'âge, sans reconnaître que l'âge n'est qu'un indicateur et probablement un mauvais indicateur, des besoins en services de soutien. En général, la plupart des auteurs n'ont qu'énuméré une gamme ou un continuum de possibilités en matière de services. Ainsi, Gillespie et Sloan (1990) présentent les diverses options qui s'offrent aux personnes âgées, sous forme d'un guide, pour aider les aînés à arrêter leur choix. Voici quelques-unes de ces options :

Vieillir à domicile

- Services de santé à domicile
- Services ménagers
- Services alimentaires
- Soins de jour
- Centres pour aînés
- Programmes de transport
- Gestion des soins
- Systèmes d'intervention d'urgence
- Aide à la réparation et à l'entretien de la résidence

Transformation et adaptation de la résidence

- Rénovations et adaptations
- Appartements accessoires
- Logements-foyers
- Taxes et services publics subventionnés
- Prêts hypothécaires de conversion

Logement de remplacement

- Logements en copropriété
- Coopératives
- Logements usinés
- Logements-foyers
- Villages-retraite
- Logement en milieu de soutien
- Centres d'hébergement

Dans le même ordre d'idée, la SCHL présente dans sa brochure «Options de logement pour les aînés» la liste des principales options en matière de finance et de mode d'occupation qui sont ou peuvent être accessibles aux personnes âgées.

La documentation universitaire a tenté d'organiser cette variété de formules selon les diverses variables instrumentales. Lawton et Nahemow discutent des logements de remplacement d'un point de vue psychologique, une sorte de compromis entre la compétence individuelle et les pressions du milieu; Regnier et Byerts considèrent le logement comme un continuum allant des logements sans service à des logements comprenant un niveau élevé de services. Wister, en tentant de simplifier les diverses formules de vieillissement à domicile, s'attarde au compromis entre vivre seul (avec l'intimité et l'indépendance) et vivre avec d'autres (avec contacts sociaux et soutien). Murray, dans son étude du logement en milieu de soutien, élabore un modèle très semblable à la courbe d'indifférence, mais en trois dimensions : le degré d'intimité, la quantité de services et la taille de l'ensemble.

Il est important de ne pas perdre de vue que les définitions peuvent différer selon qu'elles proviennent des sphères universitaires, gouvernementales ou du secteur privé. Par exemple, les logements pour retraités dans l'Est ont tendance à être synonymes des logements-foyers dans l'Ouest. Bien que ce type de divergences survienne toujours, un dictionnaire terminologique dans le domaine du logement pour les aînés serait utile pour assurer un minimum d'uniformité.

II. Préférences individuelles

Une bonne partie de la littérature sur le logement pour les aînés tente de déterminer, par consultation de spécialistes ou par le truchement d'entrevues spéciales ou spécialisées, dans quelle mesure chaque ménage désire les diverses facettes du logement et des services. La SCHL a tenté, en organisant une série de conférences en 1989-1990 à l'échelle du pays, d'amener les personnes âgées à exprimer leurs préférences. Parmi les points qui reviennent souvent, on compte le désir de recevoir de meilleurs services à domicile, y compris la livraison de repas, et d'être en mesure de rénover leur résidence pour que les aînés puissent vieillir à domicile. En fait, vieillir à domicile semble être le principal objectif des aînés qui ne le peuvent pas faute de revenu ou à cause du manque de services adéquats. Par conséquent, les personnes âgées vont moins investir pour un logement ou abandonneront d'autres avantages pour être en mesure de recevoir ces services. Vallerand, O'Connor et Blais nous mettent en garde contre l'utilisation de simples sondages pour déterminer si un logement est satisfaisant; dans une étude sur la satisfaction de vivre dans divers milieux institutionnels de Montréal, ils se sont servis d'un instrument conçu par Diener et al et concluent que même les maisons de soins infirmiers peuvent être souhaitables, si l'autodétermination est accessible.

Gonyea et Hudson, après avoir interrogé des aînés à Boston, ont découvert que la plupart des personnes âgées préféreraient vieillir à domicile, mais que les personnes âgées déficientes fonctionnelles sont frustrées de l'utilisation actuelle de l'espace habitable et désirent plus de services d'entretien. Doyle a découvert que les veufs âgés de la Colombie-Britannique étaient très attachés à leur résidence. Les sondages périodiques auprès des aînés de l'American Association of Retired Persons révèlent que la préférence de vieillir à domicile va en s'accroissant avec le temps. Serow et Sly rapportent qu'entre 1940 et 1980, la tendance a certainement été de vivre seul, mais que les ménages âgés sont plus susceptibles de vivre dans une maison en mauvais état (c'est-à-dire qu'ils consomment moins de logement) et que les ménages très âgés, ceux de plus de 85 ans, ont de plus en plus recours aux institutions (c'est-à-dire qu'ils consomment plus de services) - jusqu'à 25 p. 100 de la cohorte.

Chambers et Tugwell ont tenté d'évaluer la relation entre les soins à domicile et le bien-être physique et psychologique. Ils ont constaté qu'une augmentation de 10 p. 100 en services sociaux se traduit par une amélioration de seulement 3 p. 100 du moral des personnes qui ont reçu leur congé de l'hôpital, un groupe pourtant des plus susceptibles d'en profiter. Pour le grand public, cet effet serait vraisemblablement moins important.

Un élément décisif quant aux préférences des personnes âgées en matière de logement est la mesure dans laquelle elles se déplacent pour changer les services domiciliaires et de soutien qu'elles reçoivent. Ces deux dernières décennies, de plus en plus d'ainés vivent en banlieue. Puisque la plupart des services de soutien sont situés au centre-ville, cette constatation pourrait nous porter à croire que le rapport entre le logement et les services change. Cependant, Golant nous met en garde de nous appuyer sur cette information pour prouver que les personnes âgées ont tendance à sortir des centres-villes, puisque cette situation est attribuable au redécoupage des limites métropolitaines et au fait que ces personnes se sont installées il y a longtemps en banlieue. Northcutt décrit avec quelque précision le déplacement des personnes âgées en se servant du recensement du Canada de 1981. Clark et White ont mis au point une série d'équations pour expliquer la décision des ménages âgés de se déplacer et se sont rendu compte que le revenu et le loyer sont les principaux motifs derrière leur décision. Reschovsky, à l'aide d'un échantillon permanent de données longitudinales, a découvert que le coût élevé du déménagement était la principale raison pour laquelle les propriétaires âgés ne se déplaçaient pas; par ailleurs, les locataires âgés ne se déplacent pas parce qu'ils sont en général satisfaits de leur logement. La documentation sur les déplacements semble suggérer que les modèles de déplacement des aînés n'ont que très peu à voir avec les préférences particulières de ces dernières; cela s'explique probablement du fait que la plupart des aînés n'ont pas besoin de services spéciaux et que ceux qui en ont peuvent les satisfaire tout en demeurant dans leur résidence initiale.

Hunt constate que les personnes âgées attachent la plus grande importance à vivre près des commerces et de leur famille. Jirovec et Jirovec, qui étudiaient les hommes âgés des villes, ont aussi indiqué que le quartier était de la plus haute importance. Par conséquent, il est essentiel de redéfinir les services de soutien pour qu'ils tiennent compte de l'accès facile aux commerces et à la famille.

Certains ouvrages ont tenté de se concentrer sur un sous-groupe précis de ménages qui se déplacent pour modifier leur consommation de logement et de services. Gutman et Milstein ont animé une série de groupes de discussion composés d'ainés pour tenter de découvrir comment elles envisageaient leur résidence de retraite. Ils indiquent que les aînés qui se déplaceraient le feraient parce qu'il leur serait difficile de conserver leur résidence, mais que l'indépendance que leur procure leur foyer traditionnel leur manquerait. Keigher, qui se penchait sur le problème des personnes âgées sans-abri à Chicago, a constaté qu'une partie importante des personnes âgées sont vulnérables à la perte de leur foyer, à cause de pertes au niveau du soutien social, de leurs facultés mentales et de leur revenu; cependant, la plupart sont sans-abri pour une courte période, car ils trouvent rapidement une résidence de remplacement.

III. Revenus et prix

Un des traits de la société canadienne, renforcé par la loi sur l'âge de la retraite, est la tendance des gens à prendre leur retraite à l'âge de 65 ans, ce qui se traduit par une chute importante du revenu. Le Conseil économique du Canada a étudié en profondeur l'ensemble de la question des pensions et des revenus. Rostrum et Thonney, dans leur sommaire de l'examen démographique du ministère de la Santé et du Bien-être social, soulignent aussi le changement au niveau du revenu qui accompagne le vieillissement.

Anderson et Chen suggèrent qu'à cause de la baisse du revenu des personnes de 65 ans, le problème du logement chez les aînés peut en réalité n'être qu'un problème de revenu. Ce même argument a poussé Fallis à se pencher sur le problème global de l'abordabilité. Fallis prétend que si tel est le cas, la politique devrait porter sur la question du revenu plutôt que sur le logement.

Clark et White, dans leur analyse de la mobilité, concluent que le revenu et le loyer sont les principaux motifs de la mobilité des aînés, plutôt que la consommation de logement ou les services de soutien. Par contre, O'bryant et McGloshen constatent, au chapitre des intentions de déménager, que les veufs et les veuves âgés fondent davantage leur décision de déménager sur des facteurs psychologiques que sur leur revenu ou leur loyer.

Easterlin et Macdonald sont d'avis qu'il faut éviter de se baser simplement sur le revenu des ménages; ils constatent que les enfants d'après guerre sont plus susceptibles d'arriver à la retraite bien nantis, parce qu'ils se sont mariés plus tard, ont eu moins d'enfants et que plus de femmes ont travaillé. Les propriétaires dans les grands centres urbains qui ont profité de l'importante inflation de la fin des années 1980 seront particulièrement à l'aise. Ils évaluent que les enfants d'après guerre seront à 85 p. 100 mieux nantis que les cohortes précédentes. Par contre, parce qu'ils ont moins d'enfants (femmes) et que leurs enfants vivront probablement loin d'eux, ils pourront moins compter sur la famille pour obtenir des services et ils devront acheter des services offerts au prix du marché. Longman s'inquiète de la question de l'équité entre les générations, puisque les enfants d'après guerre compteront sur une population de base moindre pour leur payer les services médicaux et le logement onéreux dont ils auront besoin.

Gutman et Blackie soulignent que les personnes âgées sont plus susceptibles de vivre seules à cause de leur richesse et de la petite taille des familles. Krivo et Mutchler démontrent comment la tendance à vivre seul varie selon les régions et le sexe; en effet, les femmes sont plus influencées par des situations économiques que les hommes. Stone croit que les personnes âgées compteront davantage sur la famille élargie et sur les amis, dont bon nombre sont aussi âgés, et sur les bénévoles, que sur la famille immédiate, pour recevoir les nombreux services requis. Au chapitre de l'analyse de la courbe d'indifférence, l'augmentation du revenu étirera le budget, mais la nécessité de compter sur le marché plutôt que sur la famille fera augmenter le prix des services, ce qui réduira le budget. L'effet net de ces deux changements dépendra de la forme de la courbe d'indifférence.

L'aptitude des ménages à se servir de l'avoir-propre de leur maison pour augmenter leur revenu est l'un des principaux points à considérer quant aux revenus et au logement. La SCHL a publié une brochure qui décrit les diverses façons de transformer l'avoir-propre : paiements différés, prêt hypothécaire de conversion et la vente par rapport à l'occupation viagère. Le rapport, rédigé par un profane, décrit le pour et le contre de ces méthodes et fait remarquer qu'aucune d'entre elles n'est répandue au Canada. Schwartz, Ferlauto et Hoffman considèrent que le prêt hypothécaire de conversion est la pierre angulaire de leur nouvelle politique en matière de logement proposée pour les États-Unis.

Toutefois, Venti exprime beaucoup de réserve quant à la viabilité de ces options. Il prétend que la plupart des aînés ne manquent pas de liquidité et qu'ils ne désirent pas réduire le coût de leur logement, particulièrement en raison des coûts très élevés de telles opérations et, comme il est mentionné ci-dessus, le désir de vieillir à domicile est très fort.

IV. Regroupement

Le regroupement, c'est-à-dire la somme des valeurs ou des traits de chaque personne, pour en arriver à un total pour le groupe, commence habituellement avec les renseignements tirés d'un recensement sur la répartition actuelle des ménages par âge. En plus du recensement, Statistique Canada a mené plusieurs enquêtes spéciales, notamment :

- Enquête sur le revenu des ménages et l'équipement ménager (ERMEM)
- Enquête sur les dépenses des familles (EDF)
- Enquête sociale générale
- Enquête sur le logement et les limitations (HALS)

Statistique Canada publie, en plus des rapports et des totalisations, un tableau public comprenant la plupart des données. La SCHL s'est servi de ces données dans divers rapports, notamment celui de l'étude de John Engeland sur les ménages dans le besoin.

À cause de la bulle des enfants de l'après-guerre dans la pyramide démographique, on a beaucoup cherché à prévoir la taille de la population âgée jusqu'au milieu du siècle prochain. La SCHL a mis au point un modèle informatisé de prévision de la population et du logement (PHD) qui permet aux utilisateurs d'entrer des hypothèses quant à des facteurs comme la formation de ménages et d'arriver à une répartition des ménages en l'an 2011 selon le type d'occupation et de ménage. Certaines de ces prévisions ont été insérées dans l'étude sur les tendances socio-démographiques dirigée par l'OCDE.

Ces études exigent d'émettre des hypothèses sur les taux de mortalité; la plupart présumant que la mortalité restera au niveau actuel. Par contre, Guralnik et Yanagishta croient que le taux de mortalité continuera de descendre. Les écrits en gérontologie font état d'une préoccupation particulière quant aux coûts de la santé pour une population d'enfants d'après-guerre vieillissante. Denton, dans son article publié dans le livre de Marshall, évalue le fardeau financier, particulièrement les coûts médicaux de la société vieillissante. Il espère toutefois que les nouvelles technologies et une meilleure organisation permettra à la société d'absorber ces coûts. Une des principales questions non résolues dans les divers ouvrages est le rapport entre la morbidité et la mortalité.

