THE STUDY OF EMERGENCY RESPONSE

SYSTEMS FOR THE ELDERLY

Appendices (Volume 2)

MacLaren Plansearch

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The Study of Emergency Response Systems for the Elderly

WORKSHOP PRESENTATION

CMHC National Office, Ottawa

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PRESENTATION GUIDE

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1. OBJECTIVES OF THE STUDY

The main objectives of the study of emergency response systems for the elderly are:

o to determine the potential of emergency response systems to help elderly people maintain independent lifestyles in the community, thereby reducing the demand for institutional care;

o develop system designs and specifications for effective emergency response systems and related support service organizations; and

o identify opportunities for the development and application of new technology and organizational structures that could improve the cost/benefits of emergency response systems and support services, particularly in comparison to institutional care.

2. OBJECTIVES OF THE WORKSHOP

The main objective of the workshop is to exchange information on emergency response systems. This will be done by presenting information on a topic by topic basis. Each topic will be introduced, the research method described and key findings presented. Key issues are drawn from the study results and these will form the basis for workshop discussion.
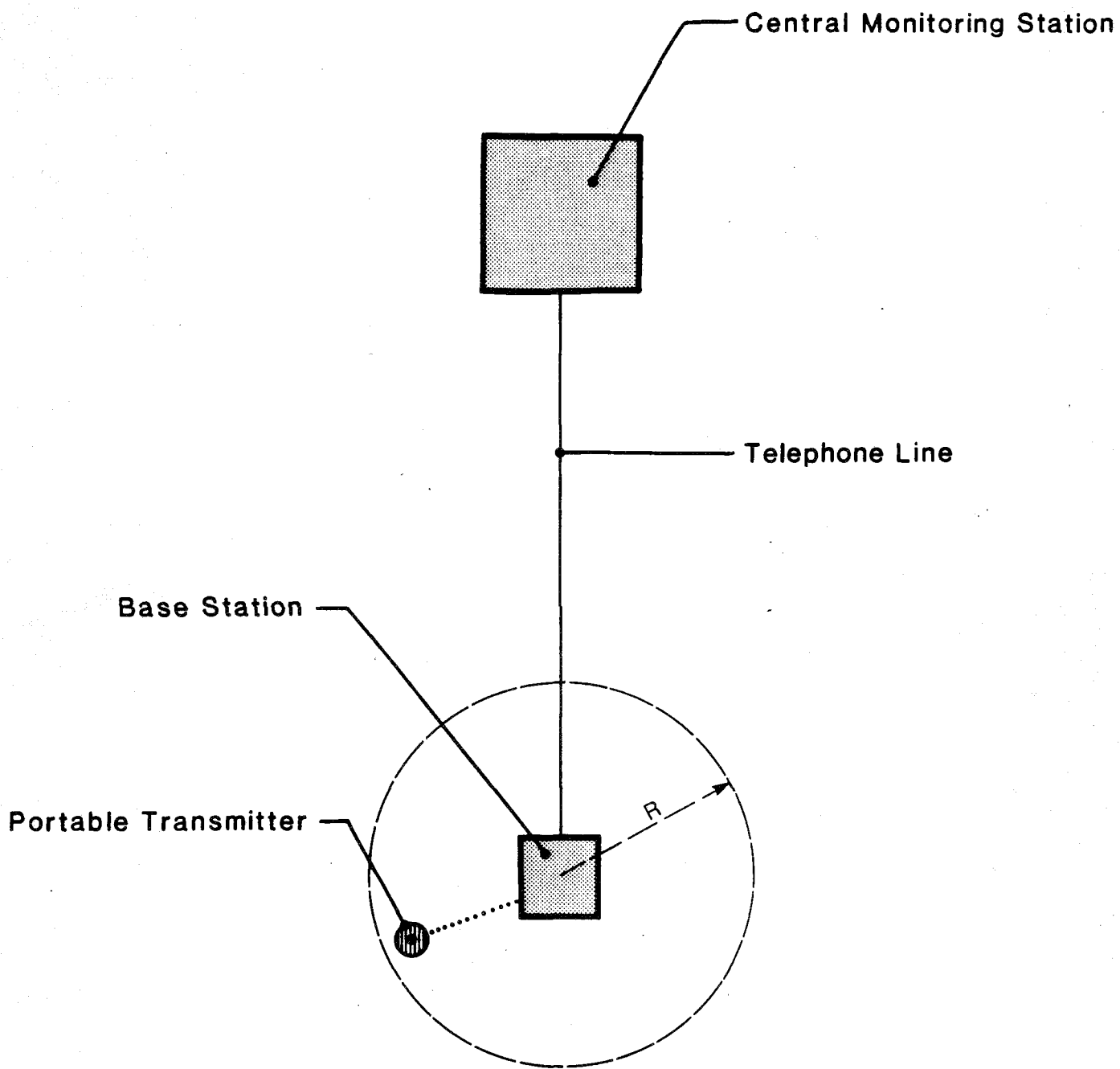
Central Monitoring Station

Telephone Line

Base Station

Portable Transmitter

R

Figure 1.

Wireless Emergency Response System
Typical configuration of monitored system

3. DEFINITION OF EMERGENCY RESPONSE SYSTEMS

Emergency response systems provide the means to summons help when a medical, personal safety, fire or other environmental emergency happens to someone who does not have the individual means to cope.

This workshop provides a preliminary overview of existing emergency response systems available in Canada. There are varying levels of technology employed in different systems currently available to the elderly and it is important to note that this report only considers remote controlled systems that utilize telephone lines to signal an emergency. Remote controlled systems are either monitored through a central monitoring station or they are stand alone systems.

3.1 CENTRALLY MONITORED SYSTEM

The first type of remote system is a centrally monitored system which, when activated, sends an encoded message to a central emergency response centre where it is interpreted by a computer and then acted upon by centre staff (see Figure 1).

In order to activate an emergency call the user either operates a remote dialer device such as a hand held or pendant transmitter or else the system is activated by the failure of the user to regularly use the system as prescribed within a pre-set period of time. Some products have both remote dial and a timer initiated system.

With the monitored system, all emergency calls are received by an emergency response centre. Calls can be monitored either locally or at a regional or national office. ERS such as "Lifeline" are set up so that emergency calls go to a local emergency centre, usually a hospital. The advantages of local monitoring are:

Responder

Telephone Line

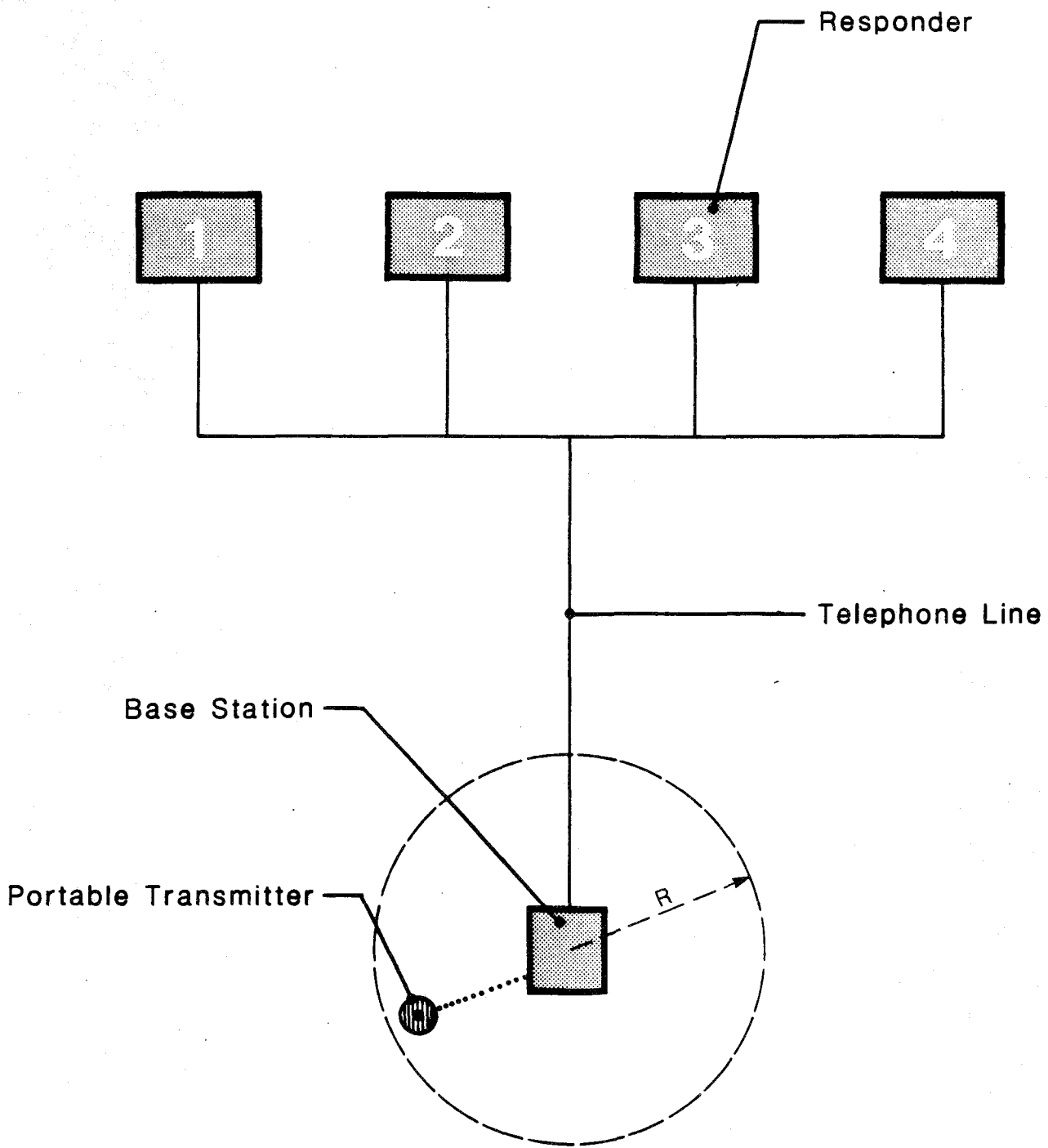Base Station

Portable Transmitter

R

Figure 2.

Wireless Emergency Response System
Typical configuration of stand alone system

1. That users are likely to feel more confidence in a locally based service; and

2. The local emergency handlers are more responsive and able to adapt to local conditions.

Other systems such as the "SG-1" monitor all calls in North America through their Portland, Oregon office. The main advantage of this set-up is reduced costs for monitoring.

An important feature of centrally monitored systems is the nature of the emergency response centre. "Lifeline" for example, sells monitoring equipment to hospitals and community agencies and trains these organizations to monitor calls and administer emergency response programs. Another variation on this theme is the "TAS Pagette" which offers monitoring service for "Medicall" products. In these cases the monitoring or service side of the system is a separate business from the product or technological device side.

On the other hand, companies such as "Protect Alert" offer both the hardware and the monitoring service.

3.2   STAND ALONE SYSTEM

Another major type of remote controlled emergency response system is the stand alone system. The stand alone system is not linked to a designated response centre, rather, the system when activated (either by remote dial or timer-activated as with the centrally monitored system) is programmed to dial telephone numbers that the user chooses (see Figure 2). Activating the emergency system results in a voice or voice simulated message being sent sequentially to the telephone numbers on the program. The major variation in these systems is that the telephone numbers and message are either self-programmable or they are not. "Apello", is an example of the stand alone system that is not programmable by the user - it must be pre-programmed.