Deux théories s'opposent relativement à l'état de santé futur des personnes âgées - la compression de la morbidité et de la mortalité et l'expansion de la morbidité. Une théorie, présentée par Fries, prétend que la morbidité se comprimera graduellement dans une partie de plus en plus courte de la vie. Présentant comme preuve que tous les principaux organes déclinent de façon linéaire à partir de très tôt dans la vie et que ce déclin n'est pas attribuable à la maladie ni aux propriétés biochimiques du vieillissement, il prétend que ces changements peuvent mener à une mort naturelle, sans maladie. Dans ce scénario optimiste, les courbes de morbidité et de mortalité prendront une forme de plus en plus rectangulaire puisque les gens vivent plus longtemps, qu'ils vivent de façon plus saine et ensuite, meurent rapidement après de courtes périodes de maladie. L'augmentation de la santé et de la bonne forme, un meilleur régime, de l'exercice et la diminution de l'usage du tabac sont autant de facteurs qui contribueront à la baisse de la morbidité.

Par contre, Gruenberg et Kramer suggèrent que l'incapacité s'accroîtra sensiblement à l'avenir. En effet, ils prétendent que les progrès de la médecine ont réduit le taux de mortalité sans avoir modifié l'âge du seuil de morbidité - à la suite de l'accent que l'on a mis en médecine sur la gestion clinique des maladies plutôt que sur leur prévention. Selon cette théorie, les soins médicaux repoussent la mort en laissant les gens invalides pendant une période prolongée; toutefois, Rogers indique que plus de 25 p. 100 des personnes âgées se rétablissent pleinement d'une incapacité. Les tenants de cette théorie prédisent avec pessimisme une hausse des désordres chroniques et imputent ironiquement cette hausse à l'échec du système de soins médicaux. Olshansky a tenté d'élaborer un modèle selon lequel une réduction des décès par attaque d'apoplexie, par exemple, pourrait faire augmenter le nombre de personnes affaiblies pendant une longue période; il fait remarquer qu'étant donné que les personnes de plus de 85 ans ont recours largement aux soins médicaux, le moindre changement au niveau des hypothèses pourrait avoir une incidence marquée sur les prévisions au chapitre des coûts des soins médicaux. Comme l'indiquent Montgomery et Ross, les personnes qui meurent à un âge avancé coûtent beaucoup plus cher, parce qu'elles utilisent à outrance les soins médicaux.

Il subsiste une grande controverse à savoir laquelle de ces théories décrit le passé et prédit l'avenir avec exactitude. Aucun ouvrage empirique n'appuie l'une ou l'autre de ces théories. Par exemple, le taux de placement des aînés dans une maison de soins infirmiers a quelque peu fléchi ces dernières années, ce qui semble indiquer que leur santé s'améliore, bien que cela pourrait aussi être attribuable à la pénurie croissante des lits dans ces maisons. Néanmoins, Rivlin indique que le rapport entre les dépenses en soins médicaux par personne pour le groupe de 85 ans et plus et celles du groupe de 65 ans n'a pas changé.

Plusieurs auteurs prétendent qu'on ne devrait pas considérer les aînés comme un groupe homogène. Lazere, Leonard et Kravitz examinent les personnes âgées en milieu rural et le fait qu'elles ont un plus faible revenu et qu'elles sont plus pauvres. Crystal est d'avis que l'inégalité en matière de revenu et de richesse augmente chez les personnes âgées; les mieux éduqués obtiennent de meilleures pensions et plus d'actifs. Driedger et Chappell signalent qu'il faut tenir compte de la composition ethnique des personnes âgées, puisque les données sur le logement et sur les services de soutien varient selon l'ethnie.

V. L'offre

Une bonne part des ouvrages sur l'offre portent sur la mesure dans laquelle le secteur privé est capable d'offrir un produit à un marché des aînés qui pourrait prendre de l'expansion. Les ouvrages mentionnent assez librement les expressions village-retraite de soins de longue durée, logements-foyers et logements en milieu de soutien, pour nommer les grands ensembles offrant un toit et certains services, dont surtout les repas et certains soins infirmiers. L'American Association of Homes for the Aging mène périodiquement des enquêtes sur les groupes à la retraite en vue de fournir à l'industrie des données statistiques sur le marché. Gimmy et Boehm ont rédigé, pour le compte de l'American Real Estate Institute, un guide d'évaluation du marché pour toute la gamme de logements adaptés aux personnes âgées; ils imputent le succès d'un centre principalement à la qualité de la gestion des services de soutien. Bishop a analysé le coût des soins dans 132 communautés; il a constaté que les coûts d'exploitation augmentaient proportionnellement à la quantité de soins infirmiers. Heuman estime que les logements-foyers aux États-Unis peuvent être de 300 \$ à 6 700 \$ moins chers que les soins de longue durée, si on limite la quantité de soins infirmiers. Ruchlin et Morris calculent que le coût de l'ensemble des services aux personnes âgées dans un logement-foyer est de 567 \$ par mois.

Les établissements privés de soins de longue durée qui garantissent un service à vie ont de la difficulté à établir des prix qui représentent avec exactitude le risque; Kurerth recommande que les établissements aient recours à des programmes d'assurance privés pour se protéger. Le groupe de travail de la SCHL sur la location viagère a aussi recommandé une meilleure assurance. Rivlin suggère que l'assurance pourrait être la réponse pour toutes formes de soins, sans se limiter aux soins prodigués dans chaque établissement, pourvu que cette assurance commence lorsque le demandeur est encore jeune.

Pour réduire les coûts, plusieurs suggèrent un continuum de soins dans un établissement, c'est-à-dire un établissement qui fournit des logements où sont offerts une pleine gamme de services de soutien. Gutman a évalué un tel établissement en Colombie-Britannique. Il a constaté que l'effet sur la mortalité était minime et que peu de résidents devaient recevoir un niveau de services plus élevé. D'autres auteurs, comme Murray, sont d'avis que l'utilisation du modèle d'Abbeyfield, des établissements de plus petite envergure, pouvait réduire les coûts; par contre, Symmons a trouvé que le modèle Abbeyfield est beaucoup plus onéreux.

On pourrait aussi réduire les coûts en encourageant la cohabitation. Bien que Jaffe et Strieb soient très optimistes quant à cette option, Gutman a trouvé que de tels programmes n'ont connu du succès qu'en Ontario, grâce à un solide soutien gouvernemental; même en Ontario, 39 p. 100 de toutes les cohabitations constituées durent moins de trois mois et un organisme moyen ne constitue que 36 cohabitations par année. Une expérience semblable aux États-Unis a incité Struyk à rejeter les cohabitations comme moyen de venir en aide aux personnes âgées.

Les appartements accessoires, préconisés par Patrick Hare, sont une troisième option. Hare s'est rendu dans tout le pays, il est passé à Toronto pour tenter de lancer l'idée, mais il n'a pas remporté beaucoup de succès, bien que récemment, le gouvernement provincial encourage davantage les appartements accessoires à Toronto, en limitant les restrictions du zonage. Varady croit que le peu de succès est attribuable au manque d'action directe et d'information sur le programme, ce qui porte les résidents à objecter aux modifications du zonage.

L'intérêt pour le vieillissement à domicile a lancé une industrie de soins à domicile. Le gouvernement, qui considère qu'il s'agit là d'une option beaucoup moins chère que les soins en institution, encourage les soins à domiciles. Grayson et Chellis signalent que cette tendance n'est pas seulement vraie en Amérique du Nord, mais aussi en Europe Occidentale. Toutefois, Applebaum nous met en garde qu'il est difficile de contrôler la qualité des soins, puisque l'industrie compte sur des travailleurs à petit salaire et que le taux de roulement peut atteindre 60 p. 100 par année. Harrington et Grant concluent que la difficulté à cet égard est que personne ne sait trop bien comment

réglementer l'industrie pour assurer la qualité. Weissart et Cready croient que rien ne prouve que le programme de soins à domicile réduira les coûts hospitaliers, puisque seulement 25 p. 100 des personnes recevant un soutien sont admis à l'hôpital; selon eux, la justification d'un programme de soins à domicile doit être normative. Blandford, Chappell et Marshall sont d'avis qu'au moins, dans les établissements gouvernementaux, un coordinateur des ressources offertes aux locataires est utile pour donner aux aînés accès à des soins de meilleure qualité, un point auquel souscrit aussi Parkoff. Dans le même ordre d'idée, Struyk et Page suggèrent que le gouvernement offre activement des services dans les ensembles publics existants qui comptent une grande proportion de personnes âgées délicates. Dans cette optique, la SCHL a fourni une subvention dans la région du Niagara pour évaluer ses efforts de coordination et de régularisation des soins au niveau municipal. Crystal évalue qu'il faut une personne qui prodigue des soins à domicile par 100 personnes âgées de 65 ans et plus.

En plus de l'ensemble de services traditionnels, Struyk et Soldo recommandent un ensemble de programmes d'entretien ménager pour aider les personnes âgées à vieillir à domicile et pour sauvegarder les quartiers; toutefois, ils s'opposent à une action à grande échelle, préférant un ciblage consciencieux et une action directe active.

Bon nombre de fournisseurs de soins se penchent du côté des nouvelles technologies pour tenter de réduire le coût du logement et des soins. Le Centre on Aging au Massachusetts publie périodiquement un bulletin sur les nouvelles technologies, des renseignements sur les conférences et d'autres instruments d'échange d'information. Klassen croit que plusieurs changements à la conception des résidences pourraient améliorer sensiblement la qualité des logements et il encourage les promoteurs à écouter les locataires.

Du point de vue d'une politique, le problème de fond réside dans la difficulté des ministères gouvernementaux à coordonner les services de logement et de soutien. Le Conseil consultatif national sur le troisième âge demande une plus grande coordination permanente. Lammers croit que l'approche de la gestion cas par cas est la seule façon d'assurer la coordination, lorsque le responsable de chaque cas jouit d'une grande discrétion pour réaffecter les fonds d'un programme à un autre.

VI. Conclusion

Voici les principales conclusions tirées de ce bref sommaire bibliographique :

1. Il faut envisager le logement pour les aînés comme un continuum qui inclue, en plus d'un toit, une gamme de services auxquels les personnes ont recours à mesure qu'elles vieillissent et ont besoin de plus de soutien.

2. Bien que le vieillissement à domicile soit un mode de vie souhaitable pour les aînés, il peut aussi être source de frustration pour les personnes présentant une déficience.

3. La prochaine génération d'aînés sera vraisemblablement plus à l'aise que la génération actuelle et ils préféreront probablement vivre seules, en comptant sur des amis et leur famille étendue pour leur fournir un soutien.

4. Les prévisions visant le groupe de plus de 85 ans varieront selon les points de vue sur les tendances au chapitre de la morbidité et de la mortalité. Les spécialistes divergent largement sur l'évolution de ces deux phénomènes au cours des deux prochaines décennies.

5. L'offre de logements adaptés pour les aînés peut être très risqué pour les promoteurs et plusieurs spécialistes recommandent quelque forme d'assurance pour réduire le risque au minimum. Par contre, plusieurs auteurs suggèrent des façons innovatrices de fournir des soins, en modifiant l'infrastructure actuelle et la réglementation.



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1. Aaron, H. J.; Burtless, G., Editors. *Retirement and Economic Behaviour*. Washington: Brookings Institute; 1984.

2. Ambry, Margaret. *Age of spending*. American Demographics; Nov. 1990; 12(11): p. 16-23. Presents results from the Bureau of Labor Statistics' Consumer Expenditure Survey

The annual survey, which relies on 10,000 expenditure diaries and 25,000 interviews, provides data that indicate whether spending by a particular age group is above or below average, and by how much. Summaries and tables profile consumer spending on food, housing, transportation, clothing, entertainment, and miscellaneous activities, broken down into six age groups: under 25, 25-34, 35-44, 45-54, 55-64, 65-74, and 75 and older. Among householders aged 65 to 74, spending on food is 20 percent below average, but these households spend more than average on flour, fruit, vegetables, poultry, seafood, and coffee. Although housing expenditures fall off rapidly among older households, even the oldest householders spend more than average on some items such as home maintenance. Overall, householders aged 55 or older spend less than average on transportation. Those in the 55-64 age group spend less than average on entertainment in general, but they spend more than average on colour television consoles, recreational vehicles, and docking fees. Householders aged 65-74 spend twice as much as the average household on recreational vehicles. Health care is the only category in which expenditures do not peak in middle age.

3. American Association of Homes for the Aging,. *Continuing care retirement communities: an industry in action*. Washington: American Association of Homes for the Aging; 1987.

Surveyed more than 400 continuing care retirement communities (CCRCs) to identify trends in the CCRC industry, characteristics of its residents, and operational costs. Results indicate that CCRCs that opened before 1963 now offer modified or fee-for-service contracts, while new CCRCs and some established CCRCs, are blending the all-inclusive and fee-for-service concepts into a modified continuing care plan that covers some services and care and makes others available for a fee. Newer CCRCs are building fewer studio units, the same number of one-bedroom units, and the same number or slightly more two-bedroom units. New facilities are shifting away from declining refundability plans and are moving toward refunding entrance fees fully or partially and unconditionally. The majority of new CCRCs are not initially building personal care/assisted living units. Like older CCRCs built before 1973, new CCRCs with personal care units allow entrance directly to an assisted-living unit. Nationwide, CCRCs are generally enjoying relatively high utilization rates, and assisted living units are operating at high levels of occupancy. Geographical differences in contract types and resident characteristics are reported, and tables illustrate the results throughout. The appendix contains summary tables detailing percentages of CCRCs offering specific services and amenities.

4. American Association of Retired Persons. *Understading Senior Housing for the 1990's*:

An AARP survey of consumer preferences, concerns and needs. Washington: American Association of Retired Persons; 1990. Results of a survey done every few years. Shows a growing desire to age in place or, if necessary, move to a seniors only building.

5. American Association of Homes for the Aging, Washington, DC; and Ernst and Young Retirement Center Consulting Group. *Continuing care retirement communities: an industry in action: analysis and developing trends*, 1989. Memphis: Ernst and Young Consulting; 1989.

Presents results from a survey of 527 continuing care retirement communities (CCRCs), which solicited information on each facility's general characteristics, population and financial data, marketing information, and health care utilization. For ease of data comparison, several classifications were developed, including contract type (extensive, modified, and fee-for-service), age of facility, size of facility, and total population of facility. A CCRC is defined as an organization offering a full range of housing, residential services, and health care in order to serve older residents whose needs change over time. Data are analyzed in terms of geographic location and regional trends, age and growth, physical setting and size, multifacility versus single site organization, and fees charged. The continuum of care provided is reviewed in terms of level of care and contract type. Data were used to generate composite profiles of CCRCs by contract type. Also included are data on CCRC population, operational costs, marketing, and health care. The appendix includes supplemental statistical tables and health care information.

6. Anderson, Elaine A.; Chen, Alexander. *Housing Strategies for the Elderly: Beyond the Ecological Model*. Journal of Housing for the Elderly; Fall 1984; 2(3): pp 47-60.

The authors examine the "continuum of alternative housing environments" proposal. They try to identify a set of values implicit in such a model, and they identify 6 issues not generally recognized in the literature that affect this approach.

7. Applebaum, Robert; Phillips, Paul. *Assuring the Quality of In-Home Care: The "Other" Challenge for Long Term Care*. Gerontologist; August 1990; 30(4): p. 444-450.

While home care is a popular solution to the cost of institutional care, and liberalized rules for private firms to provide home care has resulted in an explosion in number of providers, problem remains of how to control quality. Because of cutback in nursing beds, at home elderly are frail, requiring more care yet less able to criticize the care giver. Home care workers are low paid and have a turnover of 60% per year. Usually a limit on how much can charge (60% of nursing care) puts tight budget constraints on the firm. Rarely is there any licensing. Since it is labour intensive, workers will leave when unemployment rates fall. There is virtually no research on how to provide care, eg, best training, quality control.

8. Baggett, Sharon A.; Adler, Sy. *Regulating the residential care industry: historical precedents and current dilemmas*. Journal of Ageing and Social Policy; 1990; 2(1): p.15-32.

Discusses the consequences of relying on historical precedents in the nursing home industry for the framing of current policy for the residential care industry. The Keys Amendment to the Social Security Act of 1986 was the first of a series of federal initiatives resulting from increased public pressure to provide for oversight of the board and care/residential care industry. The Keys Amendment had the states bear responsibility for the development of standards within the context of a federally based sanction for noncompliance. In their broadest application, however, the Amendment and subsequent regulations provided for minimal standard setting only, so as not to force closure of scarce low-cost facilities. They did not address problems in those private facilities providing care for middle- and upper-income residents who were not receiving Supplemental Security Income. The Keys Amendment also did not address the growing medical needs of residents in these facilities. State implementation of the Keys Amendment and other regulations has varied, no funds have been forthcoming for monitoring, and few effective mechanisms exist for enforcement of state-defined regulations. It is concluded that there is a need for the development of a comprehensive federal policy pertaining to the growing residential care industry.

9. Bishop, Christine E. *Features of lower-cost continuing care retirement communities: learning from cost analysis*. Journal of Housing for the Elderly; 1990; 7(1).

Conducted an economic analysis to examine factors associated with the cost of providing resident services in continuing care retirement communities (CCRCs). Analysis was based on survey data from 132 CCRCs. Results reveal a number of factors that varied significantly with CCRC average operating cost per resident year. Much of the simple variation in average cost was explained by differences in nursing care use. Communities that used non-contract holders in their nursing care units were also able to supply services at a lower average cost per resident. Larger communities and those located in areas with lower prices showed significant declines in cost. CCRCs with full guarantees were on average slightly more expensive per resident than those with less than full guarantees. It is suggested that findings could be used to design lower-cost CCRCs, to promote access to this method of long term care provision and financing for moderate-income elderly. Estimates of the incremental cost of nursing care use in the CCRC could enable Medicaid to combine personal and public financing to provide housing and care for potential spend-down populations.

10. Blackie, Norman; Edelstein, Jack. *Alternative Housing and Living Arrangements for Independent Living*. Ann Arbor, Mich: National Policy Centre on Housing and Living Arrangements for Independent Living; 1982.

11. Blandford, Audrey; Chappell, Neena; Marshall, Susan. *Tenant resource coordinators: an experiment in supportive housing*. Gerontologist; Dec. 1989; 29(6).

Evaluated the effect of a demonstration program in Manitoba that funded a tenant resource coordinator (TRC) position in an elderly persons' housing unit. The role of the TRC was to function as a facilitator/developer of the supportive services environment and to act as a liaison with existing formal and informal supports presently involved within the housing environment. The overall program objective was to enhance the ability of the elderly tenants to remain safely and securely in a relatively independent living environment and to improve their quality of life. Interviews with 172 tenants were conducted 9 months prior to the

program and 9 months after program implementation. Respondents' attitudes toward and knowledge of services in three areas were examined. Results show that the TRC fulfilled the goals established, conveying information about services to tenants and vice versa. Tenants were more likely to make use of information services, an aging specialist, and the tenants' association after the TRC had been in the building. It is suggested that this type of supportive housing allows tenants to age in place and provides for the needs of tenants without large additional costs to owners or managers.

12. Brink, Satya. *International policy trends in housing the elderly in developed countries*. Ageing International; 1990; 17(2).

Examined policy trends in the developed countries aimed at housing the elderly. In the past, special housing for the elderly was primarily public, but now such housing is built, owned, and operated by a variety of private, public, and nonprofit agents, with or without public funding. The goal of aging in place has been accepted in almost every country and is being achieved through one or more of four main strategies: improvement of the quality of housing; provision of supportive actions to assist seniors to purchase, lease, or rent appropriate housing; development of a system of assured home-delivered or community-based health and social services; and implementation of incentives or disincentives to reduce the use of nursing homes and encourage special housing solutions so that elderly persons can age in place. The governments of developed countries are also beginning to become more engaged in multi-sectoral planning; in decentralization of responsibilities for housing, health, and support services; and in cost-sharing arrangements for housing and related policies. Major policy issues include: (a) the ability of government to sustain the current levels of assistance to the elderly as their numbers increase, (b) the problem of housing affordability for those with inadequate pensions, (c) the growing demand for support services, and (d) the decline in the ability of the family to provide support as family size shrinks and women are in the work force.

13. Campbell, R.T; Mutran, E. *Analyzing Panel data in Studies of Aging: Application of LISREL Model*. Research on Aging; 1982; 4(1): pp.3 - 41.

14. Canada Mortgage and Housing Corporation. *Housing for Older Canadians: New Financial and Tenure Options*. Ottawa: CMHC; 1988; NHA 6102.

A review of a wide range of options open to the elderly. Each option is described, and then the pros and cons are presented. Three home equity conversion programs are discussed: deferred payment plans, reverse (annuity) mortgages, sales plan (whereby the household sells the home but is granted lifetime occupancy rights). As well, three tenure options are examined for those who want to move to retirement housing: loan stock (purchase of a lifetime tenancy by making a loan to the proprietor), shared equity, and lifetime tenancy.

15. Canada Mortgage and Housing Corp and Various Provincial Housing Corp. *Housing Seniors: A Series of Conferences in 1990; Across Canada*: CMHC; 1991.

CMHC, together with provincial housing agencies across the country, hosted conferences of representative senior citizens to determine how they view housing policy and get their recommendations for improvement. The following are the key points from some of these conferences:

- lack of housing options for middle income households,
- waiting lists for care homes is too long,
- need more and better at-home support services, including meals on wheels, renovation and home maintenance,
- jurisdictional battles between housing and health agencies be resolved,
- better services in rural areas,
- need seniors input into planning,
- need better information,
- province should remove income ceilings on assisted housing, and
- explore new housing options.

16. Canada Mortgage and Housing Corporation. *Initiatives Relating to Housing Choices for Older Canadians*. Ottawa: CMHC; April 1990.

An annotated listing of various initiatives that CMHC is undertaking with regard to the elderly. Some of the initiatives include: sponsoring of conference, garden suite demonstration, a computer-based system for identifying the needs of the rural elderly, a microsimulation of the health and social requirements of the elderly, together with Statistics Canada, Health and Welfare Canada, and the Institute for Research on Public Policy, various publications on the design of housing for the elderly, research reports on supportive housing, evaluations of individual projects, mobility, emergency response systems, Niagara Region's experience in coordinating housing and support services, housing preferences and various audio-visual presentations.

17. Canada Mortgage and Housing Corporation. *Retirement and Life Care Communities: A Bibliography*. Ottawa: CMHC: Canadian Housing Information Centre; March 1990.

An unannotated bibliography of 65 books or articles on retirement communities and 26 on life care communities.

18. Canada Mortgage and Housing Corporation. *Urban Impacts of Socio-Demographic Change in Canada*, Prepared for the Urban Affairs Group, OECD. Ottawa: Research Division, CMHC; Spring 1989.

The report summarizes demographic trends and presents a long list of policies being implemented at all levels of government in Canada, particularly those that enable seniors to age in place, ie, policies that provide seniors with support services.

19. Centre on Aging of the Univ. of Mass Medical Centre. *New Technologies*. Bulletin of the National Clearinghouse on Technology and Aging; 1988; 1(1).

Bulletin keeps track of various technologies and conferences dealing with the elderly., includes a citation to a stove and power minder by TASH, 70 Gibson Dr, Markham tel:475-2212.

20. Chambers, Larry W.; Tugwell Peter. *The Impact of Home Care on Recently Discharged Elderly Hospital Patients in an Ontario Community*. Canadian Journal on Aging; 1990; 9(4).

A follow up on 356 patients released from Hamilton hospital to examine the effect of the Home Care program. The program uses a case manager to purchase and coordinate services. Using a regression, finds a 10% increase in home care social services results in a 3% increase in morale, and 10% increase in total home care services results in a 5% improvement in physical function.

21. Clark, W. A.; White, K. *Modelling elderly mobility*. Environment and Planning; July 1990; 22(7): p. 909-924.

Examined the application of the housing disequilibrium model of mobility to elderly mobility at both national and local levels in the United States. Analysis was made to determine the extent to which economic factors rather than dwelling or housing characteristics generate relocation within a city. To model elderly mobility, the basic multiattribute expenditure model proposed by Onaka in 1983 was subjected to several modifications. Specific city studies for Atlanta, Ga., and Philadelphia, Pa., were merged, using data compiled from the American Housing Survey National and Standard Metropolitan Statistical Area samples. Results for Philadelphia showed that income, household size, and rent were main effects, and the interaction of income and household size was also relevant. The Atlanta results showed three interaction effects in income-location, income-rent, and rent-household size. Nationally it was found that per capita income and rental levels were important influences on elderly intraurban mobility. The elderly were more influenced by their financial situation, while the general population was more influenced by issues of dwelling size and quality. Findings suggest that a housing disequilibrium model of mobility can be successfully applied to the elderly.

22. Crystal, Stephen. *The Management of Home Care*. New York: Springer Publishing; 1983.

Focusses on how to control costs of home care, including several case studies. The main problem is the lack of funding and the lack of paraprofessionals because of low pay and burn-out. Estimates that will need 1 aide per 100 persons over 65 and 1 per thousand for those under 65, based on National Association For Home Care.

23. Crystal, Stephen; Shea, Denni. *Cumulative Advantage, Cumulative Disadvantage and Inequality Among the Elderly People*. Gerontologist; August 1990; 30(4): p. 437-443.

Finds greater inequality among the elderly than the non-elderly; worst off are unmarried women, minorities and disabled. Life cycle process encourages inequality, as the better educated can secure better pensions, better health and more assets.

24. Doyle, V. M. *HomeOwnership Matching Agencies for Seniors: A Literature Review*. Simon Fraser University, Vancouver: Gerontology Research Centre; 1989.

A literature review as part of the Gutman study on Homesharing.

25. Driedger, L.; Chappell, N. *Aging and Ethnicity*. Toronto: Butterworth; 1987.

Looks at the relationship between aging and ethnic origin in Canada. Argue that it is important not to look at the elderly as a homogeneous group, and issues such as support services vary across different communities.

26. Duffy, Michael; Wilson, Victor L. *The Role of Design Factors of the Residential Environment on the Physical and Mental Health of the Elderly*. Journal of Housing for the Elderly; February, 1984; 2(3): pp. 37-45.

Interviewed 171 elderly residents, using the Cornell Medical Index Health Questionnaire. Found that in congregate housing, high rise, corner units are likely to improve morale, but don't affect health or social interaction. The methodology involved a stepwise regression program.

27. Easterlin, Richard A.; Macdonald, Christine. *Retirement Prospects of the Baby Boom Generation: a different perspective*. Gerontologist; December 1990; 30(6): p. 776-783.

Finds baby boom cohorts more likely to enter retirement with more wealth than previous cohorts because of deferred marriages, fewer children, and increased female labour force participation. Uses income per adjusted adult rather than individual or household. Estimates baby boomers will be 85% better off. On downside, fewer children means less family care.

28. Florio, James (House Subcommittee on Housing and Consumer Interests). *1988 National Survey of Section 202 Housing for the Elderly and the Handicapped*. Washington: US Govt Printing Office; Dec. 1989.

29. Fox, A. *Income Changes at and after Social Security Benefit Receipt: Evidence from the Retirement History Survey*. Social Security Bulletin; 1984; 47(9): pp. 3 - 21.

30. Gibbs, Ian; Bradshaw, Jonathan. *Quality of life and charges in private old people's homes in Great Britain*. Social Indicators Research; Nov. 1990; 23(3): p. 269 - 282.

Examined the reasonableness of financial charges in private residential care homes containing residents supported wholly or partly from public funds in Great Britain. Four areas of Great Britain were studied: Lothian in Scotland, Clwyd in Wales, and Sefton and Devon in England. A total of 222 local authority registration officers completed questionnaires for every home in their area known to have residents in receipt of supplementary benefit. These officers attempted to relate important qualitative features of private homes to the fees they charged. Results show that there was little relationship between actual charges and measures reflecting the quality of life in a home, but this was not the case for the reasonableness of the charge. Homes judged by the registration officers to be charging too much were much more likely to be assessed overall as adequate or poor and to have lower rating scores. In the seven homes that were rated good or very good and yet were still considered to be charging too much, the judgment appeared to be a comparative one mainly with the facilities and charges in local authority residential care homes.

31. Gillespie, Ann E.; Sloan, Katrinka Smith. *Housing options and services for older adults*. Santa Barbara CA: ABL-CLIO; 1990.

Presents a guide to assist older people in choosing housing options and services. Covers key data for each type of option and answers the following questions: when is each option

appropriate, how are they found, and what are the costs, plus offers a list of things to remember and a consumer checklist to use as a guide. Provides information on the following service options for people who remain in their homes: home health care, homemaker services, nutrition services, adult day care, senior centers, transportation programs, care management, and emergency response systems. Discusses home repair and maintenance programs, home adaptations, accessory apartments, and shared housing as possibilities for adapting the home of a person who has become frail or disabled. Presents finance-related alternatives, such as reducing utility bills and other expenses, and includes a state-by-state chart of available programs. Discusses options in relocating such as condominiums, cooperatives, manufactured homes, congregate housing, and retirement communities. Includes resource listings for assistance from government agencies, organizations, and associations; a bibliography; annotated listings of audiovisual materials and computer-based information sources; and a glossary of terms.