3.3 OTHER EMERGENCY RESPONSE SYSTEMS

While this workshop is limited to remote controlled ERS, there are many other systems in use by the elderly to prompt response to an emergency situation. Examples of other categories of emergency response systems possible are:

o Postal Alert
o Card System
o Buddy System
o Hard-wired Systems
o Non-Activity Systems

4. PRODUCT REVIEW: KEY CHARACTERISTICS

A national telephone survey provided data for a review of emergency response system products. ERS hardware consists of:

o portable transmitter;
o base station;
o telephone links; and
o monitoring station.

4.1   PORTABLE TRANSMITTER

The following characteristics were common to all transmitters covered in the ERS survey:

o portability
o digitially coded radio signal;
o D.C. (battery) powered;
o limited operating range;
o pressure/force actuated; and
o 100% solid state components.

A number of the above characteristics vary from one ERS to another. For example, the coding algorithms are different and often selectable. Battery operating life is usually quoted as 6-12 months, but it can be as high as 3 years. Most systems fall within 50-60 metres operating range, but again, there are a few exceptions. Although all transmitters have some sort of a button actuator, some are equipped with a single button, whereas other have two buttons.

From a technical point of view, the components of the transmitters differ in a few non-essential aspects. These include:

o shape (round, rectangular);
o size; and
o how carried (pendant, wrist, pocket).

4.2   BASE STATION

Base stations also have a number of common characteristics:

o contain decoder and dialer;
o powered through an A.C. adapter;
o power back-up (rechargeable battery);
o "TEST" and "RESET" buttons;
o use of a phone line (dial or touch tone);
o audible and/or visual transmission indicator; and
o (EEPROM) memory.

There are small variations between systems within these common characteristics.   For example, rechargeable batteries usually provide power back-up for 3-5 hours, but, in some cases this period extends to several days.   Successful transmission is usually indicated by a change in tone (buzzer) or by extinguishing a blinking light.

Features available as an option or pre-packaged with some base stations include:

o additional emergency buttons (police, fire);
o "HOME/AWAY" switch;
o inactivity reporting;
o continuous self-check; and
o periodic, regular unit check.

For example, additional emergency buttons allow the user to define more precisely the type of emergency, thereby reducing the system's response time and eliminating potential false alarms. However, these buttons must be activated manually.

Some systems, notably "Lifeline" have the "home/away" switch and the "inactivity reporting" built-in as a result of their operating

philosophy. The user is supposed to report to the central station once in 24 hours. If that does not happen, the base station automatically initiates an emergency call at the end of the 24 hour cycle. To avoid false alarms, when the user is away from home, the "home/away" switch is used.

The automatic line "seizure" allows the base station to forward an emergency call even with the telephone receiver off the hook. Voice communication in progress gets interrupted, the line is seized and a message sent to the central station. By acknowledging the call the operator at the central station resets the system.

Continuous base station self check is a built-in feature of the "Apello" system. A continuous diagnostic routine monitors the unit and reports "unit trouble" with an indicating light. In addition, the "Apello" system continuously monitors and reports the status of the telephone line. Most other ERS suppliers offer either a mandatory or an optional periodic system check at regular intervals, which is performed from the central station end.

4.3   CENTRAL MONITORING STATION

In technical terms there are no essential differences between central stations. All are equipped with at least one computer, telephone, tape recorder, video monitor and printer. Additional equipment, back-up phone lines or operators, serve to increase system reliability, but their number does not alter the basic operating principle or the features systems offer to their users.

The computer(s) provide an easy access to the data base which contains essential personal information for every service subscriber, list of institutions and persons to be contacted in case of emergency. The video monitor and printer provide, respectively, the "image" and the hard copy of the data base content.

4.4 SYSTEM DEPENDABILITY

The system dependability (a level of confidence) is a function of
a number of key components. These include:

o operational readiness;
o accuracy and selectivity;
o degree of redundancy;
o simplicity of operating procedures; and
o monitoring on a 24 hour basis.

5. EMERGENCY RESPONSE SYSTEM MONITORING SERVICES

It is important to note that the monitoring service is a critical component of the whole ERS. The nature and quality of monitoring will determine the speed of response to an emergency call and the appropriateness of the response. In addition, the monitoring service may take a large responsibility in ensuring the user understands how to use ERS and in providing guidance to minimize false alarms.

Seventy (70) different monitoring companies or agencies were interviewed to provide information on monitoring services available to ERS users.

5.1 KEY FINDINGS OF SURVEY

o   Approximately 6,000 to 7,000 elderly Canadians use ERS;

o   Five generic monitoring organizations exist:

A. Stand Alone: No monitoring. This systems relays programmed messages to selected individual responders.

B. Security Companies 1: National monitoring. These private companies generally monitor their own systems (or a provincial telephone company monitors the system) from a central location. Even if distributors are local, the monitoring is still done by a national office using long distance telephone lines and service (e.g. "Protect Alert" serves Eastern Canada through Don Mills).

C. Security Companies 2: Local monitoring. Many private security companies distribute their products and arrange monitoring services locally. Often the medical alarm is an added feature to a complete home security system that includes fire and burglar alarms.

D. **Lifeline:** <u>Monitored by social service agency.</u> "Lifeline" is in a category of its own because of the scope of its operations in Canada. Lifeline offers a complete package to social service agencies/hospitals. The package consists of hardware, materials to market the system, procedures for implementation, and an on-going follow-up of both the system and procedures for monitoring.

E. <u>Other systems monitored by social service agencies:</u> Many companies provide a package comparable to "<u>Lifeline</u>". They offer both home units and monitoring equipment suitable for social service agencies. These systems are often compatible with "<u>Lifeline</u>" products.

o   Monitoring services received between .35 and 1.3 emergency health-related calls per year per user;

o   Few other types of calls (including false alarms) were recorded;

o   Except for the Stand Alone system, all monitoring services offered 24 hour service;

o   Installation fees ranged from $15 to $230 (where the medical alarm is part of a complete home security package);

o   Average monthly fees ranged from $10.00 to $30.00;

o   Majority of users are over 70 years of age;

o   Female users ranged from 68% to 75% of total users;

o   Between 75% and 93% of users lived alone; and

o   The proportion of users who are functionally impaired ranged
     from 14% to 47%, socially isolated, 13% to 22%, and medically
     vulnerable but not socially isolated, 38% to 73%.

6. USER EVALUATION

Companies and organizations that monitor ERS in the Vancouver area were asked to supply the consultant with a list of names of users in order to choose a structured sample.

All ERS identified in the Vancouver area are monitored by private security companies. Security and confidentially are trademarks of these companies and most refused to disclose the names of their clients. Some companies did agree to contact their clients on our behalf and request permission to release their names. To date, this process has not resulted in any interviews in the Vancouver area.

An opportunity become available to undertake interviews in Southern Ontario. Several "Lifeline" program operators, "Protect Alert", and Bomar Security Company (using "Linear" products) agreed to help arrange interviews. As a result, 16 "Lifeline" users, 5 "Protect Alert" users and 2 "Linear" users were interviewed. The major findings of the survey are:

6.1 PROFILE OF USERS

o 83% female;
o 80% aged 75 years and over;
o 91% live alone;
o 50% homeowners;
o 22% severly functionally impaired and socially isolated;
o 7% medically vulnerable and socially isolated; and
o 70% medically vulnerable, not socially isolated.

6.2 USER EVALUATION

o 57% had used their ERS in past year for a total of 20 emergency calls related to health and 8 calls due to error;

o all users who had used ERS were very pleased with the response; and

o all return calls had been made in less than two minutes and help arrived in less than ten minutes.

6.3 RESPONSE TO THE ERS TECHNOLOGY

o all users found their ERS easy to use;

o maintenance and appearance of all systems was related high;

o comfort of wearing portable transmitter was rated extremely low; and

o only 20% of users actually wore the device.

6.4 SECURITY

o the users were extremely appreciative of any device that helped them remain in their home; and

o all felt more secure and comforted that help was near.

6.5 ERS AS A MEANS TO MAINTAIN INDEPENDENCE

o 30% of the respondents felt they would have to move into alternative accommodation if they did not have their ERS;

o the ERS is only one part of a larger package of services necessary to assist the elderly to remain in their homes; and

o demand on both informal and formal support networks remained high both prior to and during ERS use.

7. PRACTITIONERS' AND SUPPORT PROVIDERS' EVALUATION

Sixteen (16) key informants were interviewed to discuss their concerns about and interest in emergency response systems. The informants came from a wide variety of backgrounds with expertise and experience working with elderly clients.

Major points raised during the course of the interviews were:

o   ERS for seniors are useful and worthwhile;

o   ERS appear an effective way to reduce hospital stays;

o   while the elderly are fully capable of understanding the technology of ERS, they require a supportive environment to learn how to use ERS and follow-up is essential to ensure that the elderly user is properly trained;

o   there is a lack of coordination in providing shelter and health-care related support in public housing;

o   hard-wired systems have proved ineffective from an operational point of view;

o   twenty-four (24) hour staffing of an emergency response centre is essential;

o   systems that 'seize' the telephone line in such a way as to prevent use of the telephone line to make another call, are problematic;

o   persons who respond to emergency calls must be well trained and able to communicate properly with emergency dispatchers and the person initiating the emergency call;

o   remaining as independent as possible is highly desirable for the elderly and ERS are seen as a means of maintain independence; and

o   ERS should not be considered a substitute for those who need 24 hour care or for those who suffer from loneliness, isolation and anxiety.

Two groups of elderly were seen to be the most appropriate users of the ERS:

o   the medically vulnerable who require ERS on a temporary basis in response to a particular medical crisis, usually following hospitalization; and

o   seniors at risk but who are fully capable and who have regular companionship. In this case use is on a long-term basis.

8. ISSUES RELATED TO COST-BENEFIT ANALYSIS

The following points illustrate some of the problems encountered in undertaking a cost-benefit analysis comparing the use of ERS to institutionalization.

o cost and benefits accrue to the actual ERS user, the user's family, the long term care system, the home care system, and the hospital system. How can each be considered in a valid way?

o ERS are used for a variety of purposes, including health and personal safety. What proportion can we "assign" to each?

o ERS is sometimes used on a short-term basis and sometimes on a permanent basis. How long does the user have to access to the device to have a cost attributed to the service?

o ERS is not a direct substitute for institutionalization. It is used as part of a package of formal and informal support services.

o Qualitative issues related to independence and security of the elderly are difficult, if not impossible, to quantify.

9. DEMAND FOR EMERGENCY RESPONSE SYSTEMS

The growth of the elderly population will affect the demand for ERS. Currently, approximately 6,000 to 7,000 elderly Canadians use emergency response systems. This represents only .2% of the estimated population aged 65 and over in 1986.

The population aged 65 and over is expected to increase to 41% between 1986 and 2006 for a total of 4,100,000 elderly (Statistics Canada). By 2031 this figure could increase to over 7 million. Figure 3 illustrates the growth in the elderly population.

While population increase is a major factor, other factors will affect the demand for ERS:

o   the cost of ERS (capital and operating cost to the user);
o   the provision of other services promoting independent living;
o   a real increasing shortage of institutional care accommodation;
o   marketing strategy used by companies promoting ERS; and
o   criteria used to determine who should use ERS.