32. Gimmy, Arthur E.; Boehm, Michael G. *Elderly housing: a guide to appraisal, market analysis, development, and financing*. Chicago: American Institute of Real Estate; 1988.

Discusses the appraisal, market analysis, development, and financing of senior housing projects. Examines the demographic shift that is attracting developers to housing for the elderly. Reviews a number of senior housing options, including retirement communities, retirement apartments, congregate housing, continuum of care facilities, and health care facilities. Considers determinants of the feasibility of a senior development, such as market preferences, design, and location. Also emphasizes the importance of good management for creating an attractive and supportive lifestyle for residents. Evaluates the options for financing for-profit and nonprofit retirement centers and analyzes the results of a survey of major senior housing lenders. Considers the effects on project feasibility of the market saturation of competing facilities, regional characteristics, a focused bundle of services and economic viability. Describes various approaches to appraising the value of different types of senior housing projects, including value determination using a cost, market comparison, and income approach. Concludes with four detailed case studies. Includes a glossary and selected bibliography.

33. Golant, Stephen M. *The Metropolitanization and Suburbanization of the U.S. Elderly Population, 1970-88*. Gerontologist; February 1990; 30(1): p. 80.

Describes trend of the 65-74 and 75+ to live in metro areas and the suburbs. Part of the reason is the redefinition of boundaries, and partly due to aging in place of those who had moved to the suburbs in the 1960's.

34. Gonyea, Judith G.; Hudson, Robert B. *Housing preferences of vulnerable elders in suburbia*. Journal of Housing for the Elderly; 1990; 7(1).

Explored the housing preferences of vulnerable elderly adults living in suburban locales. A total of 498 residents of Newton, Mass., a suburb of Boston, were interviewed regarding their housing satisfaction and preferences. Although this sample generally consisted of healthy elderly persons, slightly more than one-third of the sample, or 169 persons, fell into at least one of five vulnerability categories. Respondents generally expressed a high degree of satisfaction with their current home. However, compared with well elders,

functionally impaired elders were significantly more likely to be dissatisfied with their ability to utilize their homes' living space and with the amount of physical labor required for home upkeep. Socially isolated elders reported significantly less satisfaction with their housing in terms of closeness to family and friends, and economically vulnerable homeowners were significantly more likely to be dissatisfied with their housing costs. Four of the five vulnerable groups were more likely than the well elderly to believe they would relocate within 2 years. Across all six groups of elders, the greatest interest was a desire to remain at home with paid help for household or personal care tasks. The second-most frequently supported option was that of moving to a continuing care retirement community.

35. Grayson, P.J.; Chellis, R.D. (ed). *Life Care: A Long Term Care Solution*. Lexington, Mass: Lexington Books; 1990.

The article by Grayson reviews international attempts to move out of large scale facilities for the elderly and try to encourage elderly to age in place or in group homes with community based support services.

36. Grier, George. *Growing older in Greater Washington*. Washington: Greater Washington Research Centre; May 1989. Reports on the attributes, lifestyles, and living situations of adults aged 65 and older in the Washington, D.C., metropolitan area.

Analysis is based on two surveys conducted in the mid-1980s--the Greater Washington Research Center's census updating survey of over 8,500 households and the Census Bureau's 1985 American Housing Survey of 6,600 area households. Reasons for the explosive growth of Greater Washington's older population are delineated, and statistics concerning retirement, lifestyles, incomes, housing costs, living arrangements, health, disability, and loneliness are presented. It was found that even the relatively affluent seniors are less well off than younger people and that at the age of 75 and above, women outnumber men nearly two to one. The most typical older household in Washington is a single person living alone. Most senior adults do not have paid-up mortgages. The particularly vulnerable groups among the old are those with illnesses or disabilities. The major issues facing this population are addressed, focusing on the need for care and companionship, more housing choices, and more work opportunities.

37. Guralnik, Jack M.; Yanagishita, Machiko. *Projecting the Older Population of the U.S.: Lessons from the Past and Prospects for the Future*. Millbank Quarterly; 1988; 66(2): pp. 283-308.

Criticizes projections because there are so many uncertainties regarding immigration, mobility and health care. Rejects the notion that mortality rates have levelled off, but expects further declines. This will raise costs of health care.

38. Gutman, Gloria M.; Blackie, Norman K. *Housing the Very Old*; 1988; Vancouver. Vancouver: Gerontology Research Centre, Simon Fraser University; 1988.

Major findings of the symposium were: a. the trend for the over-75 to live alone because of higher income, less children, and greater demand for privacy. Discuss the pros and cons of alternative living arrangements.

39. Gutman, Gloria M. *The Long Term Impact of Multi-Level, Multi-Service Accommodation for Seniors*. Simon Fraser University, Vancouver BC: Gerontology Research Centre and CMHC; 1983.

The author evaluates SETON VILLA, a combined retirement home and nursing home in Burnaby. The evaluation started 6 months before opening, and ended 8 years afterward.

Potential Advantages of a Multi-Level Facility:

- -couples or friends can remain close by,
- -services can be adjusted to meet short term fluctuations in need, -if rehabilitation is required, can remain close to medical group -potential economies of scale.

Potential Disadvantages:

- -encourage too much dependency on services
- -reduced contact with outside world
- -will attract primarily the sick.

Used 2 control groups, one a less well equipped home and the other a stay-at-home group. Findings:

- -no difference in mortality
- -residents prefer good access to services and amenities in the community -very few residents actually moved up to a higher level of service.

40. Gutman, Gloria. *Survey of Canadian Homesharing Agencies Serving the Elderly*. Simon Fraser University, Vancouver: Gerontology Research Centre and National Health and Welfare; 1989.

Surveys 18 agencies that promote homesharing in Canada. The author identifies three types of agencies:

- -free market
- -agency-assisted referral and/or counselling
- -agency sponsored units.

In Canada, all rely on public or non-profit funding. Most demand comes from persons wanting to move out of institutions. 35% of all matches were inter-generational. Ontario is the only province to provide a reliable source of funding and a network of support and information. Most matches require a lot of effort to make them work, but there is no analysis of why matches fail, or of the cost of matches per person-year.

41. Gutman, Gloria M.; Milstein, Stephen. *Attitude of Seniors to Special Retirement Housing, Life Tenancy Arrangements and Other Housing Options*. Vancouver: Gerontology Research Centre, Simon Fraser University and CMHC; 1987.

The authors report the results of a series of focus groups with 123 persons, aged 52 to 84, across Canada. Most like homeownership because of garden and independence, but would

move it had difficulty with maintenance. Up to 75% would not consider homesharing or Granny Flats. Most dislike Reverse Annuity Mortgages because don't want a mortgage late in life. Many would consider a retirement home because of the companionship, but fear the image of the frail and the sick.

Most did not want a life tenancy, and were afraid to lose everything if it didn't turn out, suggesting the need for refundability. Within a retirement home, most would look for space, meals, housekeeping assistance, and access to a nursing home. Leaving money for heirs was less important than having funds for travel and being able to maintain a standard of living.

42. Hare, Patrick H. *Accessory Apartments; the state of the art*. Washington: Hare Planning and Design; 1989.

Synthesizes the experience of the large number of local governments that have amended their zoning to permit accessory apartments, with the aim of increasing the number of accessory apartments, and the benefits they offer to homeowners and tenants. The primary reasons people install accessory apartments are to get added income and to help relatives, but other benefits are also substantial. A good zoning amendment to permit accessory apartments must address both civic association fears about neighborhood decay, and homeowner needs for rapid and simple processing of applications. In addition, marketing and counseling for homeowners is needed because the process of installing an accessory apartment can seem overwhelming. A marketing and counseling program can be paid for by using some of the homeowner's rental income to finance the program's costs. A coalition to amend zoning to permit accessory apartments should include aging groups, single parent groups, real estate agents, remodelers, hospitals, home health care agencies, and building inspectors. Low-cost loans provided by state housing finance agencies have not stimulated a significant number of installations, but a program of the Province of Ontario (Canada) has been successful. A description of a survey of homeowners and tenants of accessory apartments is included, along with an annotated bibliography.

43. Harrington, Charlene; Grant, Leslie A. *The Delivery, Regulation and Politics of Home Care: A California Case Study*. Gerontologist; August 1990; 30(4): p. 451.

Divides home care into 4 dimensions: 1. Period (short term vs long term), 2. Provider (licensed or certified agency, nurses registry, employment agency, unlicensed temporary personnel agency, other unlicensed home care agencies, unlicensed individuals) 3, Source of Payment (Medicare, insurance, social welfare, private, charity) and 4. Supervision (doctor, RN, agency, government, none). While most agree that apart from Medicare, the industry is not supervised, not clear that supervision would improve quality. Used a structured interview with providers.

44. Hartwigsen, Gail; Null, Roberta. *Full-timing: a housing alternative for older people*. International Journal of Aging and Human Development; 1989; 29(4): p. 317-328.

Examines the recreational vehicle (RV) as a full-time, year-round housing alternative for older people, based on data obtained from surveys distributed to 100 members of a nationally based camping organization. A 1985 survey indicated that 30 million Americans, nine million aged 50 years or more, owned or rented RVs and that approximately

350,000 lived in their vehicles throughout the year. One hundred full-timers aged 45-81 (females' average age 60.9, males' 63.4) were interviewed. Ninety percent were married. Median income ranged between \$20,000-24,999, with 71 percent earning \$29,999 or less. Twenty-three percent of respondents had been full-timing less than one year, 22 percent for 1-2 years, 21 percent for 2-3 years, 15 percent for 3-4 years, 9 percent for 4-5 years, and 10 percent for 5 years. Results indicate that a full-timing couple can live very well on \$1,300 per month, which includes all requisite living expenses (including RV and health insurance) plus dining out, entertainment, and travel expenses. Types of RVs, their prices and operating costs, economic benefits, and advantages and disadvantages of RV living are discussed.

45. Haske, Margaret; Hare, Patrick H. *Accessory apartments: developing a private partnership to market the concept and counsel homeowners: final report.* Washington: Hare Planning and Design; January 1987.

A seminar on developing private sector partnerships for marketing accessory apartments was developed and evaluated. The goal was to demonstrate to remodelers, real estate agents, and lenders that they could make money by helping people to install accessory apartments. These three groups were shown that accessory apartments are an untapped business opportunity and that it would be advantageous for them to form partnerships among themselves to promote accessory apartments. The 1-day conference consisted of a morning session providing information about accessory apartments and a basic financial analysis of how the partnerships would work and an afternoon session consisting of small group discussions for those interested in pursuing the idea and meeting potential partners. The results indicate that the private sector views accessory apartments as a viable business opportunity. It is suggested that local area agencies on aging or other groups could sponsor a seminar on accessory apartments with paid attendance to cover costs, thereby promoting the concept without any public subsidy. The appendices contain the seminar agenda and a cash-flow analysis for an accessory apartment partnership.

46. Hays, J. A. *Aging and Family Resources: Availability and Proximity of Kin.* Gerontologist; 1984; 24(2): pp: 149-153.

47. Hesslein, Shirley B. *Serials On Aging: An Analytical Guide.* New York: Greenwood Press; 1986.

The author lists 375 active journals, as of 1986, that deal directly or indirectly with the elderly, and in English, and are published at least once per year.

48. Heumann, Leonard F. *Housing and support costs of elderly with comparable support needs living in long-term care and congregate housing.* Journal of Housing for the Elderly; 1990; 6(1-2).

Compared the housing and support costs of elderly persons with similar support needs living in long term care and congregate housing. Almost all previous research shows cost savings occur with congregate housing, but most of the studies do not control for comparable services to elderly with comparable support needs, nor do they always compare full housing and support service costs in both facilities. The present study looked at all costs, subsidized and unsubsidized, to residents of 55 congregate housing and 330 long term care facilities in Illinois. Different assumptions about age and capital cost of the facilities, method of

reimbursement (public and private), and level of resident functional ability demonstrated cost savings attributable to congregate housing ranged from \$300 to \$6,072 per resident per year in 1985. The major reasons for the substantial costs savings with congregate housing were the elimination of expensive onsite personal and nursing care and the elimination of dependent living arrangements. Congregate housing is cost-effective because it promotes independent living and self-sufficiency, offsets social isolation, and relies on professional support only at the margin of individual need.

49. HUD. *Housing for the Elderly: A Selected Bibliography*. Washington: HUD; July 1984.

50. Hunt, Michael E.; Ross, Leonard E. *Naturally occurring retirement communities: a model of supportive housing and services for the elderly: final report*. Madison Wisconsin: University of Wisconsin Institute on Aging; December 1987.

Identifies the features that cause some housing developments to evolve into naturally occurring retirement communities (NORCs) and the features that encourage older people to live in NORCs for as long as possible. NORCs are defined as housing developments that were not planned for older residents, but which attract a preponderance of residents over age 60. Interviews were conducted with residents of all ages living in six housing developments in Madison, Wis., four of which were NORCs and 2 of which were non-NORCs, to determine what attracted them to the housing and how satisfied they were with living there. The communities all were apartment or condominium complexes. Location was the main attraction of a NORC, particularly proximity to shopping and services and proximity to family and friends. Since most residents were attracted by word-of-mouth, good management was critical to maintain a stream of referrals to the NORC. The design of a NORC did not appear to be an attraction but rather was a potential barrier to independent living. Cost was not a factor affecting the decision to move to a NORC but could become a problem at a later date. Case studies of the six complexes are presented. References are included. The four appendixes include the study questionnaires.

51. Jaffe, Dale J. (ed). *Shared Housing for the Elderly*. Connecticut: Greenwood Press; 1989.

Various reports which suggest that homesharing is growing in popularity. Includes a paper by David Spence of the Ministry of Housing in Ontario describing provincial support and various statistics, eg, 1. each agency makes on average 36 matches per year, 2. 13% of clients avoid institutionalization and 13% can move out of publicly funded shelter. 3. 39% last for up to 3 months, and 15% for over a year. 4. Takes 3 years for an agency to get proficient in screening clients.

52. Jirovec, Ronald L.; Jirovec, Mary M. *Residential Satisfaction as a Function of Micro-and Macro Environmental Conditions Among Elderly Urban Males*. Research on Aging; December 1985; 7(4): pp. 601-616.

The authors examined 100 urban elderly males and found that satisfaction is primarily a function of macro-environmental factors such as neighbourhood beauty, safety, quiet, and interest level.

53. Joseph, A. E.; Fuller, A. M. *Aging in Rural Communities: Interrelated Issues in Housing, Services, and Transportation*. Guelph: University of Guelph School of Rural Planning and Development; 1988.

54. Kamo, Yoshinori; Borgatta, Edgar F.; Montgomery, Rhonda J.V.; Seccombe, Karen. *Profile of Alaska's seniors: 2. Housing and its correlates*. Research on Aging; December 1988; 10(4): p. 517-533.

Presents data on the housing situation of the elderly in Alaska. Questionnaires were completed by 9,875 residents aged 65 and over to determine their place of residence (house, apartment, or group quarters), satisfaction with housing, and housing costs. Results are presented separately by age group (65 to 74 or 75 and older), sex, and ethnicity/race. Whites and Alaska Natives were more likely to be living in houses than were blacks and Asians. Living in a house also was associated with being married. Whites, blacks, and Alaska Natives age 65 to 74 were much more likely to be living in a house than were those aged 75 and over, but the reverse was true for Asians. Overall, a higher percentage of those aged 75 and over lived in group quarters. White and Native Alaskan females were more likely to live in apartments than were men. Income had only a slight relationship to place of residence. Housing satisfaction was somewhat lower for those living in apartments than for those living in houses or group quarters. Housing costs were negatively related to living in a house and positively related to living in an apartment or group quarters.

55. Keigher, Sharon M.; Berman, Rebecca Hanson; Greenblatt, Saddle. *Relocation, residence and risk: a study of housing risks and the causes of homelessness among the urban elderly*. Chicago: Metro Chicago Coalition on Aging; May 1989.

Explores the connection between the growing shortage of low-rent housing and the housing-related problems of the elderly, including homelessness. Data were obtained from interviews with 129 clients served by the Chicago Department of Human Services Emergency Services (ES) program and from 30 individuals living in single room occupancy (SRO) hotels; all interviewees were 60 years or older. Data were also obtained from agency records on 475 aged ES clients to identify the characteristics of the clients and to determine the needs and housing risks of the elderly in Chicago. Results show that the majority of older ES clients who experience homelessness do so for short-term or temporary periods; that a significant proportion of the elderly are vulnerable to loss of their homes because of a lack of social support, very low incomes, and diminished mental functioning; and that the scarcity of low-income housing makes relocation difficult and contributes to a growing need for high-cost institutional care. Presents case histories of typical ES clients, noting their coping strategies and patterns of residential moves; and describes how SRO hotels meet the needs of the older person. Recommendations are made for providing consistent and critical housing assistance to the elderly. References and methodological notes are appended.

56. Klaassen, Paul. *Increased importance placed on resident-centered design*. Provider; Oct. 1990; 16(10): p. 43-44.

Offers recommendations for resident-centered design in senior retirement and long term care facilities. It is emphasized that seniors want a home, not an institution. To make the facility more homelike, features such as antiseptic floors, fluorescent lights, vinyl base, and

repetitive design should be avoided. Instead carpet should be used almost everywhere, and the number of people in each building should be limited to between 50 and 65. Numerous, smaller community rooms should be built rather than fewer, larger spaces. The interior design should be varied to give each room a theme and to differentiate one from the other; large, low windows should be used; and nonresident areas such as the kitchen should be located as remotely as possible. Other suggestions include building two- to three-story buildings where possible, using a familiar Victorian architecture, offering a wide variety of unit types in terms of size and cost, reducing long corridors, and using a grand staircase to remind residents that it is a residence, not an institution.

57. Kraus, Arthur S. *Is a Compression of Morbidity in Later Life Occuring*. Canadian Journal on Aging; Spring 1988; 7(1).

Looks at the time lapse between reported sickness and actual deaths to see if there is a compression in the duration of morbidity from 1975 to 1985. Finds no evidence of a compression.

58. Krivo, Lauren J.; Mutchler, Jan E. *Elderly persons living alone: the effect of community context on living arrangements*. Journal of Gerontology; March 1989; 44(2).

Examines the ways in which community context affects the rate of living alone among the elderly and posits that there are three types of resources influencing this rate: the demographic and normative environment, economic affordability, and social service resources in the community. The unit of analysis consists of Metropolitan Statistical Areas (MSAs) with populations in 1980 of at least 25,000; data for calculating the rate of living alone are taken from the 1980 Census of Population. Results show considerable intermetropolitan and regional variation in rates of living alone and indicate that much of this variation is a function of the demographic, normative, and economic composition of the community population. There are also gender differences in these effects, with the female elderly more strongly influenced by economic factors than the male elderly population. Community social service support for health and welfare facilitates living alone; this support is more salient in communities where personal economic resources such as income are relatively low.

59. Kurerth, Alan M. *CCRC's leadership role in marketing of group LTC insurance*. Contemporary Long TermCare; May 1988; 11(5).

Discusses the leadership role that continuing care retirement communities (CCRCs) can provide by combining rental or condominium concepts with long term care insurance programs. Examines the trends in continuing care services and needs, and their impacts on the insurance industry. Provides an example of phantom insurance, which is based on mortality and morbidity tables and seldom offers true life care nursing services. Uses the example to examine the true cost of long term care and the choice of services offered by a self-insured CCRC. Discusses the future probabilities of long term care plans, including the inevitability of portable and transferable policies. Suggests that CCRCs can take a position of leadership and perform a vital service to national insurance carriers by blending their services with rental and condominium retirement community concepts.

60. Lammers, William W. *Public Policy and the Agency*. Washington: CQ Press; 1983.

Suggests greater use of case management for the elderly, even to the point of moving money between various program budgets, ie, a type of block funding. Identifies the following types of housing programs: public housing, rent supplement, builder incentive programs, energy cost assistance, renovation programs, property tax relief, reverse mortgages, congregate housing, retirement communities, shared living, pre-retirement planning.

61. Lane, Terry A.; Feins, Judith D. *Are the Elderly Overhoused: Definition of Space Utilization and Policy Implications*. Gerontologist; June 1985; 25(3): pp. 243-250.

The author examined space utilization by the elderly. Annual Housing Data suggest space is not under-utilized. Because of low mobility, few units become available for re-occupancy.

62. Laventhol and Horwath. Retirement housing industry, 1988. Philadelphia: Laventhol and Horwath; 1989.

Analyzes the current status of the retirement housing industry, based on results of a survey completed by 175 retirement housing facilities throughout the country. Respondents were asked to provide operational and financial information for the most recently completed fiscal year. Detailed statistical tables break down the data into demographic profiles of participants and summarize the general characteristics of the facilities and residents. Entrance fee facilities and rental facilities are described separately in terms of their characteristics, revenues and services, and expenses. Information is also provided on assisted living units, which are defined as providing a level of care between independent living and licensed nursing care. A separate section describes trends in long term care insurance, marketing, facilities management, and the retirement housing industry in general.

63. Lawton, M. Powell. *Congregate Housing Overview: Theory Through Application*. Comprehensive Congregate Housing for the Elderly: Advanced Research and Practice; May 11-12, 1984; Chicago.

Congregate housing is defined as a residential environment for older people that offers age-appropriate shelter, one or more communal meals per day, and other services designed to ensure a minimal level of satisfaction of basic needs. It is marketed to those who are afraid they might not manage on their own. Ideally, there is a resident nurse, and options to use services. It should have access to advanced medical services if required, but should not be next to a hospital.

Author recommends that management must foster autonomy, for example, through tenant committees, each unit having its own kitchen. There is a fine line between providing help (and thus encouraging dependency) and encouraging autonomy. But without the sense of self in the community, physical deterioration will set in quickly.

64. Lazarowich, N. Michael. *Review of the Victoria, Australia granny flat program*. Gerontologist; April 1990; 30(2): p. 171-177.

Reviews the success of the granny flat program in Victoria, Australia, initiated in 1974. The granny flat is a form of housing that allows elderly people and their families to live close enough to each other for the family to provide necessary services but far enough apart for privacy and separate lifestyles. In Victoria, the unit is separate from the main house, is

movable, and approximates the space of a two-car garage. So far, the program has provided 3,000 units. The program is examined in terms of procedures, costs and time associated with administering the program, and problems that have been encountered in the delivery of the program. The roles of the Moveable Units Team of the Ministry of Housing, the applicant/occupant, the local government, and private contractors are examined in terms of granny flat delivery, applicant selection, unit installation, and unit vacating and relocation. Although the program has been largely successful, key improvements would be to decentralize the program and to use one type of unit with standard panels. The program's experiences have shown that similar programs should also start with a demonstration project, develop an analytical information system, endorse a state-level initiative, use a standard module unit, and recognize that there will be an evolution in management and structure.

65. Lazere, Edward B.; Leonard, Paul A.; Kravitz, Linda. *Other housing crisis: sheltering the poor in rural America*. Washington: Housing Assistance Council; 1989.

Reports on the housing conditions of the poor rural elderly, based on data from the Bureau of the Census and the Department of Housing and Urban Development. In 1985, 5.2 million households living in nonmetropolitan areas were headed by a person aged 65 or older. While most nonmetro elderly households were homeowners, many with their mortgages paid off, a significant number had low incomes and suffered from problems of housing affordability and quality. A large proportion of poor elderly households in nonmetro areas--nearly two of every three--consisted of individuals living alone, a majority of whom were women. Nonmetro elderly households were more likely to be poor than their counterparts in metropolitan areas, and elderly households in nonmetro areas were more likely to have low or moderate incomes than nonelderly households. Although poor elderly households in nonmetro areas had lower housing costs than urban areas, they were more likely to have higher housing cost burdens and to live in substandard housing than were their urban counterparts. Almost two-thirds of poor rural elderly homeowners spent at least 30 percent of their income on housing, exceeding the federal affordability standard.

66. Life Tenancy Task Force. *Report of the Life Tenancy Task Force*. Vancouver: CMHC BC/Yukon Regional Office; September 1987.

Report reviews various schemes for life tenancy and presents the results of a survey of the elderly, focus groups, and an inventory of existing projects. Focuses on needs for special insurance arrangements. The report recommends that CMHC sponsor a demonstration program, by entering into agreements with a number of senior citizen condominium projects.

67. Longman, Phillip. *Born to pay: the new politics of aging in America*. Boston: Houghton Mifflin; 1987.

Examines the major mechanisms of intergenerational transfer, how they occur, whether they are fair or prudent, and how they might be changed to address problems caused by the aging of the baby boom generation. Considers the intergenerational transfer effects of housing policy, Social Security, and health care costs. Suggests three ways of coping with the looming crisis of intergenerational inequity: to arrest the aging of the population through an increase in fertility, immigration, or both; to stop borrowing so massively from the future

and initiate a regime of thrift; and to prepay or otherwise compensate future taxpayers for the cost of the baby boom generation's retirement. Argues that Americans can no longer behave like members of special interest groups but must support the ideal of an enduring public interest encompassing all generations. Discusses the growth and contradictions in the senior power movement and examines various options that will serve the elderly of all generations.

68. Los, Jeffery H. *Straight talk about retirement housing*. Contemporary Long Term Care; September 1987; 10(9): p. 120.

Issues of importance to those considering the development of retirement housing and continuing care facilities for the elderly are discussed in a question and answer format. Topics discussed include the demand for retirement housing, location of the community or facility, competition with nearby facilities, financing, marketing, consumer preference for type and size of dwelling unit, the desirability of an attached nursing facility, types of services to offer, resident costs and fees, and the desirability of common facilities for activities. The importance of location to the success of a project is stressed repeatedly, as is the need to offer residents the highest possible degree of independence and privacy.

69. Mangum, Wiley; Briggs, H.; Mullins, Larry C. *Policy and a Place to Live*; 1983; University of Florida: International Exchange Centre on Gerontology, Univ of Florida.

Papers focus on the changes that are occurring in policy as government withdraws from deep subsidies. Try to develop models that will identify key points at which knowledge can be transmitted.

70. Marshall, Victor W. *Aging in Canada: Social Perspectives*. Markham: Fitzhenry and Whiteside; 1987.

A collection of articles including one by Stone that looks at changes in living arrangements with age, and one by Denton that estimates the cost burden of an aging society.

71. Matthews, Joseph L. *Eldercare: choosing and financing long-term care*. Berkeley, Calif.: Nolo Press; 1990.

Provides a guide to choosing and financing long term care. Explains how a geriatric care manager can organize a program of care for an elderly relative, especially if the elder lives in a different city or state. Discusses how to choose the right kind and level of elder housing or nursing facility for an elderly relative and how to make sure the facility will provide a comfortable and humane residential setting. Describes long term care benefits of Medicare, Medicaid, and other government programs and offers strategies for protecting assets within Medicaid rules. Considers how to prevent the high cost of long term care from depleting lifetime savings, and explores ways to preserve dignity and retain the most control over life and property when an individual is no longer physically or mentally able to manage all of his/her affairs. Provides an overview of estate planning techniques that can be used to protect an elder's money and property. Details the pitfalls of private insurance policies that claim to cover nursing home costs. Appends a comprehensive resource directory of national organizations, government agencies, and support groups.

72. Mellinger, Jeanne C. *Emergency housing for frail older adults*. Gerontologist; June 1989; 29(3): p. 401-404.

Describes an emergency housing program for impaired elderly persons who cannot continue in their present living situations. Housing providers were recruited and paid a small fee to keep an emergency bed available at all times. When an elderly person is placed in their home, they are paid an increased fee to cover costs plus remuneration for assistance with daily living. Clients generally are very frail and receive 24-hour assistance for 2 to 4 weeks while permanent housing arrangements are being made. The service is used by three types of clients: persons discharged from institutions but too frail to live alone, those living alone who become unable to care for themselves, and those whose caregivers become unable or unwilling to care for them. During a 5-year period, the program served 63 clients in 2 counties. It is funded by the counties, with clients contributing to the extent possible. When the living arrangements of clients were compared one year after participating in emergency housing with those of social service clients who had housing crises before the emergency program began, 67 percent of the emergency housing group were still in the community in contrast to 42 percent of the comparison group. Only 17 percent of the emergency housing group was in the hospital or nursing home, compared to 42 percent of the comparison group. It is concluded that the program is a cost-effective way to provide support and prevent unnecessary institutionalization.

73. Moehrl, Thomas. *Expenditure patterns of the elderly: workers and nonworkers*. Monthly Labour Review; May 1990; 113(5): p. 34-41.

Examined differences in expenditures between working and nonworking elderly households. Consumer Expenditure Survey data from 1986 and 1987 were used to calculate mean annual expenditures, income, and demographic characteristics for selected elderly American consumer household units. Analysis focused on persons in the 65-74 age group. Across all income groups, nonworking households spent more than working households on food prepared at home and on health insurance and health care. Working households spent more on retirement, pension, and Social Security contributions than nonworking households, across all income levels. Low-income working households spent more on transportation than did low-income nonworking households. High-income nonworking households allocated a larger share than did high-income working households for total housing expenditures, even though they were more likely to own their homes mortgage free. Regardless of income level, the working group received most of its income from wages and salaries, while the nonworking group received the bulk of its income from Social Security and retirement benefits. The differences in expenditure patterns between working and nonworking older consumers cannot be explained solely by income differences, since low-income working households spent 25 percent more than their nonworking counterparts, even though their incomes were only 12 percent higher.