Population (millions) vs Years
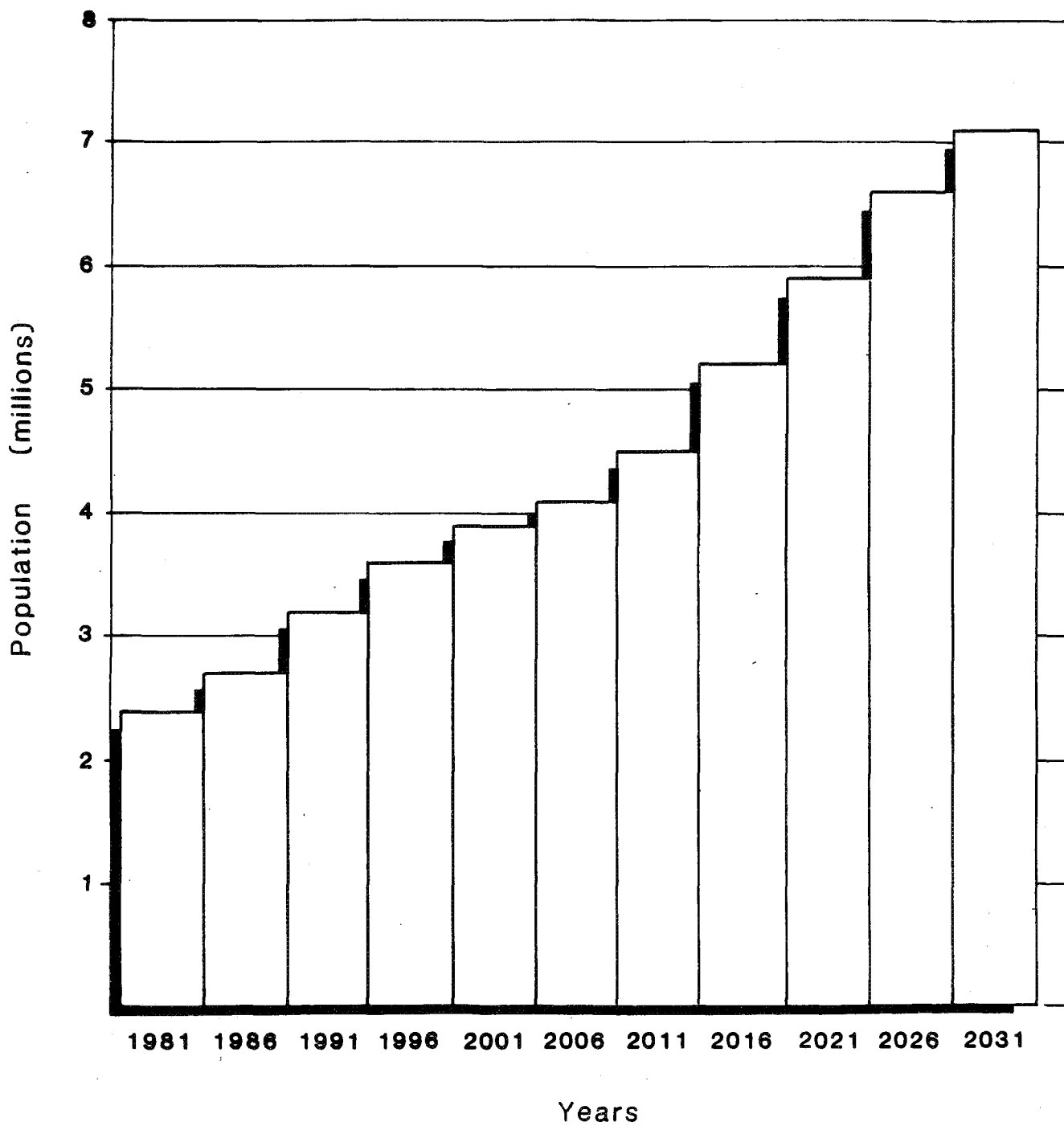
SOURCE · Statistics Canada, 1985 (low growth scenario)

Figure 3

Population Projection
Population aged 65+ years
Canada 1981-2031

Appendix 2

APPENDIX 2

LIST OF EMERGENCY RESPONSE SYSTEMS REVIEWED

APPENDIX 2

LIST OF EMERGENCY RESPONSE SYSTEMS REVIEWED

APELLO
Almicro Electronics
Winnipeg, Manitoba
(204) 885-4753

Blue Alert/Tele Alert
Nova Scotia
(902) 875-4707

Constant Companion/Medical Alert
Linear Corporation
Inglewood, California
(619) 438-7000

Distress Alert/Safety Phone
Alliance Security Systems
Cambridge, Ontario (and across the country)
(519) 623-2850

Insta-Call
Ypsilanti, Michigan
(313) 455-8899

Lifeline Systems, Inc.
Watertown, Massachusetts
(617) 923-4141
Toronto: (416) 897-0943
           (800) 521-6870
Vancouver:(604) 946-4098

Medic-Alarm
Toronto, Ontario
(416) 922-1060

Medic-Call
Ottawa, Ontario
(613) 563-1935

ProtectAlert
Toronto, Ontario
(416) 928-2666

Rocco
Edmonton, Alberta
403) 453-3777

Security Alert
Orion Electronics Ltd.
Digby County, Nova Scotia
(902) 769-3059

Securus, Sentinal Medi Guard
DTI Security
Burnaby, B.C.
(604) 291-6454

SG-1, Emergi-Call
Miterton Corp.
Unionville, Ontario
(416) 475-2132

Skytech
Le Duc, Alberta
(403) 986-5717

Appendix 3

APPENDIX 3

CANADIAN EMERGENCY RESPONSE

SYSTEM MONITORING SERVICES

(By Service Type)

JULY 1986

CANADIAN EMERGENCY RESPONSE

SYSTEM MONITORING SERVICES

(By Service Type)

July 1986

1.   STAND-ALONE

Monitoring Agent	Number of Users
Mr. Gessner Luther Home Winnipeg, Manitoba (204) 338-4641	17
Lila Letkomn Lodge Box 910 Carman, Manitoba ROE 0J0 (204) 745-6715	5
Barb Nixon Ponoka Family and Community Services Alberta (403) 783-4491	12
Cambridge Health Unit Winnipeg (204) 943-0948	5
Bently Hospital (discharge planning) Bently, Alberta (403) 748-4115	3
Cornation General Hospital Hospital Auxillary Cornation, Alberta (403) 578-3803	7
Wainwright Hospital Wainwright, Alberta (403) 842-3324	6
Saskatchewan Housing Corporation Regina, Saskatchewan (306) 787-4177	18 or 19

2. **SECURITY COMPANY - REGIONAL/NATIONAL MONITORING**

Monitoring Agent	Number of Users
Lloyd Jenkins Sentinal Medi Guard Systems 124 A 2nd Avenue North Saskatoon, Saskatchewan S7K 2B2 (306) 665-6632	150
Harry Stuart Protelik (F.A.S.T. monitor) Winnipeg (204) 949-1417	30-40
Tony Ashton Miterton Unionville, Ontario (416) 475-2132	ready to go on stream, no elderly users yet
Ted Chambers Manitoba Telephone Systems (204) 941-6449	F.A.S.T. fast telephone line, service over dialer, E.R.S. can have access to service for minimal charge. About 9 companies in Winnipeg area use F.A.S.T.
Brent Woodford Protect Alert Suite 400 - 2200 Yonge Street Toronto, Ontario M4S 3B9	1900
Dianne Smith Bomar Security and Investigations 222 Kings Street St. Catherines Ontario (416) 684-8371	50
Ronald Bidoka Global Alert Security System #113 - 8400 Main Street Vancouver, B.C. V5X 3L8	100
Ken Wells Medic-Alarm Metraphone Services 719 Yonge Street M2Y IB2 (416) 922-1060	1250 - 1550
Compu-Scan Protection Ltd. 503 - 433 Main Street United Grain Growers Build. Winnipeg, Manitoba R3B 1B3 (204) 956-1520	17

3.   SECURITY COMPANY - LOCAL MONITORING

Monitoring Agent	Number of Users
Phil Rogers Tri West Communications Winnipeg (204) 783-2112 ext. 361	"Very few"
Frank Stranchan TAS Communications Suite 200 275 Slater Street Ottawa K1P 5H9 9613) 237-6262	100 at monitoring station 50-100 at police station
Tom Ryan T.A.S. 98 Bonaventure St. Johns, Newfoundland (709) 722-3742	no medical alert yet, offers speed line service
Al England Protect-a-life 7490 Royal Avenue P.O. Box 80266 Burnaby, B.C. V5H 3X5 (604) 435-4451	(no information)
Norman Prymack Quality Security Systems 2876 Norland Avenue Burnaby, B.C. V5B 3A6 (604) 291-6465	10
Collin Hawker Sigalert 885 West 3rd Avenue North Vancouver, B.C.	50
Distress Alert Bondray Protection Ltd. Alliance Security Sheldon Avenue Cambridge, Ontario N1R 6T6	500
Ann Durante Astro Guard (Astro Alert) 103 - 5512 E. Hastings Street Burnaby, B.C.	(no information)

Monitoring Agent	Number of Users
A.A.A. Alarm Systems Room 300 - 138 Portave Avenue, E. Winnipeg R3G 0A1 (204) 949-0078	15
Fred Hill Thunderbird Security Systems 3433 Kingsway Vancouver, B.C.	(no information)
Dean Foster Knills Alarms Systems 1602 Pemberton Avenue North Vancouver, B.C. V7P 2S6	150
Jane Harm Chubb 1067 Richards Vancouver, B.C. (604) 681-7364	100
Al Cooper Aztek Alarms Medical Alert 3326 Henry Street Port Moody, B.C.	(no information)

4.   <u>MONITORED BY SOCIAL SERVICE AGENCY</u>

<u>Monitoring Agent</u>	<u>Number of Users</u>
Grace Runn Steveston Memorial Hospital Alliston, Ontario (705) 435-6281	4
Dorin Milner Dauphine and District Community Resource Board Manitoba (204) 638-9733	6
M. McAully Director of Social Work Cornwall, Ontario Hotel Dieu Hospital (613) 938-4240	4
Mr. James Boyle General Hospital Alberta (403) 689-3731	8
Linda Holdner St. Josephs General Hospital Vegreville, Alberta (403) 632-2811	8
Mrs. Bulther Border County General Hospital Milk River Alberta (403) 647-3500	30
Mrs. Jones St. Johns Hospital/Nursing Home St. Johns, Alberta (403) 723-3331	8
Joan Tari Guelph General Hospital Guelph, Ontario 115 Delhi Street N1E 4J4 (519) 822-5350	49

Monitoring Agent	Number of Users
Sherry Luft Drayton Valley and District Health Care Complex Alberta (403) 542-5321	21
Robert Hall Carston Hospital Carston, Alberta (403) 653-4411	15
Mr. Kuch (Director of Social Services) Royal Alexander Hospital 10240 Kingsway Edmonton, Alberta (403) 477-4410	70
Grant Hawker Regional Hospital 1802 - 9th Avenue, S. Lethbridge, Alberta (403) 327-4531	32
Dorreen Priece Red Deer Regional Hospital Red Deer, Alberta (403) 343-4422	90
Kari Parson Bethany Care Centre 916 18A St. N.W. Calgary, Alberta (403) 289-3701	270
Phylis Gates Douglas Memorial Hospital 3320 Bertie Street Fort Erie, Ontario L2A 1Z2 (416) 871-6600	15
Connie Tank West Lincoln Memorial Hospital 169 Main Street East Grimsby, Ontario L3M 1P3 (416) 945-2253	33