74. Mollica, Robert; Ryther, Barbara. *Congregate housing*. Washington: Council of State Housing Agencies; 1987.

Presents a guide to planning, financing, and developing a congregate housing project. Defines congregate housing as an alternative living arrangement for elders which coordinates shelter with health and social support services in a relatively independent residential

environment. Emphasizes the importance of coordination with appropriate state and local agencies. Outlines steps in program planning and feasibility assessment, including choosing the development team, appointing a citizen's advisory committee, conducting a needs assessment, identifying the target population, and selecting an architectural design. Discusses costs and potential funding sources. Explores the roles of the service coordinator and the multidisciplinary assessment team, public relations and marketing, tenant assessment/selection, and maintenance of occupancy levels. Includes a glossary and a case study of the Massachusetts congregate public housing program.

75. Montgomery, R; Roos. *The Cost of Death*. Millbank Quarterly; Summer, 1985; 66(3).

The authors look at the medical costs of death in Canada in the 4 years just prior to death. They find that those dying at older ages have much more expensive deaths because they are heavy users of health care.

76. Moon, Marilyn; Gaberlavage, George; Newman, Sandra J. *Preserving independence, supporting needs: the role of board and care homes*. Washington: American Association of Retired Persons; 1989.

Explores a number of problems and issues affecting older residents of board and care homes and suggests some possible directions for the future of the broad range of housing that has been labelled board and care. Examines facility and resident characteristics of board and care homes for the elderly and finds that board and care homes tend to serve those who are unable to live independently but are not impaired enough to require more formal institutionalization. Reviews federal policies in board and care and the 1976 Keys amendment to Social Security, which was an attempt to improve board and care. Describes the costs involved in board and care operation and the roles of Supplemental Security Income, Medicaid, and Housing and Urban Development programs in board and care financing. Examines quality of care issues in board and care facilities, focusing on both operation and management issues and resident rights issues. Includes chapter references.

77. Muller, Charlotte. *Homesharing and congregate housing: state initiatives*. Research on Aging; June 1987; 9(2): p. 163-181.

Reviews historical changes in federal housing legislation and describes state congregate and shared housing initiatives, drawing on a survey conducted for the Veterans Administration. Outlines federal programs for low-income and elderly tenants, beginning with the Housing Act of 1937. Also describes federal legislation that encouraged congregate housing projects. Discusses recent program shifts which have moved away from new construction and increased tenant contributions. Explains how cost limitations in federal housing programs have eliminated housing adaptations that could be of assistance to the elderly. Addresses the possibility of shared occupancy in public housing and mentions three bills encouraging shared housing that were introduced by Representative Edward Roybal in 1985. Summarizes shared and congregate housing initiatives in 11 states that have responded to the housing problems of the elderly and briefly discusses prospects in other states. States have demonstrated general interest in housing problems of the elderly, but have also varied in the degree of commitment, program development, and the models emphasized. Includes a list of pertinent documents from the 11 states highlighted.

78. Murray, C. *Supportive Housing for Seniors: The Elements and Issues for a Canadian Model*. Ottawa: CMHC; NA.

79. NA. *No doubt about--suburbia is aging*. Perspective on Ageing; March-April 1989; 18(2).

Assesses the experiences and needs of the elderly who live in suburban environments. Considers the implications of the growing number of older Americans who live in the suburbs, focusing on their service, housing, and transportation needs and options. Provides a community checklist for establishing a joint city-county task force to meet concerns of the elderly in suburbia, developed from two model suburban test sites. Reviews findings from an eight-part series published by Newsday, a Long-Island (N.Y.) based newspaper, which found that single family houses have become traps for suburban elderly because they are too large for their needs and too costly to maintain. Also reports on the nursing home shortage and transportation problems for the older person on Long Island. Outlines intervention strategies being developed by Nassau County on Long Island to deal with these problems, including the development of a coordinated case-management system, provision of counselling for families interested in home equity conversion loans, and private sector education on the advantages of hiring elderly adults. Includes a bibliography.

80. Nathanson, Iric. *Housing Needs of the Rural Elderly and Handicapped*. Washington: HUD, Policy Development and Research; November, 1980.

81. National Council on Aging. *Abstracts of current Literature*. Abstracts in Social Gerontology. Section on Housing.

82. National (Canada) Advisory Council on Aging. *Intergovernmental Regulation and the Aging of the Population: Challenges Facing Canada*. Ottawa: National (Canada) Advisory Council on Aging; May 1991.

Report stresses the close cooperation that must exist among the various levels of government. It identifies a number of areas where improvement would occur.

83. Newman, Sandra; Struyk, Raymond J. *Housing and Supportive Services: Federal Policy for the Frail Elderly and Chronically Mentally Ill*. Boston: MIT Centre for Real Estate Development; March 1988.

84. Northcutt, Herbert C. *Changing Residences: The Geographic Mobility of Elderly Canadians*. Toronto: Butterworth; 1988.

A review of data on migration from the 1981 Census.

85. O'Bryant, Shirley L.; McGloshen, Thomas H. *Older widows' intentions to stay or move from their homes*. Home Economics Research Journal; March 1987; 15(3): p. 177-183.

Identifies factors predictive of recent widows' intentions to stay or move from their homes. Interviews were conducted with 221 low- to middle-income urban widows over age 60 who had been living alone in their homes since their husbands' deaths. Items included age, health status, education, financial situation, employment history, housing characteristics, household maintenance, housing satisfaction, transportation, neighbourhood characteristics, measures of attachment to home and subjective well-being, and items related to marriage,

family relationships and support, and confidant availability. Most of the variance in the widows' intentions to move was related to subjective factors rather than sociodemographic or objective ones, with four attachment to home factors accounting for 33 percent of the variance. While the Cost/Benefit of Home factor was the leading predictor, widows who were planning to move were no more likely to have lower incomes or higher housing costs than those planning to stay in their homes. Instead, it appeared that those planning to stay placed a greater intrinsic value on the benefits derived from their homes. Other subjective factors significantly related to the intention to relocate included Comfort of Home, Family Tradition, and Competence in Home.

86. Office of Technology Assessment. *Technology, Housing and the Living Environment of the Elderly*. Washington: Office of Technology Assessment; June 1985.

87. Olshansky, S. Jay. *On Forecasting Mortality*. *Millbank Quarterly*; 1988; 66(3).

The author criticizes projections of mortality rates based on extrapolating past trends vs looking at behaviour, medical and social factors. Suggests using a multiple cause delay model using more favourable risk factors at the population level, and this results in much larger increases in the size of the elderly population. Reductions in death by stroke may result in more people being in a position of frail health for a longer period. A cause delay model is one where we assume a particular cause of death, and then look at the effect of delaying death for a number of years; the saved population then becomes more likely to die from one of the other causes of death. Because of the high cost per capita of health costs for those over 85, even a slight change will have dramatic effect on costs. The reason such models are not used is that we have poor data on trends in morbidity, so we tend to assume static rates.

88. Organization for Economic Co-operation and Development. *Urban Policies for Ageing Populations*. Paris: OECD; 1990.

A report on urban policies in the 15 member countries. Chapter 3, on Housing was written by Satya Brink of CMHC. It identifies 2 major objectives of housing policy: to limit cost of institutionalization, and to improve the fit between the needs of the elderly and current supply. Chapter 7 presents the summary of findings and general policy options:

- more creative use of the housing stock greater involvement of the private sector
- conversion of home equity into cash
- review regulatory framework
- assistance with housing expenditures, maintenance and renovation - improve quality of institutional care
- increase responsiveness and accessibility of services
- develop infrastructure to support aging in place
- support informal care givers
- use of private sector funds via guarantees, incentives, and subsidies -

- greater use of non-profit sector.

89. Parker, Valerie; Edmonds, Sherry; Robinson, Virginia. *Change for the better: how to make communities more responsible to older residents.* Washington: American Association of Retired Persons; 1989.

Discusses how older people can provide the leadership and create the kinds of environmental and housing changes that can make their community a better place in which to live. Offers suggestions for making pedestrian travel easier, and for improving vehicular transportation, lighting, signs, and public places to allow the elderly increased mobility and safety. Considers the variety of housing options for older people who need assistance with housing costs: those who are house rich but cash poor, those who want to remain in their own homes as their physical abilities change, those who want smaller or more economical housing units, those who need housing combined with supportive services, and those who want companionship and security and need assistance with housing costs. Describes community actions that have been successful, such as zoning changes or subdivision or ordinances that allow innovative housing alternatives, community development programs that include trust funds, and tax abatements and tenant codes that protect against skyrocketing rents. Offers advice for marshalling resident support, participation, and input. Appends listings of resource publications and organizations.

90. Parkoff, Barbara. *Adding services to existing buildings.* Washington: Council of State Housing Agencies; 1987.

Outlines the basic characteristics of congregate housing services programs, which provide integrated supportive services within existing multi-unit residential housing facilities. Discusses program size, participant assessment, space required, service components, and program organizational structure and staffing. Describes state roles and responsibilities, costs, funding sources, and monitoring and evaluation. Addresses common misconceptions and some of the typical problems encountered. The six appendixes include references and a bibliography as well as memoranda, rules and regulations, and legislation applicable to New Jersey's congregate housing services program.

91. Peartree, Marie Michelle; Goldberg, Sheldon L. *Planning Housing and Services for the Elderly: A Process Guidebook.* Washington: American Association of Homes for the Aging; 1984.

92. Reddick, Josephine. *The Interdependence of Health and Housing for the Elderly.* Journal of Housing for the Elderly; Winter 1984; 2(4): pp 77-82.

The author surveys 5 senior apartment buildings over a 5 year period. Found that the following lead to poor health: poor ventilation and heating, high steps, poor colour and poor foundation.

93. Regnier, Victor; Byerts, Thomas O. *Applying Research to the Plan and Design of Housing for the Elderly.* Urban Land Institute. Housing for a Maturing Population. Washington: Urban Land Institute; 1983.

Reviews various models of how aging affects housing requirements, and focusses on several research projects that look at design problems. Suggests greater emphasis on dissemination

of research results, greater use of shared kitchen facilities, need to adapt seniors projects as the residents age.

94. Reiger, Arthur J.; Engel, David. *Granny Flats: An Assessment of Economic and Land Use Issues*. Washington: HUD, Div. of Building Technology; January 1983.

95. Reschovsky, James D. Residential immobility of the elderly: an empirical investigation. *Journal of American Real Estate*; Summer 1990; 18(2).

Investigated the reasons for the substantially lower residential mobility rates among the elderly than the nonelderly. Data from the Panel Study of Income Dynamics (PSID) were pooled from 10 consecutive waves covering interview years 1970-1979. Variables were constructed that measured the gross benefits of moving, and the distribution of these variables among age groups was examined. Households with low propensities to move are posited to be those that face few benefits from moving--that is, they are near equilibrium with respect to their housing consumption and tenure choice--or those that face large costs to moving. Results suggest that the reasons for the relative immobility of the elderly differ by housing tenure group. Elderly homeowners were more likely to be found in disequilibrium with respect to both the quantity of housing and tenure than were younger homeowners, suggesting that elderly homeowners faced greater costs to moving. In nearly all cases, elderly homeowners who were in disequilibrium overconsumed housing services. Elderly renters by contrast appeared to be substantially in equilibrium with respect to both the quantity of housing services they consumed and their tenure, suggesting that their low mobility relative to younger renters was related to greater levels of satisfaction with current dwellings.

96. Rivlin, Alice M.; Wiener, Joshua M. *Caring for the Disabled Elderly: Who will Pay?* Washington: Brookings; 1988.

The authors address the issue of how to pay for the care of the disabled elderly. It explores the potential market for private long term care insurance, and finds that there exists a large market for such insurance. While the cost per enrollee would be high, the effect on the total cost of government subsidies would be small. It recommends a combined public and private insurance program, with the public sector paying either the basic rate, or the cost above a minimum amount (the catastrophic portion). They use a model developed specifically to address the issue of cost. It is a microsimulation model, which begins with 1979 population, and ages it. Using estimates of retirement income from pensions, changes in house value, marital status etc to forecast, the model then uses probabilities of disability and of admissions to a nursing home. Finally the model applies rules of medicare and medicaid to arrive at program costs. The model uses a Monte Carlo simulation methodology to simulate the various changes: eg, if the probability of getting a stroke is 0.09, it then selects a random number for each household of between 0 and 1, and if the number is less than this probability, then the person is given a stroke. An important theme in the book is that the family is the major provider of care for the disabled, and this role has probably been increasing as morbidity and mortality have both increased. Any program will likely reduce the extent of this care, resulting in high program costs. They feel that, by proper case management, eligibility restrictions, and limits on the number of visits, it might be possible to limit the cost of any home care program, but subsidizing family care giving would likely be too hard

to control Risk pooling is appropriate for long term care financing. Elderly people who are severely disabled incur costs that outstrip most family resources, even though most nursing home patients are there for only a short period before returning to their home. Since only a minority of the elderly use large amounts of paid care, pooling the risk through insurance is a sensible way of providing protection. But such insurance must begin while the adult is still relatively young, otherwise the premiums will become exorbitant. There is a large potential market for private insurance, but there will also be the requirement for public medical aid. This should be done through social insurance rather than welfare.

97. Rogers, Andrei; Rogers, Richard G.; Belanger, Alain. *Longer Life But Worse Health: Measurement and Dynamics*. Gerontologist; October 1990; 30(5).

Summarizes the 2 approaches to the issue of morbidity: Fries, who says elderly will be healthier, since life span is generally fixed, and Gruenberg, who says morbidity is increasing. Rogers argues the most models ignore the fact that 25% of elderly recover from disability. He built recovery into his model, though recognizes need for better data on health and recovery.

98. Rostum, Hussein; Thonney, Eliane. *Health and Welfare's Review of Demography: The Implications for Housing and Living Environments*. Ottawa: CMHC: Centre for Future Studies in Housing and Living Environments; May 1991.

In 1986, Health and Welfare Canada established a Demographic Review Secretariat to coordinate and fund demographic studies. Over the next 3 years, 26 research papers were prepared. Rostum summarized these papers from the perspective of housing and living environments. A portion of the review focussed on the elderly, and their requirements for support services. For example, one study suggested that the elderly will look to peers and extended family for support, because of the declining role of the immediate family. Another looked at the design requirements of housing for the elderly. Includes an Appendix on demographic trends.