Monitoring Agent	Number of Users
Ruth Sabel Coordinator Lifeline System Port Colborne General Hospital Ontario, B.C. (416) 834-4501	19
Shirley Mann High River, Alberta (403) 652-2321	18
Lucille Barratte Royal Victoria Hospital 687 Pine Avenue West Montreal, Quebec H3A 1AV (514) 842-1231	75
Anne Sparks Valley Vista Senior Citizens Complex P.O. Box 130, Main Street Springdale, Newfoundland (709) 673-3936	8
Head Nurse Sydney City Hospital Nova Scotia (902) 539-6400	2
Ray Reid Leduc, Alberta (403) 986-2261	10
Jack Ensign 5505 - 50th Avenue Witaskiwin, Alberta (403) 352-3371	16
Sue Ramsey Ganges, Salt Spring Island 537-4254 537-2440 has on order 20 units for seniors - September 1986	
Doris Rutlidge Medic Alert Pincher Crescent Health Unit (403) 627-3266	19

Monitoring Agent	Number of Users
Glorin Ellis Family and Community Services Statler, Alberta (403) 742-5591	30
Kriston Azelson Kenora Outreach c/o Pinecrest Home for the Aged 1220 Valley Drive Kenora P9N 2W7	5
Catherine Shaw Rainy Crescent E.A.R.S. Home for Aged Ft. Frances, Ontario (807) 274-9858	34
Sheila Thorsen Box 1165 Innisvail, Alberta TON 1AO (403) 227-3532	50
Alf Moorish Rocky Mountain House Alberta (403) 845-3056	19
Art Nelson Clarsholm Hospital System Stavely Alberta (403) 549-2360	(no information)

Appendix 4

APPENDIX 4

SURVEY OF ERS USERS

SURVEY OF E.R.S. USERS

INTERVIEWER: _____

DATE: _____

ADDRESS OF INTERVIEW: _____

NAME OF EMERGENCY RESPONSE SYSTEM: _____

(CODE # _____)

INTERVIEWER, PLEASE SAY THE FOLLOWING TO THE RESPONDENT:
(POINT TO THE DEVICE AND NOTE WHETHER THEY ARE WEARING THE PENDANT AND WHERE
THE RECEIVER IS LOCATED.)

    THE PURPOSE OF THIS QUESTIONNAIRE IS TO HAVE YOU DESCRIBE THE EMERGENCY
RESPONSE SYSTEM THAT YOU HAVE IN YOUR HOME.   IN PARTICULAR WE ARE
INTERESTED IN KNOWING WHETHER YOUR EMERGENCY RESPONSE SYSTEM ADEQUATELY
MEETS YOUR NEEDS AND WHAT ARE YOUR PREFERENCES AND ATTITUDES REGARDING
THIS SYSTEM.

I   HISTORY OF E.R.S. USE

1.   WHY DID YOU FIRST GET THE E.R.S? (MORE THAN ONE ANSWER MAY APPLY)

     _____ My friends, family or relatives thought that I should have it
     _____ I wanted to come home from the hospital or nursing home
     _____ My doctor recommended it (or another professional, i.e.,
            homemaker, please specify) _____
            _____
     _____ I now live alone (specify) _____
     _____ I want to remain living on my own
     _____ Other (specify) _____

2.   NOW THAT YOU HAVE THE E.R.S., DO YOU:

YES	NO	
_____	_____	Feel more secure
_____	_____	Continue to go out
_____	_____	Feel confident that if you are in trouble, help is near at hand
_____	_____	Think your friends and relatives feel more confident about your living situation
_____	_____	Think you would be more secure and content in senior citizens housing or in a nursing home
_____	_____	Feel confined to areas where the emergency signal will work

COMMENTS: _____

_____

_____

3. WHEN DID YOU HAVE YOUR E.R.S. INSTALLED?

_____ 0 - 3 months ago
_____ 4 - 6 months ago
_____ 7 - 12 months ago
_____ 1 - 2 years ago
_____ 2 - 3 years ago
_____ 3 years or more ago

4a. DO YOU HAVE ASSISTANCE PAYING FOR YOUR E.R.S? _____ YES _____ NO

4b. IF YES, WHO HELPS YOU:

_____ Family or friends
_____ Non-profit organization (specify) _____
_____ Other (specify) _____

5. HOW MUCH LONGER WILL YOU CONTINUE TO HAVE THE E.R.S?

_____ Until I recover from my present illness
_____ Until the end of the month
_____ Until the person I live with returns
_____ Always
_____ Until doctor (or another professional) says I no longer need it
_____ Other (specify) _____

6. IF YOU PLAN TO DISCONTINUE THE E.R.S. SERVICE, WHAT ARE YOUR REASONS?

_____ It is too expensive
_____ I do not need it any longer
_____ I am moving into another living situation (specify) _____
_____ I am changing systems (specify) _____
_____ It does not work very well for me (specify) _____

_____
_____

II USE OF THE E.R.S. FOR "EMERGENCY" PURPOSES

7. HAVE YOU EVER USED THE SYSTEM FOR AN EMERGENCY?

_____ YES _____ NO

IF YES, HOW OFTEN? _____

8. FOR WHAT PURPOSE AND HOW OFTEN DID YOU USE YOUR E.R.S. LAST MONTH?

Number of Times

1	2	3	4	5	
__	__	__	__	__	Health (specify) _____
__	__	__	__	__	Environment (i.e. fire, specify) _____
__	__	__	__	__	Loneliness
__	__	__	__	__	Testing
__	__	__	__	__	Error
__	__	__	__	__	Forgot to reset the system (inactive alarm)
__	__	__	__	__	crime
__	__	__	__	__	Other (specify) _____

INTERVIEWER, PLEASE ASK RESPONDENT TO NOW THINK ABOUT WHAT HAPPENED THE LAST TIME THEY USED THE E.R.S.

9. AS YOU MAY HAVE USED YOUR E.R.S. MORE THAN ONCE LAST MONTH OR NOT AT ALL LAST MONTH, FOR WHAT REASONS DID YOU LAST USE YOUR E.R.S?

_____ Health (specify) _____
_____ Environment (i.e. fire, specify) _____
_____ Loneliness
_____ Testing
_____ Error
_____ Forgot to reset the system (inactive alarm)
_____ crime
_____ Other (specify) _____

10. DID YOU HAVE ANY DIFFICULTY GETTING THE ALARM TO WORK AT THE TIME OF THE LAST EMERGENCY?

_____ YES   _____ NO

11. IF YES, WAS IT BECAUSE:

_____ You were not wearing your alarm (if yes, ask why) _____

_____ You could not remember exactly what to do (if yes, ask why) _____

_____ It was physically impossible (if yes, ask why) _____

_____ Other (specify) _____

12. AFTER YOU PUSHED THE BUTTON, HOW DID YOU KNOW HELP WAS ON THE WAY?

_____ Heard the telephone ring
_____ Answered the telephone
_____ Heard the monitoring device beeping or saw a light flashing
_____ I did not know (Comment) _____
_____ Other (specify) _____

13. AFTER YOU PUSHED YOUR ALARM, WHO WAS NOTIFIED?

Sequence

1st	2nd	3rd	4th	5th	6th	
___	___	___	___	___	___	Monitoring centre (name) _____
___	___	___	___	___	___	Yourself
___	___	___	___	___	___	Neighbour
___	___	___	___	___	___	Friend
___	___	___	___	___	___	Relative
___	___	___	___	___	___	Police
___	___	___	___	___	___	Ambulance
___	___	___	___	___	___	Fire Department
___	___	___	___	___	___	Other (specify) _____

14. HOW LONG DID IT TAKE BEFORE YOU RECEIVED:

(minutes or seconds)

Your first telephone
call   _____

Your first visit   _____

15. WHO FIRST: CALLED YOU   VISITED YOU

Monitoring Centre   _____   _____
Friend   _____   _____
Neighbour   _____   _____
Relative   _____   _____
Other (specify) _____   _____   _____

16. DESCRIBE YOUR RESPONDERS:

NAME	DISTANCE FROM HOME	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. WHEN HELP ARRIVED:

_____ You answered the door
_____ Remained in bed
_____ Remained on the floor
_____ You were rushed to the hospital
       General Comments _____

       _____

18. DID YOU FEEL THE E.R.S. RESPONSE WAS:

Yourself   Family

_____   _____   Efficient/good
                    Comments: _____

_____   _____   Not the best
                    Comments: _____

_____   _____   Poor
                    Comments: _____

19. NOW I WOULD LIKE YOU TO RATE THE E.R.S. YOU HAVE UNDER THE FOLLOWING HEADINGS:

	Excellent	Good	Neutral	Poor	Terrible
Ease of use	_____	_____	_____	_____	_____
Comfort in wearing/carrying	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Cost	_____	_____	_____	_____	_____
Weight	_____	_____	_____	_____	_____
Size	_____	_____	_____	_____	_____

20. ARE THERE ANY OTHER FEATURES OF THIS SYSTEM YOU WOULD LIKE TO COMMENT ON OR FEATURES YOU WOULD LIKE IMPROVED?

_____

_____

_____

III SOCIAL CONTACTS AND GENERAL HEALTH

21. DO YOU HAVE A FAMILY MEMBER, RELATIVE OR CLOSE FRIEND THAT:
    (Check as many as apply)

After you had E.R.S.	Before you had E.R.S	
_____	_____	Phones you every day
_____	_____	That you can call at any time
_____	_____	That you could count on in a time of emergency
_____	_____	Visits you every day
_____	_____	Lives close by

Lives close by   _____ one block away
                  _____ 1-3 blocks away
                  _____ 4-5 blocks away
                  _____ 6+ blocks away

_____   _____   You provide a resource for if they have an emergency

22. SINCE YOU STARTED USING THE E.R.S. HAVE THERE BEEN ANY CHANGES IN YOUR HEALTH?

_____ No changes
_____ Less healthy
_____ More healthy

23. IF YOU DID NOT HAVE THE E.R.S., WOULD YOU:

_____ Move to seniors housing
_____ Move into a nursing home
_____ Move in with family or friends
_____ Have someone move in with you
_____ Remain living as you are
_____ Other (specify) _____

24. PLEASE DESCRIBE THE HOME SUPPORT SERVICES YOU USE NOW AND THE SERVICES YOU USED BEFORE YOU HAD THE E.R.S.
(Check as many as apply)

	Now	Before the E.R.S
Day Care (hours/week) (organization) Social/Recreation (hours/week) (organization)		
Homemakers (hours/week) (organization)		
Home Nursing (hours/week) (organization)		
Transport Assistance (hours/week) (organization)		
Meals on Wheels (hours/week) (organization)		
Handyman Services (hours/week) (organization)		
Other (Specify) (hours/week) (organization)		

25. IN THE LAST 12 MONTHS, HAVE YOU BEEN TO THE DOCTOR:

_____ More than once a week
_____ Once a week
_____ 2-3 times a month
_____ Monthly
_____ Every 2 months
_____ 3-4 times a year
_____ 1-2 times a year
_____ Not at all

26. HAVE YOU BEEN IN THE HOSPITAL IN THE PAST 12 MONTHS? IF YES, LENGTH OF TIME, EACH TIME.

1. _____   4. _____
2. _____   5. _____
3. _____

27. WERE YOU RELEASED EARLY BECAUSE YOU HAD THE E.R.S?

_____ YES   _____ NO

How early? _____

28. IN THE LAST 12 MONTHS WERE YOU:

_____ In a long term care facility
_____ In respite care
_____ In convalescent care
_____ In seniors housing
_____ Other (specify) _____

29. WOULD YOU DESCRIBE YOUR PHYSICAL STRENGTH AND ABILITY TO GET AROUND AS:

_____ Excellent   _____ Poor
_____ Good   _____ No answer
_____ Fair

30. WOULD YOU DESCRIBE YOUR OVERALL HEALTH AS:

_____ Excellent   _____ Poor
_____ Good   _____ No answer
_____ Fair

31. DESCRIBE THE EASE WITH WHICH YOU ARE ABLE TO HANDLE TASKS THAT ARE COMMON TO DAY-TO-DAY LIVING.

YOU CAN:	EASILY	WITH SOME DIFFICULTY	WITH A LOT OF DIFFICULTY
Prepare meals	_____	_____	_____
Do laundry, iron or sew	_____	_____	_____
keep care of yourself during minor illness	_____	_____	_____
Manage your finances (such as budget, taxes, paying bills)	_____	_____	_____
Dress yourself, personal appearance	_____	_____	_____
Take a bath without assistance	_____	_____	_____
Use public transportation	_____	_____	_____
Drive a car	_____	_____	_____
Feed yourself	_____	_____	_____
Go to the bathroom	_____	_____	_____
Go shopping by yourself	_____	_____	_____

IV DEMOGRAPHICS

32. AGE

_____ Less than 55
_____ 55-59
_____ 60-64
_____ 65-70
_____ 71-74
_____ 75-79
_____ 80-84
_____ 85-89
_____ 90-95
_____ 95+

GENDER _____ MALE _____ FEMALE

33. HOUSEHOLD SIZE: DO YOU LIVE:

_____ Alone
_____ With spouse
_____ With children or relative
_____ With friend
_____ Other (Please explain) _____

34. HOUSEHOLD INCOME: THE TOTAL YEARLY INCOME OF EVERYONE WHO LIVES IN THIS
    HOUSEHOLD IS:

    _____ $ 0 - 4,999
    _____   5 - 9,999
    _____   10 - 14,999
    _____   15 - 19,999
    _____   20 - 24,999
    _____   25 - 29,999
    _____   30 - 34,999
    _____   35 - 39,999
    _____   40,000+

35. HOW LONG HAVE YOU LIVED IN THIS HOME?

    _____ up to one year
    _____ 1 year
    _____ More than 1, less than 2
    _____ More than 2, less than 3
    _____ More than 3, less than 5
    _____ More than 5, less than 10
    _____ More than 10, less than 15
    _____ More than 15, less than 20
    _____ 20+

36. HOUSE TYPE (INTERVIEWER - DON'T ASK, JUST RECORD YOUR OBSERVATION)

    _____ Single family home
    _____ Duplex
    _____ Row house/townhouse
    _____ Apt. 5 stories
    _____ Apt. 5 stories+
    _____ Apt. with common dining room
    _____ Self contained apt.
    _____ Bedroom only
    _____ Senior citizens' housing

37. SIZE
    Apt. Studio

    _____ 1 bedroom
    _____ 2 bedroom
    _____ 3+

    House

    _____ 1 bedroom
    _____ 2 bedroom
    _____ 3+

38. TENURE

_____ Own
_____ Rent

39. IF YOUR RENT DO YOU?

_____ Receive S.A.F.E.R.
_____ Live in a Co-Op
_____ Live in housing owned by province or government organization
_____ Receive a subsidy for rent
_____ Live in housing owned by a non-profit society

APPENDIX 5

KEY INFORMANT INTERVIEWS: PRACTITIONERS AND SUPPORT SERVICES

KEY INFORMANT INTERVIEWS: PRACTITIONERS AND SUPPORT PROVIDERS

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Appendix 6

APPENDIX 6

REFERENCES: TECHNOLOGICAL INNOVATIONS

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REFERENCES: TECHNOLOGICAL INNOVATIONS

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    Conferencing", Record p. 24.

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Appendix 7

APPENDIX 7

KEY INFORMANT INTERVIEWS: TECHNOLOGICAL INNOVATIONS

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Appendix 8

APPENDIX 8

ANNOTATED BIBLIOGRAPHY OF CANADIAN LITERATURE ON CANADIAN SERVICES FOR SENIOR CITIZENS

A. Emergency Response Systems for the Elderly
B. Canadian Home Support Services: A General Review
C. Economics of Elderly Home Care
D. Health Care for the Independent Elderly
E. Home Care as an Alternative to Early Institutionalization
F. Home Care Needs of the Canadian Elderly
G. Informal Support and Elderly Home Care

A.   EMERGENCY RESPONSE SYSTEMS FOR THE ELDERLY

Birren, J., Livingston, J. and Robinson, P. Editors (1983) "Evaluation of
    a Personal Emergency Response System" Aging and Technological
    Advances. New York: Plenum Press.

This paper documents the evaluation of the Emergency Alert Response System
(EARS). EARS uses equipment from the Lifeline system, a system for
connecting a telephone to a central emergency operator at a hospital.
This study examines the effect of this technology on elderly subscribers,
on their informal support system and on their relationship with their
family. The results of the study show that the effects of the system were
greater for the family than for the subscribers.

Dibner, A. (1985) Effects of Personal Emergency Response Service on
    Hospital Use. Watertown, MA: Lifeline Systems.

This paper reports on a recent research study that indicated that the
Lifeline E.R.S. reduces acute care utilization. The research involved a
study of hospital records of 70 subscribers of four Boston area lifeline
programs. For E.R.S. subscribers, admissions decreased 26.4%, length of
stay decreased 23.2% and emergency visits decreased 6.5% during the first
year of Lifeline use compared to the preceding three years. These results
are shown to be similar to a smaller study done in Edmonton, Alberta,
Canada.

Faris, J. (1983) "Technology Promises Increased Convenience and Challenges
    to the Nation's Elderly" Aging. May-June: P. 12.

This article reviews new technological products for improved elderly
communication, personal and household security, health care, finance
management and food availability. The article concludes with recommenda-
tions for ways in which the elderly can ensure technology choices and
related polices enhance their well-being.

Fernie, G., and Holliday, P., Metcalf, D., and Vachon, B., (1985)
    Technology as a Means of Enabling the Elderly to Remain in Their
    Homes. Toronto: Ontario Ministry of Community and Social Services.

Given the choices, older people seem to prefer staying in their homes.
The objectives of this paper is to identify opportunities for technology
to reduce the risk of institutionalization. The potential impact of the
technology is also discussed. Home support needs are identified in this
paper as a result of a survey of Weston District seniors in York,
Ontario.

Gillies, M. (1981) "Alarm Systems Reassure Elderly". The Citizen.
    January 6, Ottawa.

Presently, two electronic alarm systems, a 150 volunteer telephone
assurance program and a postal alert system are giving Ottawa's frail
elderly a positive sense of security and independence.

Hamilton, J., and Hizen, D., (1983) "Emergency Response Systems: An
    Overview". Journal of Applied Gerontology. December. Volume 2:
    P. 70.

E.R.S.'s are useful aids for maintaining independence for the elderly.
This article presents information on the development, background and use
of E.R.S.'s.

Harper, I. (September, 1985) "Emergency Communication" in a Report to the
    Capital Regional Hospital District Hospital and Health Planning
    Commission on Housing Options for the Elderly in the Capital Region:
    Sheltered Housing and Other Alternatives. Victoria, British
    Columbia.

This chapter reviews emergency communications systems, presents require-
ments of systems and considers the necessary research questions to be
asked when considering implementing an E.R.S. Generally, the E.R.S.
increases the subscribers feelings of independence and security and post-
pones the need for institutionalization.

Koch, W.J. (1983-84) Royal Alexandra Hospital's Lifeline Program: Interim
    Report. Edmonton: Royal Alexandra Hospital, Social Services Dept.

This report provides an extensive outline of the Lifeline program develop-
ment and implementation. Total operating costs, staffing, revenue etc.
are all discussed. Further, the utilization of the system and public
relations related to the system are also presented.

Koch, W.J. (1984) "Emergency Response System Assists in Discharge
    Planning" Dimensions in Health Service. Canadian Hospital
    Association. P. 30.

This article documents the role of E.R.S. in early patient discharge and
prolonged senior independence. The research was conducted in Edmonton,
where the oldest Canadian E.R.S exists.

Koch, W.J. (1984-85, 1985-86) Royal Alexandra Hospital's Lifeline Program:
    Annual Report. Edmonton: Royal Alexandra Hospital, Social Services
    Dept.

Both Annual Reports offer a detailed account of the progress and develop-
ment of the Lifeline program; as well as research findings on the effect
of Lifeline support on the well#being of patients and their utilization of
hospital resources.

Sherwood, S. and Morris, J. (1981) A Study of Effects of an Emergency
    Alarm and Response System for the Aged: A Final Report. Boston,
    MA: Rehabilitation Centre for the Aged.

In this study, the Lifeline system was evaluated through a longitudinal
survey of users and non-users. General results include the suitability of
the Lifeline E.R.S. for independent seniors who are not totally function-
ally impaired but medically vulnerable and who have a well developed
informal social support system.

Sterling and Associates (1986) Rainycrest Home for the Aged - Home Care
    Support Services. Ontario: Ministry of Community and Social
    Services.

The Ontario Ministry of Community and Social Affairs sponsored a pilot
project in Fort Francis, Ontario at the Rainycrest Home for the Aged. The
purpose of the project was to investigate the effectiveness of an
emergency response system (Insta-call) in enabling elderly persons to
maintain an independent lifestyle.

Vachon, B., Co-ordinator (1986) Information on: Emergency Response
    Systems. Ontario Ministry of Community and Social Services: Applied
    Program Technology Unit.

The staff of the Applied Program Technology Unit at the Ontario Ministry
of Community and Social Services have compiled information on Emergency
Response Systems. Products are discussed in generic terms and enable the
reader to assess the systems presented. The document includes an appendix
containing lists of products broadly applicable to the general area of
emergency signalling.

CANADIAN HOME SUPPORT SYSTEMS: A GENERAL REVIEW

Beck, E. (1980) Profile of Older Persons in Alberta: Demographic
     Characteristics and Service Utilization. Staff Working Paper #1.
     Alberta: Social Services and Community Health Department.

In this working paper, a general profile of Alberta's elderly and their
service utilization is presented.

Black, M. (1985) "Health and Social Support of Older Adults In the
     Community" Canadian Journal on Aging. Vol.4. No.4: P. 213.

Structured interviews were held with 48 London, Ontario (independent)
elderly. The purpose of the interviews was to describe their formal and
informal community support networks and to identify how components of the
networks related to their physical, social and emotional health. With
respect to their patterns of support, research conclusions indicate that
family and relatives comprise the greatest percentage of total number of
supports listed and greatest percentage of functional support and
frequency of contacts.

Conrad, P. and Comulli, J. (1985) Perception of Home Care Services in
     Lunenburg County by Professionals and Consumers. Halifax: William
     Nycum Associates Ltd.

This project involved determining perceived need for and availability of
various homecare services in three communities located within the
Municipality of Lunenburg. Providers and users of services were surveyed.
Implications of the survey results are discussed within the context of
service information dissemination and coordination.

Davis, A. and Sorochan, M. (1984) The Development and Implementation of a
     Quality Assurance Program in the Provision of Homemaker Services to
     L.T.C. Clients. Vancouver, B.C.: Vancouver Health Dept.

In Vancouver, a Quality Assurance Consultant is responsible for monitoring
homemaker service quality and contract adherence. The purpose for estab-
lishing standards and requirements for the homemaker service delivery is
to ensure that the persons with long-term disabilities have the oppor-
tunity to remain in their homes as long as possible.

Dunnigan, S. (1985) Maintaining The At Risk Elderly Person At Home: An
     Expansion of Services by The Edmonton Home Care Program. Hamilton,
     Ontario: Canadian Association of Gerontology.

With the goal of preventing or delaying institutionalization, the Edmonton
Home Care Program has expanded services to frail elderly persons living in
the community. The Edmonton team has been able to demonstrate that
elderly people who have health and social needs can be maintained at home,
and in certain cases can even return home from long-term care facilities.