99. Rozenkier, Alain. *Role of the social security system in providing social protection to the very old in France*. International Social Security Review; 1989; 42(2).

Examines the role of the social security system in France in providing social protection to the very old. Discusses demographic changes that will create a preponderance of women, and describes the expansion of collective residential accommodations. Addresses support of the elderly at home through home care, domiciliary nursing care, and other services. Examines collective residential accommodation in hospitals, social and medico-social establishments, sheltered housing, retirement homes, old peoples' homes, and establishments that adapt to residents' loss of autonomy. Concludes that France's social security institutions face challenges in their efforts to improve the lot of the elderly; they need to improve existing programs, intensify positive action by various bodies, implement innovative solutions and experiments, and ensure control over costs.

100. Ruchlin, Hirsch S.; Morris, John N. *Congregate housing services program: an analysis of service utilization and cost*. Gerontologist; February 1987; 27(1): p. 87-91.

Analyzed the types of services used and monthly cost per tenant for elderly/handicapped tenants of 16 facilities in the U.S. Department of Housing and Urban Development's Congregate Housing Services Program (CHSP). CHSP is a multiyear grant program to public housing authorities and nonprofit section 202 borrowers for the provision of meals and supportive services to frail elderly and/or handicapped residents. Services encompassed by the study included community-based social services, informal care provided by family and friends, and medical care. Average monthly CHSP cost per tenant in 1982 dollars was \$204, 54 percent of which was for meals. When financial support from other government funding programs and tenant fees were included, the average monthly cost of community services was \$281. The imputed cost of informal care raised this total to \$326. The average monthly medical care costs of \$237 brought the total monthly cost to \$563. Service utilization rates were similar to those of four other community-based long term care programs; service mix did vary among the programs.

101. Ruchlin, Hirsch S.; Morris, John N.; Gutkin, Claire E.; Sherwood, Sylvia. *Expenditures for long-term care services by community elders*. Health Care Financing Review; Spring 1989; 10(3).

Compared costs for long term care services for the elderly in five community settings. Four longitudinal data sets were used to generate five study cohorts of the elderly. These included those living in their own homes and receiving versus not receiving case-managed home care, aged persons living in publicly or privately sponsored housing for the elderly and receiving versus not receiving case-managed home care, and elderly living in congregate housing where meals and other social services are provided. Individuals were assigned to one of four institutional risk (IR) categories (very low, low, some, or high). Utilization data were collected from study participants (or their proxies) through direct interviews. Individual expenditure profiles were aggregated for each of the five housing and service settings and analyzed at three levels. Expenditures clearly increased as a person's frailty increased, as measured by IR status. But even at the lowest IR level, expenditures exceeded \$1,000 per year. In addition, case-managed care, which cost up to \$4,000 per year, did not yield large enough hospital and nursing home care savings to cover its cost.

102. Schwartz, David C.; Ferlauto, Richard C.; Hoffman, Daniel N. *New Housing Policy for America*. Schwartz, David C.; Ferlauto, Richard C.; Hoffman, Daniel N. Housing for senior citizens. Philadelphia: Temple University; 1988.

Describes the current and future housing needs of the elderly, reviews existing housing programs, and proposes a new housing policy. National and state housing programs for the elderly are analyzed, including programs that encourage the development of new types of senior housing, help the elderly stay in their own homes, help the elderly remain near family and friends, and expand financial sources for senior housing. Specific programs discussed include congregate housing, residential care centers, continuing care communities, property tax relief, home equity conversions, shared housing, and accessory apartments. A three-point housing program is proposed that links the efforts the federal and state governments and nonprofit providers and that encourages the elderly to live independently as long as possible. It is proposed that a national effort be made to enable the elderly to gain access to their housing equity, that a national program be established to assure housing

affordability and quality for the elderly living in their own homes, and that a major commitment be made to the federal Section 202 subsidized rental housing program.

103. Schwartz, David C.; Ferlauto, Richard C. (National Centre for Policy Alternatives). *New Housing Policy for America: Recapturing the American Dream*. Washington: NCPA; 1988.

104. Scott, Terrence J.; Maziarka, Robert F. *Elderly housing options: putting together a cost effective development and planning process*. Chicago: Pluribus Press; 1987.

Discusses the development and planning of congregate housing services for the elderly (CHSE) projects. Analyzes the features and magnitude of the elderly market and challenges health care organizations to become involved in this potentially profitable business area. Reviews the history and problems of the life care industry and implications for CHSE projects. Discusses key issues in performing a market feasibility study for CHSE projects. Considers the selection of an appropriate service package and rental rates. Outlines a procedure to determine the extent to which gross operating revenues can cover operating expenses and excess revenue requirements and to estimate the costs involved in bringing the project to full anticipated operating occupancy. Explains methods of long term financing and sources of equity. Describes alternative roles for health care organizations in the structure of a CHSE project, focusing on issues of risk, ownership, and control. Discusses the various steps in the development of a CHSE project, with emphasis on the roles of different members of the development team. Mentions problems that can arise in working with developers and outside investors and considers planning and development issues from the perspective of a hospital's chief executive officer. Includes chapter references.

105. Seip, David E. *Setting the stage for successful acquisitions*. Contemporary Long Term Care; July 1987; 10(7).

Discusses factors potential buyers of a retirement facility should consider in evaluating the facility. Retirement projects are put up for sale for three reasons: some are intended to be sold as early as possible in the development process, some are sold after they are financially stable and filled with residents, and some are less than 3 years old but substantially less than 95 percent occupied. To evaluate the marketability and profitability of unproven retirement facilities, potential buyers should examine the books, the looks, and the hooks. Financial records should be analyzed, comparing their initial projections against net operating income and scrutinizing the feasibility study from which the projections were made. The appearance of the project should be evaluated, including its location, the neighbourhood environment, and the physical features of the facility itself. It also is important to identify the hooks factors which may severely limit the total cash flow potential and which cannot be reversed without significantly altering the concept of the project. If the population has a frail character, for example, active prospects may react negatively. Expensive retrofitting may be necessary to separate independent and frail residents in order to achieve full occupancy.

106. Serow, William J.; Sly, David F. *Population Aging in the US*. Wrigley, J. Michael. New York: Greenwood; 1990.

A study of the trends in the elderly from 1940 to 1980, Chapter 4 focusses on housing. Increasing proportion of the over 85 group, now 25%, are residing in institutions. Also a decline in proportion living with their children. Share of income going to housing increases with age, past 65. Older households are more likely to be living in older dwellings, and in units in need of repair.

107. Simon Fraser University. *Canada's Changing Age Structure: Implications for the Future*. See article by Herzog, John P. *Aging, Pensions and Demographic Change*. Vancouver: Gerontological Research Centre, Simon Fraser University; 1982.

Criticizes studies which look excessively at the over 65 as a ratio to the working population. The implication is that the over 65 are not productive, yet they have capital to invest, and capital is productive. The ratio may change as a result of migration and changing participation rates. Suggests using a life cycle model to explore income and consumption patterns, but not plan too much for the future, as the economy is usually able to adjust prices to allow re-allocation of resources.

108. Smeeding, Timothy M.; Holden, Karen. *Poor, the rich and the insecure elderly caught in between*. Nashville: Vanderbilt Institute for Public Policy Studies; December 1989.

Investigated the economic status of the economically insecure (lower) middle class elderly, who are called tweeners. Data from the 1984-1985 Survey of Income and Program Participation were used to assess the combined distributions of income, wealth, housing cost, health insurance coverage, and the incidence of physical disability. Tweeners are defined as being vulnerable to two or more of the following five major sources of economic insecurity: reliance on Social Security as the primary source of money income; reliance on Medicare as the only acute health insurance subsidy; housing costs as a percentage of income above the accepted maximum; inadequate resources to meet the costs of a median length of stay at a skilled nursing facility; and higher than average cost of living and diminished well-being due to chronic health or disability status. About one-sixth of all elderly and over one-quarter of all single persons aged 75 and over in 1984 were insecure elderly living with cash incomes between the poverty line and twice the poverty line. In contrast, much smaller fractions of the poor (3.7 percent) and the middle upper class (13.1 percent) suffered from two of these five conditions of insecurity.

109. Stone, Leroy O. *Family and Friendship Ties Among Canadian Seniors*. Ottawa: Statistics Canada; 1988; 89-508.

Reports on the 1985 General Social Survey. The focus of the survey was on the contacts people have in getting support services. Stone identifies as important a "potential support group" of extended family members and close friends. Such a group increases the ability of the elderly to access formal support system. However, he feels the importance of this group may be declining. Finds that other seniors are an important source of support.

110. Strieb, Gordon F; Folts, Edward. *Old Homes - New Families: Shared Living for the Elderly*. New York: Columbia University Press; 1984.

Argues that voluntary organizations are more caring, adaptive than large bureaucratic structures. The authors like the Abbeyfield model of small projects and live-in wardens. In

the US, most groups were improperly funded and operated on a shoestring. Moreover, there is always a zoning problem for group homes.

111. Struyk, Raymond J. *Providing Supportive Services to the Frail Elderly in Federally Assisted Housing*. Washington: Urban Institute; 1989; 89-2.

Addresses the problem of growing numbers of frail elderly in subsidized housing projects who do not have the funds to pay for care. Arrives at quantitative estimates, and recommends state subsidies to allow the project to provide support.

112. Struyk, Raymond J.; Katsura, Harold M. *Aging at Home: How the Elderly Adjust Their Housing Without Moving*. Journal of Housing for the Elderly; Fall-Winter 1987; 4(2): pp. 1 - 175.

As a result of:

- doubling in the number of elderly, and even greater growth in the number of those over 75, between 1980 and 2000,
- greater tendency to live alone, and not take in boarders,
- reduced kinship ties and smaller families, with children more likely to live further away,
- increased demand for special modifications to house and support service,

authors argue that we must recognize that the housing situation of the elderly will have to adjust as the elderly's requirements change.

They identify 4 types of housing change or adaptation:

- -change in use of rooms,
- -dwelling modifications because of physical impairment,
- -taking in roomers and boarders
- -repairs and improvements.

Using a sample of 364 households, of which one half are elderly,, they find: -8% of the elderly made one of the above at-home adjustments each year, vs 3.3% who moved -contact with children, even though children are far away, are in important determinant in making adjustments, -appearances of physical limitation problems tend to be very episodic and temporary, receipt of meal services is a good predictor of change in the use of rooms, economic circumstances is a predictor o repairs and alterations, but not other changes.

Policy Implications:

- a.Outreach activities are more important than income transfers
- b.Home sharing programs generally have very short matching periods; elderly women living alone are unlikely to want to participate. The result is a very high administrative cost jper person-year.

- c. Large mass programs are unlikely to be effective as circumstances change greatly.

113. Struyk, Raymond; Katsura, Harold; Newman, Sandra. *Housing of the elderly in 2010: alternative estimates*. Washington: Urban Institute; 1989.

Presents estimates of the housing circumstances of the elderly in 2010 under four sets of policy alternatives: an expanded voucher system for elderly renters, vouchers for elderly homeowners, expanded Home Equity Conversion Mortgages, and congregate housing for low income impaired elderly. The Transfer Income Model (TRIM2) was used to age the 1985 Current Population Survey data base to 2010 and the DRI model was used to generate economic forecasts. Additional housing information was appended to each record and simulated using regression equations to yield a household level data file for 2010 that contains demographic information, data on the type and condition of housing unit occupied, and the value of equity in the home. This process was repeated using the four different assumptions about changes in the elderly's living arrangements and shifts in their housing preferences. Results under the four sets of assumptions were about the same. The rate of home ownership among the elderly would increase from 73 percent in 1978 to 76 percent in 2010. Elderly renters would live in larger projects than at present, and the share of renters receiving housing assistance would increase from 21 to 31 percent. The share of elderly households occupying larger units would decline slightly, although it would increase among higher income households. The incidence of households with a head or spouse with an activity limitation would increase, and the proportion of dwelling units with special modifications to compensate for these limitations would increase. The presence of structural and maintenance deficiencies in units occupied by the elderly would increase, but the percentage of elderly with large out-of-pocket costs for housing would decrease. A voucher system for renters would cost \$3.3b, for owners \$5.2b, and would add 1.5m and 2.8m persons respectively. Both would improve housing quality. The equity mortgage would help 670,000 households but not improve quality. A congregate housing voucher would cost \$1.2b, help 650,000 and would reduce demand for congregate housing.

114. Struyk, Raymond J.; Page, Douglas B.; Newman, Sandra; Carroll, Marcia; Ueno, Makiko. *Providing supportive services to the frail elderly in federally assisted housing*. Washington: Urban Institute; 1989.

Discusses the delivery of supportive services to the frail elderly in federally assisted housing. Defines the size and composition of the at-risk population of elderly now living in assisted housing. Examines various state programs developed to meet the supportive service needs of the frail elderly who require assistance to maintain independent living; Massachusetts, for example, provides alternative housing for at-risk elders through its congregate housing program. Discusses federal options and resources, such as the Congregate Housing Services Program developed to prevent premature institutionalization. Describes some of the federal funding sources that the states could use to pay for supportive services, such as Social Services Block Grants, Title III funds, and Medicaid. Discusses three models of service delivery programs as possible new approaches: the Housing and Support Services Certificate Program, prepaid health coverage from privately operated health maintenance organizations, and vouchers obtained through the Congregate Housing Certificate Program. Presents three alternative models of federal-state cooperation, such as joint federal-state

funding from Medicaid savings. Opts for state provision of support services in existing projects. Provides further information concerning funding costs and descriptions of programs in the appendices.

115. Struyk, Raymond J.; Soldo, Beth J. *Improving the Elder's Housing Stock: A key to preserving the Nation's Housing stock and Neighbourhoods*. Cambridge, Mass: Ballinger; 1980.