Ewanchyna, C., Collins, D., and Block, J. (1980) "A Ten-Point Model for Home Care Delivery" Essence. Vol. 3, No. 3: P. 143.

In this paper the ten components of Manitoba's Home Care Model are described. In 1974, Manitoba incorporated traditional models and inno-vative concepts into what is now their Home Care System. The ten compon-ents include: establishment of a central government office for funding; program planning and coordination; delivery at regional and sub-regional levels, through existing community-based Health and Social Development teams; eligibility determined by a multi-disciplinary assessment of need; accessibility through multiple entry; use and coordination of services of private and community agencies and volunteers; use of professionals; systematic data collection, monitoring and review; provision for a continum of care; and a universal, no charge system.

Garret, L. and Hill, M. (1972) Community Care For Seniors Study. Vancouver: SPARC Committee on Aging.

This 1972 report identifies and analyzes all services and needs for services in all levels of community and institutional care for British Columbia's elderly. Data collection was extensive and involved surveying, service organizations, professionals, senior organizations and seniors. The major conclusion of the authors is the need to develop stronger community service support systems.

Hodge, G. (1984). Shelter and Services for the Small Town Elderly: The Role of Assisted Housing. Ottawa: Canada Mortgage and Housing Corp.

Seniors in nine small Eastern Ontario towns were studied to evaluate the effectiveness with which social housing meets the needs of the elderly. Interviews with residents documented community services used and illustrated that community support systems were not linked to formal housing or service providers.

Hoppenrath, C. (1981) A Citizen's Guide to Long Term Care in B.C. Vancouver: Social Planning and Review Council.

This guide describes the services provided by the B.C. Long-Term Care program for seniors who need assistance. The program provides services in seniors homes, in residential-care facilities and in extended care hospitals. The guide also lists available community services that are not provided under the long-term care program.

King, H. (1984) A Telephone Reassurance Service to the Elderly: An Evaluation. Ottawa General Hospital: Psychogeriatric Clinic.

With a telephone reassurance service, the elderly can be in daily contact with their community by telephone. This type of program is low-cost, requires low-technology and is staffed by volunteers. In this study, a profile of Montreal users was documented and implications for program practices were discussed.

Lambert, C. (1985) Homemaker Services in Canada: Survey 1985. Toronto:
     Canadian Council on Homemaker Services.

The purpose of this study was to collect information on Canadian homemaker
services, to gather information about client groups served and to identify
a representative sample of agencies with whom more in-depth studies could
be conducted in the future. A brief analysis of the data is presented and
comparisons with a similar 1982 study are discussed.

Macdonald, J.G. and Rose, A. (1985) Support Systems for the Autonomus
     Elderly in Ontario. University of Toronto: The Centre for Uran and
     Community Studies.

This study is one of three publications. The other two are titled
"Factors Influencing the Quality of Life of Community-based Elderly,
Part I - Literature Review" by R. Wallace, J.G. MacDonald and A. Rose, and
"Factors Influencing the Quality of Life of Community-based Elderly
Part II - Housing Conditions of the Elderly in Ontario" by A. Rose and J.
MacDonald. The third report, as referenced above, looks at the informal
and formal support systems and services for Ontario's elderly.

McPhee, M. (1977) Health Care or Health: The Development of a Plan to
     Address the Health Needs of the Elderly in British Columbia. Report
     S:1. University of British Columbia: Health Sciences Centre.

This report includes a review of provisions and legislation affecting the
elderly at the federal and provincial level. The results of the review
indicate that there is an inadequate comparative emphasis on community
home service support. The author recommends that a special policy be
drafted to help ensure the community home support service system is
strengthened.

Mercer, M. and Kanopski, P. (1974) Report of a Study of the Home Services
     Delivered in Vancouver to a Selected Group of Citizens on the Day,
     and Week of May 28, 1974. Vancouver: The Greater Vancouver Society
     for Coordinating Home Services.

This report investigated the profile of service clients, reasons for
seeking service and the features a homemaker service agencies. Recommen-
dations include the coordination of home services in Greater Vancouver by
Human Resources and the monitoring of services supplied by community
agencies.

Phillips, J. (1984) Positive Planning for Future Facilities and Services
     for the Elderly. Victoria, B.C.: Victoria Institute of Gerontology.

In this report, using volunteers (including seniors), neighbourhoods
appropriate for locating more senior services and facilities were identi-
fied. The paper also discusses the method used for identification of
service location requirements and a general theory for positive planning
for senior's services.

Ridley, M. (1985a) Elderly Residents In Ontario, An Overview. Ontario:
    The United Senior Citizens of Ontario and Minister for Senior
    Citizens Affairs, Senior's Secretariat.

Data from a survey administered to 864 elderly seniors in Ontario is
presented in a series of 15 reports. The overview of these 15 reports
discusses highlights from the research and develops the principle objec-
tive of the study which is to systematically examine the living situation
of elderly persons who reside outside of institutional settings.

Ridley, M. (1985b) Elderly Residents In Ontario: Their Potential and
    Actual Use of Community Services. Ontario: The United Senior
    Citizens of Ontario and Minister for Senior Citizens Affairs Senior
    Secretariat.

This paper presents the community services findings from a general survey
of 846 elderly persons in Ontario. The elderly's potential and actual use
of services was measured by asking the seniors who they would contact for
assistance should a situation arise and asking the seniors about their
present use of services. The study provides demographic factors associ-
ated with both potential and actual service use.

Senior Citizens Bureau (1984) Older Persons In Alberta: Their Use of
    Programs And Services. Alberta Social Services and Community Health:
    Policy and Program Development.

This paper provides demographic data on Alberta's older population as well
as information and available utilization and expenditure data on these
programs and services. This paper is a brief overview and does not
provide a detailed analysis of services and programs for Alberta's
seniors.

Social Planning and Review Council of B.C. (1977) Committee on Aging.
    Task Force on Homemaker Service. Homemaker Service for Elderly
    Persons in B.C. Submitted to the Ministry of Human Resources.
    Vancouver, B.C.: SPARC.

This report presents findings of a task force investigation into the
implications of inadequate funding for homemaker services. That homemaker
services were inaccessible to 'middle-income' persons was found to be
unacceptable by all homemaker and service agencies surveyed. It was
concluded that the homemaker service should be universally available at a
minimum fee based on professionally assessed need.

Western Health Care Associates Ltd. (1981) A Review of Homemaker Services
    in British Columbia. A report submitted to the B.C. Ministry of
    Health: Home Care/Long Term Care Program.

The study presents the findings of an evaluation of the homemaker service
program, a component of the long-term care program in B.C. The review
focusses on the internal organization and cost of the service as well as
on the types of services provided.

Zed, R. (Project Coordinator) (1985) Selected Support Services in Care Facilities Projects. St. John, New Brunswick: Loch Lomund Villa, Inc.

Four projects were evaluated. One of the projects was a "Seniors Out-Reach Program" that offers structural therapeutic, recreational and socialization programs to seniors, provides respite for the family and assists the elderly in coping with the outside environment. Seniors were interviewed to evaluate the effectiveness of the service program.

C.   ECONOMICS OF ELDERLY HOME CARE

Clarfield, A.M. (1984) "After Medicare, Problems in Home Health Care in Quebec, Canada" Pride Institute Journal. Vol. 3, No. 3: P. 12.

In this paper, the Canadian Medical System is assessed in terms of approaches to the administration of home care services. Major problems in the system include: under-financing of medical services and inadequate co-ordination of services. The issue of home care cost effectiveness is also studied.

Collins, J. and L. Pickard. (1979) Health Costs and Health Status of Elderly People: How These Factors are Affected by Accessibility of Health Personnel and Health Education. A Report to the Health Promotion Directorates Vancouver: Summer Resources Fund.

In this study, the benefits and costs of preventive and curative health care in two Vancouver senior citizen's complexes are investigated. Generally, it was found that preventive health care for elderly people does not provide economic benefits as the ability to improve health is limited by the aging process. Preventive health care was found to have benefits in terms of health maintenance and perceived benefits and feelings of security. Regardless of where the senior lives, the senior still ages and health care is required.

Denton, F. and Spencer, B. (1980) "Health-care Costs When the Population Changes". In: Marshall, V. Ed. (1980) Aging in Canada: Social Perspectives. Don Mills: Fitzhenry and Whiteside: P. 232.

This paper contributes to an understanding of the way in which the costs of health care might be expected to vary in response to demographic influences. The matter of changing health care costs is extremely important given government trends in assuming a large portion of the costs. This paper provides two measures of the burden of health care; cost as a fraction of total output, and cost per capita. Changes in the cost of health care are predicted to be more affected by potential change in quality of service than by predicted given change in population.

Dubé, P. (1982) The Costs of Contract Live-In Service. Vancouver, B.C.: Community Homemakers Service Association of Greater Vancouver.

This paper examines the future potential of a contract live-in homemaker service. The methodology of the study involved an informal survey conducted throughout B.C. of Home Support Service professionals. Contract live-in services are defined and analyzed and recommendations are discussed. A cursory cost benefit analysis compares live-in services to intermediate and extended care facilities.

Gross, M.J. and Schwenger, C.W. (1981) Health Care Cost for the Elderly in Ontario. Toronto: Ontario Economic Council.

This book reviews demographic, socio-economic and epidemiological characteristics of elderly persons in Ontario. The central theme of the book is health care costs for the elderly. This theme originated from recognition of two facts: (1) cost is a crucial variable in evaluating services to the elderly; and (2) too little attention has been paid to the economic aspect of delivering care to this group. Given that the elderly are the fastest growing segment of the population and very dependent on the social and health services provided by the government, the authors conclude that there is a need for economic evaluations of health care and services for the elderly.

Gutman, G. (1984) Innovations in Housing and Living Arrangements for Seniors - Part II: Changing Times and Needs. Simon Fraser University, Burnaby, B.C.: Gerontology Research Centre.

The cost-benefits of home equity conversion, rent subsidies and shelter allowances, and accessory and ECHO (granny flats) housing are discussed. This source of this information was a symposium on seniors housing alternatives at the 1984, Canadian Association on Gerontology Conference.

Hayes, C. and Hertzman, C. (1985) "Will the Elderly Really Bankrupt Us with Increased Health Care Costs?" Canadian Journal of Public Health. Vol. 76, Nov./Dec. P. 373.

With the projection of large increases in the elderly population, rising health care costs for the elderly have become a major issue. Two models for projecting health care costs are presented.

Harding, M. and Neysmith, S. (1984) Ageism and Health Costs: Reality and Implications. Toronto, Ontario: Faculty of Social Work, University of Toronto.

This paper uses Ontario provincial health statistics to focus on mechanisms for delivery and funding of health services in Ontario. Media and ministerial statements are used to assess theories and values behind current service structure and funding mechanisms.

Health and Welfare, Policy, Planning and Information Branch (1982) The Manitoba/Canada Home Care Study An Overview of the Findings. Ottawa: Health and Welfare Canada.

In 1977, the Dept. of National Health and Welfare and the Province of Manitoba used Manitoba data to compare the cost of home care to alternative institutional care. The important findings are presented in this overview.

Martin, J. and Powell, B. (1980) "Economic Implications of Canada's Aging
    Society" In: Marshall, V. ed. (1980). Aging in Canada: Social
    Perspectives. Don Mills: Fitzhenry and J. Whiteside: P. 204.

A global perspective on the economic problem of an aging society has two
aspects: first, the development and planning of social and economic
institutions for the elderly; and second, the problem of ensuring these
institutions are fair and equitable. The paper explores these issues and
reviews present social security systems for the aged and describes
emerging pressures and problems.

Parbousing, J.C. (1985) Appropriate Utilization of the Emergency
    Department by the Independent Elderly. University of Calgary: Dept.
    of Community Health Sciences.

Increased costs of health care for the aged have resulted in the need to
understand factors which influence appropriate, cost-effective utilization
of health facilities. A random sample of 75 elderly, community-living
emergency department utilizers was interviewed. Study findings included
that those under 75 were more appropriate users of emergency services than
those over 75. The implications of the study findings on geriatric health
care policy, planning and practice are discussed.

Roos, N.P. (1984) "Aging and the Demand for Health Services: Which Aged
    and Whose Demand" The Gerontologist. Vol. 24, No. 1: P. 31.

The health care utilization of a large probability sample of elderly
Manitoba's residents was traced. Findings suggest that most elderly are
healthy and that they are low, infrequent users of health services. High
frequency users of health care were the minority.

D. HEALTH CARE FOR THE INDEPENDENT ELDERLY

Arklie, M. et. al. (1985) "A Mobile Health Assessment Program for the Elderly" The Canadian Nurse. March: P. 27.

A health assessment program for the elderly in their own homes is designed to help maintain independence as long as possible. This is a descriptive study of 77 subjects who were 55 and over, who lived in their own homes or in seniors housing, who were not receiving any custodial care and who were interested in participating in the mobile health assessment program. Generally the elderly were very satisfied with the program. It was concluded that such a program, if staffed appropriately could be the primary mechanism for entry of the elderly into the health care system.

Astill-McNish, S., and Stevenson, P. (1984) "Nurses in a Day Hospital Evaluate Their Care" The Canadian Nurse. November. P. 41.

This paper evaluates a day hospital program at St. Boniface hospital in Winnipeg. Day hospitals, although problems exist, have the potential to assist the elderly to live independently.

Block, J., and Kaban, L. (1984) "Variations Between a Day Hospital's Team Assessments and Needs Perceived by Referral Source" Canadian Journal on Aging. Vol. 3. No. 3: P. 147.

An evaluation of the Day Hospital program at Seven Oaks General Hospital in Winnipeg is presented in this article. The evaluation confirmed that the day hospital meets the objective of being able to assess multiple factors, not just physical factors but social, spiritual, environmental etc., affecting the well-being of the elderly.

Burns, M. (1984) "Coordinated Community Health Services for the Elderly" Canadian Journal of Public Health. Vol. 75: P. 458.

This article discusses the first year of the City of Toronto's Department of Public Health Program for the Elderly at Risk. Subjects in the program used less hospital and physician services than would be expected. Individuals in both the program and the control group, assessed to be at an institutional level, usually remained in the community when they accepted and used home support services. The Toronto Elderly at Risk program involved public health nurse, health assessments, counselling, and consultations and referrals to home support services.

Cleary, F., and Pablo, R. (1982) "Parkwood Day Hospital: An Alternative for the Impaired Elderly". Canadian Journal of Public Health. Vol. 73, May-June: P. 176.

This paper presents a demographic and clinical profile of elderly patients admitted to a day hospital in London, Ontario. The implications of the day hospital as a viable alternative for care of the elderly are discussed.

Daly, S. et. al. (1985) "A New Role for Community Nurses in Geriatric
     Care". The Canadian Nurse. June: P. 50.

At the Edmonton General Hospital, five community nurses have been assigned
to geriatric units for the purpose of bridging the gap between the insti-
tution and the community. Nurses can be employed to assist in discharge
planning and to assist in returning the elderly to their homes as soon as
possible. This liaison service helps coordinate hospital programs with
community needs and provides an ongoing contact and monitoring of frail
elderly in the community who have a high probability of hospital
re-admission.

Flett, P., and Lost, J. (1980) "Evaluation of the Public Health Nurse as
     Primary Health Care Provider for Elderly People" In: Marshall, V.
     Ed. (1980) Aging in Canada: Social Perspectives. Don Mills:
     Fitzhenry and Whiteside. P. 177.

This paper presents results of a 1970's study on the role played by the
public health nurses in seniors housing. The type of problems the nurses
encountered are presented. The analysis suggests that the public health
nurses' presence increased the morale and feelings of security for the
elderly and it decreased doctors visits.

Gooding, B. (1984-85) Predictive Modelling for Participation in and
     Effects of Home Health Care. Montreal: McGill University.

The purpose of this study is to identify a predictive model for home
health care participation and to use the model to evaluate effects of a
home health care program on selected health and service related outcomes.
The results indicate that the choice to participate in home health care is
based on pragmatism and realism reflecting self-reported physical need and
economic need and the availability of alternatives. Recommendations
include that the public sector should encourage and support voluntary
initiatives because the independent elderly tend to first exhaust existing
social (informal) support networks. In terms of effects of home health
care, it was the social aspects, not the aspects designed to improve the
physical person, that had the greatest impact on the elderly well-being.

Hoffman, A. (1985) Elderly Residents In Ontario: Their Health Status and
     Use of the Health Care System. Ontario: Minister for Senior
     Citizens Affairs Senior Secretariat.

In this report the health data from the 846 elderly persons interviewed
for a general Ontario study of the elderly are presented. Noteworthy in
these findings is that 20% of the respondents who reported disabilities
and 1% of the persons who reported difficulties related to personal care
received no assistance. Almost two-thirds of the persons who had inter-
fering health conditions received no assistance. Further, analysis of the
respondents' use of health services indicated that only 11% of the
respondents used community health care agencies. The older the
respondents, the more likely they were to use community health care.

Malkin, S. and Baker, H. (1980) "An Evaluation of Early Hospital
    Discharge to Home Care Services" <u>Canadian Family Physician</u>. March:
    P. 368.

This study examines the effectiveness of the early discharge system on
3628 convalescing patients who were transferred from hospital to home care
services. Deaths and re-admissions were due to re-appearance of complic-
ating factors, and not due to inadequate discharge planning or insuf-
ficient home services. The results suggest that the early discharge
program was successful.

Rushton, R. (1983) <u>Adult Day Care: An Alternative to Early Institu-
    tionalization.</u> Toronto: Canadian School of Management.

26 questionnaires were sent to Coordinators of Adult Day Care Programs in
B.C. and to the Long-Term Care Nurse assessors who refer clients to day
care and 40 questionnaires were sent to clients in two local programs.
The data collected indicated that adult day care program can provide an
alternative to institutionalization for the elderly and physically
disabled. The day care program along with other home support services,
can prolong independence.

Béland, F. (1984) "The Decision of Elderly Persons to Leave their Homes"
    The Gerontologist. Vol. 24, No. 2: P.179.

This study researches the question of what influences the decision of
elderly persons to leave their homes. A fundamental assumption of a home
support program is that the elderly with functional impairments will
require institutionalization if there are no home support services. Three
random samples of francophone urban elderly are used to test this assump-
tion. Results indicate that housing conditions, cohabilitation with
children and sickness explain part of the variance of the wishes of
elderly persons to leave home whereas functional impairment is not related
to the wish to leave home.

Bernstein, M. and Stephens, M. (1984) "Social Support and Well-being Among
    Residents of Planned Housing" The Gerontologist. Vol. 24, No. 2:
    P. 144.

This research paper documents social support networks for 44 residents of
two planned housing facilities. Using structured interviews, the amount
and sources of social psychological and material support experienced by
health and independent elderly was examined. The nature of relationships
between characteristics of these networks and the residents well-being is
presented.

Berry, E., Haramia, J., Moscovitch, S. and Nebocat, S. (1980) The
    Situation of Old People Prior to their Placement in Congregate Care.
    Graduating Paper. University of British Columbia: School of Social
    Work.

This study explores the factors precipitating placement in congregate
care. Elderly were surveyed as to their awareness and use of community
services prior to placement. Three living arrangements were typified:
a) older persons living alone; b) those alone who have relative support
and c) those living with relatives. The type of living situation has a
direct influence on the timing for placement in formal care.

Blackie, N. and Gutman, G. (1984) Innovations and Housing and Living
    Arrangements for Seniors. Simon Fraser University, Burnaby:
    Gerontology Research Centre.

In Chapter 3 of this document, the need for support services is discussed
in relationship to level of impairment. Second, housing options available
to elderly Canadians are presented and international shelter alternatives
for the elderly are compared.

Bona, W. and Payne, C. (1984) Dartmouth S.H.A.R.E. - Senior Housing at
    Reduced Expense. Dartmouth, N.S.: Dartmouth Senior Citizens Service
    Centre.

This paper presents a major literature review on home sharing and informa-
tion from over 100 shared housing programs in the United States. An
evaluation of Dartmouth S.H.A.R.E. is also discussed.

Brown, O. and Hampton, C. (1980) Care of the Elderly in the Westman
    Region. Brandon, Manitoba: Brandon General Hospital.

In this report, a plan is proposed to meet the increasing demand for
health care services of an aging population. This report describes
existing Westman, Manitoba services and explores a range of housing and
living alternatives.

Goldstein, S., Iwanow, V. and Smith, D. (1985) Staying At Home. East
    York, Ontario: Leaside United Church Senior Citizen's Housing
    Committee.

This study explores the housing options and needs of a group of elderly
Leaside United Church members. The Leaside United Church Senior Citizens'
Housing Committee surveyed 442 elderly households to determine if any
seniors would be moving within the next few years and to determine the
types of housing and services they would require or want if they moved or
the services they would required if they remained living where they were.

Grant, P. (1985) "Who Experiences the Move Into a Nursing Home as
    Stressful? Examination of the Relocation Stress Hypothesis Using
    Archival, Time-Series Data" Canadian Journal on Aging. Vol. 4
    No. 2: P. 87.

The relocation stress hypothesis is tested. Results indicate that 82.7%
of new residents in four Saskatchewan nursing homes were not distressed by
the move. If they were stressed prior to entrance or had behaviorial
problems prior to admission, they did experience psychological distress on
admission but even then, their distress dropped over an eight month
period.

Gutman, G. (1980) "The Elderly at Home and in Retirement Housing: A
    Comparative Study of Health Problems, Functional Difficulties and
    Support Service Needs. In Marshall V.W. (Ed) (1980). Aging in
    Canada - Social Perspectives. Don Mills, Ontario: Fitzhenry and
    Whiteside, Ltd.

In the Comox-Strathcona Regional District, 811 persons (60+) living at
home and 90 living in retirement houses were asked health, mobility and
general functional questions. They were also asked about the support
sevices they were using. Those in homes had greater physical disabilities
than those living in the community. Implications of the data for service
and housing planning for the elderly are discussed.

Harper, I. (1984) <u>Housing Options For the Elderly in the Capital Region:</u>
<u>Sheltered Housing and Other Alternatives</u>. Victoria, B.C.: Capital
Regional Hospital District Hospital and Health Planning Commission.

This document provides a list and description of the major housing
projects in the Capital Region for the elderly and provides information
about elderly housing in Canada, United States, Great Britain and in
Europe. Major housing alternatives reviewed include: sheltered
housing/granny flats; peripatetic warden; dispersed emergency alarm
systems and grants and loans for home impairments. Recommendations are
made to the Capital Regional Hospital District for a housing strategy for
Victoria's seniors.

Hoffman, A. (1985) <u>Elderly Residents in Ontario: Their Housing Situation</u>
<u>and Their Interest in Various Housing Options</u>. Ontario: Minister for
Senior Citizens Affairs Seniors Secretariat.