Basic thesis is that a cluster of home maintenance programs is the most effective way of assisting the elderly and stimulating neighbourhood preservation. 80% of elderly are happy with their housing, though a minority, primarily black, poor and rural, face severe housing problems. Those with low income or widows with physical impairment tend not to maintain their units, resulting in a simultaneous decay of the individual, the neighbourhood, the house and the family. 25% of the government budget is geared to the elderly, yet only 3%, those best able to use the system, actually benefit. Develops a model to predict repair activity by the elderly. While income is statistically important, it has a very low elasticity. As a result, an income transfer would have little effect on maintenance, unless earmarked. A more significant deterrent to repair activity is difficulty in finding someone to do the work, suggesting a government clearing house for repair activity for the elderly. There is an interrelationship between housing quality and social services; since provided by different agencies, requires coordination. Develops a model to explain if an elderly household gets housekeeping assistance from the various sources, ie, self/spouse, persons living at home, relatives nearby, volunteers, private market. In general, those receiving welfare and renters are most likely to get government help, suggesting a need to help homeowners as well. Because the neighbourhood affects quality of house, uses a discriminant analysis to identify neighbourhoods where quality is low, to see if these areas have a large concentration of elderly. Finds it occurs in rural areas and central cities. While a RAM might assist in income problems, unlikely to affect housing quality, and may be too complicated to understand. Suggests better departmental coordination and a voucher for homeowners linked to housing quality improvement.

116. Taylor, Paul S.; Soldo, Beth J. *Research on Housing and Related Services for the Elderly: An Annotated Bibliography*. Washington: Gerontological Society of America; March 1981.

117. Tell, E.J.; Cohen, M.A. Continuing Care Retirement Communities: Lessons in managing long term care costs. *Generations*; Spring 1990; 14(2): p. 55-59.

Reviews insurance options now available to continuing care communities to offset possible costs of long term care. Suggests they use all options available in private insurance to ensure long term viability.

118. Tell, Eileen J.; Cohen, Marc A.; Larson, Mary Jo; Batten, Helen L. *Assessing the elderly's preferences for lifecare retirement options*. *Gerontologist*; August 1987; 27(4): p. 503-509.

The elderly's preferences for life care retirement options are analyzed, with a focus on their interest in the life care at home (LCAH) concept. A mail survey was sent to 1,400 individuals on the waiting lists at two suburban continuing care retirement communities

(CCRCs) in the Northeast. Among the 988 respondents, health guarantees embodying access to care and insurance for care seemed to be the components of CCRCs which were the most attractive; the lifestyle and social reasons were much less important. Forty-five percent of the respondents expressed interest in the LCAH concept and 85 percent of those expressed a willingness to pay the stated plan costs. Specific concerns, desires, and demographic factors associated with interest in LCAH are examined. It is concluded that LCAH is attractive to a significant portion of those elderly who are interested in CCRCs, but additional research is needed on the applicability of these findings to the elderly population as a whole. Implications for marketing are considered.

119. Thomas, Maria. *Retirement housing industry burgeoning. Contemporary Long Term Care*; July 1988; 11(7).

Conducted a national survey of 105 owners or managers of 852 retirement housing facilities concerning the construction, occupancy rates, and fee structure of their facilities. Results indicate a 15 percent growth rate from 1986 to 1987, going from 97,507 units in 1986 to 111,835 units in 1987. Although nonprofit operators still dominate the market, the total number of units owned or managed by for-profit operators showed significant growth, increasing by 27 percent. For-profit sponsors were also responsible for 71 percent of the new construction in the industry. Of the 852 facilities surveyed, 365 provided onsite nursing facilities with a total of 29,802 beds. Not-for-profits boasted a higher average occupancy rate for their facilities (93.7 percent). Straight rental, the most common fee structure, was used by 66 respondents, while an entry fee with monthly service charge was employed by 35 respondents. Detailed survey data on 84 of the 105 companies are provided, along with lists of the 10 largest nonprofit and profit operators and the 10 fastest growing retirement housing concerns.

120. Tyler, Philip R.; Loomis, Lynette M.; Sorce, Patricia. *Elderly's perceptions of nursing home sponsorship of retirement communities. Journal of Housing for the Elderly*; 1989; 5(2): p. 37-49.

Examined the effect of nursing home sponsorship of a retirement community on public attitudes toward the community. A total of 418 adults aged 60 and older, representing 350 households, rated their perceptions of each sponsor--a well-known hotel chain, a local nursing home, and a local builder--on six dimensions. These dimensions included cost, age of residents, quality of service, innovativeness of management, friendliness of staff, and sensitivity to the needs of older people. A retirement community sponsored by a nursing home was seen as average in cost, catering mostly to singles near or at retirement age, providing average quality service, having moderately innovative management, and having a staff that was friendly and sensitive to the needs of older people. Compared to a project sponsored by a nursing home, a project sponsored by a major hotel was seen as higher in cost, less friendly and sensitive, more innovative in management, and higher in quality of service. A community sponsored by a local builder was viewed as lower in quality of service, less innovative in management, comprised of people of all ages, and having the least friendly and sensitive staff. Housing management and marketing implications are discussed.

121. Tynan, Concetta; Cardea, Jane M. *Community service: home health hazard assessment.* Journal of Gerontological Nursing; October 1987; 13(10).

Describes a home health prevention program instituted by a long term care facility, which was designed to reduce the incidence of falls, fractures, and adverse drug reactions among community-dwelling residents. A professional nurse conducted three free home assessments with 125 adults aged 60 to 97, almost half of whom lived alone. The first visit consisted of a room-by-room home assessment and recommendations; follow-up interviews were conducted 3 and 5 months later. The major areas of need noted in the first interview were changes in activities or the environment to avert falls and issues of physical health, including medication use. Other areas of need frequently noted were referrals to other agencies, recommendations for emergency repairs or services, and activities related to social or emotional support. Overall, the recommendations appeared to be well-received, and many participants looked forward to the social contact with the nurse. The costs in personnel and other expenses were about \$50,000, but it was considered worthwhile in terms of the improved quality of life resulting from maintaining the elder person in the community.

122. Vallerand, Robert J.; O'Connor, Brian P.; Blais, Marc R. *Life satisfaction of elderly individuals in regular community housing, in low-cost community housing, and high and low self-determination nursing homes.* International Journal of Ageing and Human Development; 1989; 28(4): p. 277-283.

Compares the life satisfaction of elderly persons living in different types of nursing homes and community settings. Participants were 199 older persons living in regular community housing, low-cost age-integrated community housing, and high- and low-self determination nursing homes in Montreal. They completed a French translation of Diener, Emmons, Larson, and Griffin's (1985) measure of life satisfaction, and provided personal and sociodemographic information. Life satisfaction scores were similar for those living in regular and low-cost community housing and in high self-determination nursing homes but lower for those in low self-determination nursing homes. These differences in life satisfaction were not associated with age, health, education, income, or gender. The results refute the common assumption that nursing homes are undesirable places to live; if opportunities for self-determination are provided, nursing home residents can maintain a level of life satisfaction comparable to that of elderly people living in the community.

123. Varady, David P. *Elderly independence: promise and reality.* Journal of Housing; Nov-Dec 1988; 45(6): p. 289-292.

Assesses the potential for home sharing and accessory apartment conversion. Despite the enthusiasm of housing advocates for these two housing options, the elderly have been slow to take advantage of them. Although accessory apartments are more costly and less flexible than home sharing programs, both options provide the elderly with needed additional income, help, companionship, and security. They also prevent premature institutionalization, add to the supply of low-income rental units, and help to maintain multi-generational communities. Nevertheless, demand for services in existing home sharing and accessory apartment conversion programs has been low, and these options are not necessarily being sought by those elderly in greatest need. Interest in these housing options might be increased

through better outreach efforts, dissemination of studies demonstrating the feasibility of conversions in newer homes, and less restrictive accessory apartment ordinances. A study is highlighted of interest in home sharing and accessory apartment conversion among elderly homeowners in Montgomery County, Md.

124. Venti, Steven F.; Wise, David A. *But they don't want to reduce housing equity*. Cambridge, Mass: National Bureau of Economic Research; 1989. (NBER Working Paper; 2859).

Investigates whether transaction costs associated with changes in housing equity prevent the elderly from making choices that would improve their financial circumstances, such as reverse annuity mortgages. Since the majority of wealth of most elderly is in the form of housing equity, it is claimed that many elderly would transfer wealth from housing to finance current consumption expenditure, were it not for the large transaction costs associated with moving. Relative to the potential gains from a re-allocation of wealth between housing equity and other assets, transaction costs are very large. Based on results of the Retirement History survey conducted between 1969 and 1979 in which 3,423 families headed by persons aged 58 to 63 were interviewed every 2 years, the typical elderly family is not liquidity-constrained and has no desire to reduce housing equity. The desired reduction of housing equity is largest among families with low income and high housing wealth, but even in this case those desiring reductions are few, and there is a strong preference for remaining in existing housing as the elderly grow older. It is concluded that limited demand may explain the absence of a market for reverse annuity mortgages among the elderly.

125. Warner, Katherine P. *Demographics and Housing*. Urban Land Institute. Housing for a Maturing Population. Washington: Urban Land Institute; 1983.

Presents a summary of demographic trends. Increasing proportion of elderly, even the over 85, living alone. Number of frail elderly at home growing, suggesting need for help with repairs. Because baby boom is well educated, they will be making more demands on the system as they age.

126. Weissert, William G; Cready, Cynthia. *Design and Health*. Millbank Quarterly; 1988; 66(2): pp. 309-388.

Most research has assumed that home health care is more economic than institutionalization. The authors analyzed 27 studies that met rigorous design criteria. They find that home care increases utilization, and therefore costs. However, the health status effects of home care are limited to patient and caregiver contentment. While home care does reduce unmet need, only 25% of the control group is likely to enter a nursing home, and most of them for only a short period. They find no evidence that a home care program will reduce hospital costs. It is possible that congregate housing may be more cost effective. They conclude that the only justification of home care can be the normative value of trying to affect unmet need, but it cannot be justified in terms of costs. There might be some cost savings if home care were better targeted.

127. Wigdor, Blossom T.; Foot, David K. *The Over 40 Society: Issues for Canada's Aging Population*. Toronto: James Lorimer; 1988.

Review demographic trends to 2021, and their implications on such areas as housing, labour markets, pensions and social services.

128. Wimo, Anders; Wallin, Jan Olov. *Group living, an alternative for dementia patients. A cost analysis.* International Journal of Geriatric Psychiatry; January 1991; 6(1).

Investigated the costs of providing group living (GL) arrangements for dementia patients in Sweden. Twenty-four patients in two GL units comprised the study sample. The use of resources and costs for each patient during the last 6 months prior to GL and the first 6 months after admissions to GL were analyzed and compared retrospectively. The need for supervision from the social services and home nursing care organizations virtually disappeared for those who left their homes for GL. The need for institutional care also decreased markedly after admission to GL. A comparison of the two periods (before and after GL) showed that institutional costs were greatly reduced. However, when the costs for GL itself were added to the other costs, the difference in total costs was not significant. If the assumption is made that the only alternative would be institutional care for all patients, which interviews with staff indicated, the costs for institutional care would be significantly higher than the total costs for GL. Based on the sample characteristics, it is concluded that GL can be used as an intermediate level of caring for dementia patients.

129. Wise, David A., editor. *Economics of Aging.* Stahl, Konrad. *Housing patterns and mobility of the aged: the United States and West Germany.* University of Chicago: University of Chicago Press; 1989.

Compares housing patterns and mobility of the aged in the United States and West Germany. Notes that the age distribution of the West German population today resembles the distribution predicted for the United States in the year 2000. Finds that in both countries, moving is associated with substantial increases in housing-cost-to-income ratios, based on the U.S. Annual Housing Survey for 1978 and the West German One Percent Housing Sample for 1978. Also finds that consumption of housing services, measured by rooms per family member, declines when the elderly move; this is true in both countries. Suggests that the potential for adjustment in housing consumption by moving is much greater in the United States than in Germany, since elderly Americans are approximately four times as likely to move than their German counterparts. Concludes that a strong impediment to mobility in Germany is the apparent rent advantage given to sitting tenants who, typically, must pay substantially more for rental housing if they move. Includes a comment by Henry O. Pollakowski, research associate of the Joint Center for Housing Studies of the Massachusetts Institute of Technology and Harvard University.

130. Wise, David A., editor. *Economics of Aging.* Venti, Steven F.; Wise, David A. *Aging, moving, and housing wealth.* Chicago: University of Chicago; 1989.

Studies the impact of diverse social and economic variables on housing decisions of the elderly, using data from the 10-year Retirement History Survey, which followed families headed by persons aged 58-63 in 1969. Confirms that families with high incomes also typically have high housing wealth and that families with low incomes typically have low housing wealth. Concludes that the potential for a reverse mortgage scheme to increase the consumption of the low-income elderly is limited. Finds that families who have high

incomes but little housing equity are somewhat more likely to move than families who have low incomes but substantial housing equity--those who are most likely to be liquidity constrained. Suggests that the elderly who move are as likely to increase as to decrease housing equity. Finds that the typical mover is not liquidity constrained, and that the economic and psychic costs of moving are apparently not major reasons that the elderly fail to reduce housing equity as they age. Concludes that the absence of a well-developed market for reverse mortgages can apparently be explained by a lack of demand for these financial instruments.

131. Wister, Andrew. 1983 Survey *Ageing in Place*. Journal of Housing for the Elderly; 1990; 6(1,2).

Part of an entire issue of the Journal that is devoted to aging in place. The author uses a 1983 survey in London Ont. Finds a tradeoff between living alone (and resultant privacy and independence) and living with others (social contact and support). When a spouse dies, must often turn to community for support that the spouse had provided. Suggests tax relief for family members who care for and elderly person.

132. Wrightson, Bill; Pope, Campbell. *From barrier free to safe environments: the New Zealand experience*. New York: World Rehabilitation Fund; 1989.

Presents a design concept of intrinsically safe and accessible environments and a planning process for incorporating the concept into the procedures for design of an environment for people with disabilities. The design concept of intrinsic safety identifies a set of principles that link health maintenance, injury prevention, and universal usage. To incorporate the design principles into current planning procedures requires user involvement in the decision-making process. Successful translation of the principles and the process into good practical design solutions requires an evaluation process that recognizes and accommodates the interdependence of transport systems, public or open spaces, and public and private buildings. An argument is made for the need to formally involve user groups in the building process in New Zealand. Opportunities for this to occur in the building process are identified. The design, costs, and marketing of the intrinsically safe home concept are discussed. Specific design guidelines are appended that address site layout; structure; floor layout; fire safety; kitchen, bathroom, and laundry design; entries, doors, and windows; steps and stairs; electrical safety; and hot water. Commentaries by Julia Schecte on the New York experience with implementing accessibility and safety codes, and by Paul Grayson on the importance of changing society's attitudes and priorities to achieve the goal of a safe environment are included.

133. Yocum, Barbara; Graff, Wendy. *Utilization of Sheltered Housing by the Elderly*. Univ. of Washington, Long Term Care Centre; 1983.

The authors present a summary of 6 surveys across the US that describe the characteristics of residents of congregate housing projects.