This paper presents the housing situation and preferences of the 846
elderly persons who were interviewed in an Ontario survey. Only 5% of
respondents had plans to move and of the 5%, 40% were interested in senior
citizens apartments. If given a choice when faced with a care need, 57%
indicated an interest in staying home with community services and family
to assist them.

Jackson, J. (1985) "Factors Associated with Institutional Care of the
Elderly" <u>Canadian Journal of Public Health</u>. Vol. 76, July/August:
P. 255.

This paper epidemologically outlines the factors affecting development and
utilization of institutional care for the aged. Problems in obtaining
adequate data and in identifying and measuring important facts are also
discussed.

Kelly, J. and Towler, H. (1984) "The Community Care Alternative"
<u>Proceedings of the Second National Conference on Gerontological</u>
<u>Nursing</u>. May 22-25. Winnipeg, Manitoba: Winnipeg Convention
Centre.

This paper describes the long-term care and home care programs under the
direction and funding of the Continuing Care Division in the Ministry of
Health in British Columbia. The price to the senior and a description of
both the home and institutional services is discussed as is the role of
the institutional and home care nurse.

Macdonald, G. and Rose, A. (1984) <u>Factors Influencing the Quality of Life</u>
<u>Community-Based Elderly Part II: Housing Conditions of the Elderly in</u>
<u>Ontario</u>. University of Toronto: Centre for Urban and Community
<u>Studies</u>.

This paper explores the issue of quality of life of community-based
elderly. Data on housing conditions from a study of 706 urban and rural
elderly in southern Ontario is examined. A major conclusion is that
policy makers have to be aware of community support services required by
residents of senior citizen housing and independent housing.

Mackenzie, S. and Wekerle, G. (1985) "Reshaping the Neighbourhood of the
Future as We Age in Place" <u>Canadian Woman Studies</u>. Vol. 6, No. 2:
P. 69.

This article discusses the role the womens' movement can have in shaping
how and where women live out their old age. Women are challenged to
envisage the places they might want to spend their later years. They must
understand the existing situation for retired women and subsequently
develop solutions and alternatives for housing of the future elderly
woman. They must become involved in creating a desired environment for
aging in place.

Rapelje, D. (1984) <u>Home Sharing</u>. Thorold, Ontario: Municipality of
Niagara.

In this paper, the Niagara Home Sharing program is described. The program
offers an alternative to institutional living as well as an alternative to
living alone in the community. A profile of users and some case histories
are also presented.

Schwenger C.W., and Gross J.J. (1980) "Institutional Care and Institution-
alization of the Elderly in Canada" In: Marshall V. Ed. (1980) <u>Aging</u>
<u>in Canada: Social Perspectives</u>. Don Mills: Fitzhenry & Whiteside.

That institutional care of the elderly should be considered only as a last
resort is a principle spoken more than practiced in Canada. This paper
calls for reducing our institutionalization of the elderly and to
simultaneously foster an increasing variety of non-institutional
alternatives.

Shapiro, E. and Tate, R. (1985) "Predictors of Long Term Care Facility Use
Among the Elderly" <u>Canadian Journal on Aging</u>, Vol 4, No. 1; P. 11.

This research uses data from the Manitoba longitudinal study on aging to
assess the impacts of 28 health status and socio-demographic variables on
admissions into nursing homes. A key finding is that socio-demographic
characteristics are better predicators than health or physical problems of
institutional placement.

HOME SUPPORT SERVICE NEEDS

Auger, J. (1981) Vancouver's Older Citizens: What Their Needs are and How
    They are Met. Vancouver: Social Planning and Review Council.

This report describes and examines the food, shelter, income and health
needs for older persons in the Greater Vancouver area. Questionnaires
were administered to seniors and to service providers. Results of the
survey indicate that the majority of the elderly are able to satisfy their
everyday needs with the aid of the various non-institutional support
systems.

Baker, P. (1985) The Needs of Seniors in Greater Victoria. University of
    Victoria: Department of Sociology.

A needs survey was conducted to assess problems experienced by the popula-
tion aged 55 and over in Victoria. A total of 642 individuals were inter-
viewed. The major needs as perceived by the elderly were: health,
transportation, income, home repairs, housework, loneliness, leisure
activities, financial planning, preparing meals and housing. Having a low
income, and being divorced or separated were the strongest predicators of
problems.

Berland, J. (1980) Needs of the Elderly in South Vancouver. Graduating
    Paper. University of British Columbia: School of Social Work.

This paper describes a study of a public housing project in South
Vancouver. The study was initiated by the South Vancouver Neighbourhood
House. Two of the major conclusions are that knowledge of services is the
key to encouraging their use and loss of contact with family and friends
can lead to loss of an ability to function well.

Bernstein, M. and Stephens, M. (1984) "Social Support and Well-being Among
    Residents of Planned Housing" The Gerontologist. Vol. 24, No. 2: P.
    147.

This research documents the social support network for 44 residents of two
planned housing facilities, using structured interviews. Generally,
social networks involved persons outside of the housing facility. The
more healthy were less isolated. The findings have implications for
social support and social intervention theory.

Chappell, N. (1985) "Social Support and the Receipt of Home Care Services"
    The Gerontologist. Vol. 25, No. 1.

This paper represents results from a survey of 400 elderly long-term home
care users and 400 elderly non-users of home care in Metro Winnipeg. This
paper explores whether users of home care services differred from non-
users in terms of need, in terms of availability of, interaction with, or

satisfaction with, informal social support; and in terms of assistance received from their informal networks. It was found that users of home care were less healthy, less active and had fewer social supports available to them.

Connidis, I. (1985) "The Service Needs of Older People: Implications for Public Policy" Canadian Journal on Aging. Vol. 4, No. 1: P.3.

In a survey of 400 Ontario elderly residents, only 96 required community services. The provision of home care by family and friends, reduces the demand for more formal care. Policy makers cannot become overly dependent on this informal support system, for as our population continues to age and as more woman enter the work force, the system of informal care will not be as available. Encouraging home care as an alternative to institutionalization may only escalate care costs if the services provided are ones that the 'family' currently provides or ones that meet previously unmet needs.

Gfellner, B. (1984) "Home Sweet Home": Self-perceptions of Requirements for Independent Living. Brandon, Manitoba: Brandon University, Psychology Department.

265 community dwelling elderly were interviewed to determine their perceived and anticipated needs for successful aging. The sample demography matched the Statistics Canada profile of the elderly. Major results of the study include that generally the seniors were active and that 51% required home maintenance and help with daily living duties to maintain their independence.

Goldberg, M. (1977) Strathcona Community Study. Vancouver: Strathcona Community Resources Board.

The social needs and resources of residents of the Strathcona area in Vancouver are examined. The major report findings suggest that resources for senior citizens need to be expanded and that more services for non-english speaking residents be provided.

Grimes, M., Moss, M and Lawton, M. (1985) "The Changing Service Needs of Older Tenants in Planned Housing". The Gerontologist. Vol. 25, No. 3: P. 258.

This paper compares five federally assisted housing projects; the services provided and the general health and well-being of the residents. Recommendations are made as to how to attain greater service provision congruence.

Havens, B. (1980) "Differentiation of Unmet Needs Using Analysis by Age/Sex Cohorts" In: Marshall, V. Ed. (1980). Aging in Canada: Social Perspectives. Don Mills: Fitzhenry and Whiteside: P. 215.

This paper presents the methodology used for the Aging in Manitoba field survey of 5,000 elderly and their needs.

Havens, B. (1984) Met and Unmet Needs Over Time of Respondents Age 65 and
    Over - Aging in Manitoba '83. Winnipeg: Manitoba Department of
    Health.

Data was gathered to update the 1971 and 1976 Aging in Manitoba: Needs
and Resources reports. Approximately 2,854 Manitobans were interviewed
and 700 service agencies were interviewed. A comparative analysis high-
lights those met and unmet needs that have remained constant and those
which have undergone major changes during this time period.

Hoffman, A. (1985a) Elderly Residents in Ontario: The Experiences of Those
    Who Are Frail. Ontario: Minister for Senior Citizens Affairs Seniors
    Secretariat.

This paper concentrates on the distinguishing characteristics of one
segment of population surveyed for the general interview of Ontario's
elderly. Frail respondents used health care and home support services
more than the non-frail yet 668 of the frail, if given a choice, would
prefer to remain in their homes with the assistance of home support
services.

Hoffman, A. (1985b) Elderly Residents in Ontario: Income Group
    Differences. Ontario: Minister for Senior Citizens Affairs Seniors
    Secretariat.

This paper presents the income situation of the 846 elderly persons who
were interviewed in an Ontario survey. Findings in the study indicate
significant differences in the demographic characteristics, living situa-
tion and preferences among income groups. As income decreases, the
tendancy to live alone and to have fewer social contacts and support
systems also decreases. The lower the income the more likely the choice
to spend additional income on improved housing and living conditions.

Johnson, S. (1981) A Picture of the Downtown Eastside: Needs and
    Services. Vancouver, B.C.: North Health Unit, City of Vancouver
    Health Department.

In the Downtown Eastside area, one-third of the population is elderly.
Service agencies are interviewed to identify and describe key service
needs, identify gaps in the services and to recommend future directions.

Meiners, D.J. (1967) Home Services for the Aged. An Experience Survey to
    Assess the Need for Home Care Services in the West End Area of
    Vancouver. MSW Thesis. University of British Columbia: School of
    Social Work.

Home care services as a viable alternative to institutionalization for the
West End area of Vancouver are examined in this study. Service needs were
identified and a research interview schedule, to be used in future
studies, was also developed.

Robinchaud, A. (1985) <u>Survey of the Needs of the Elderly in New</u>
      <u>Brunswick</u>. University of Moncton: Centre for Studies on Aging.

28 elderly in New Brunswick were surveyed to identify their demographic
characteristics and living conditions, state of health, social status,
financial status, psychological condition and degree of respondent
independence. Parametric analysis was used. Target populations were
identified and implications for governmental policies are discussed.

Snider, E. (1982) "The Needs of Health and Related Community Agencies
      Serving Elderly Families" <u>Canadian Journal of Public Health</u>.
      Vol. 73, March/April: P. <u>119.</u>

This article discusses the needs of community agencies serving elderly
families. Generally, agencies were found to be uncoordinated and there
was little integration of services. It was concluded that if the present
nature of agency relationships continues as is, the quality and quantity
of services for elderly families will become more ineffective and
insufficient.

Storm, C., Storm T. and Strike-Schurman, J. (1984) "Obligations for Care:
      Beliefs in a Small Canadian Town" <u>Canadian Journal on Aging</u>. Vol. 4,
      No. 2: P. 75.

80 Maritime woman aged 18-25, 30-45, 50-65, and 65-85 years were inter-
viewed to explore their perceptions and obligations for assistance of
elderly with physical, financial and psychological needs. Results
indicated that children have a strong obligation to assist if possible,
and the obligation of government was also strong for all but psychological
needs. Siblings, friends and the church were also a common source of
assistance. The elderly themselves believed they had a responsibility to
provide for themselves.

Tilquin, C., et al. (1980) "The Physical, Emotional, and Social Condition
      of an Aged Population in Quebec" In: Marshall, V. Ed. (1980). <u>Aging</u>
      <u>in Canada: Social Implications</u>. Don Mills: Fitzhenry and
      <u>Whiteside: P. 222.</u>

A survey of Montreal's Southshore seniors was done within the framework of
a research project aimed at creating instruments for the evaluation of
older people's needs. This chapter presents a preliminary analysis of
data collected from over 1,000 respondents from both within and without
the institutional social service network.

Abu-Laban, S. (1978) "The Family Life of Older Canadians" In: Marshall, V. Ed. (1980). Aging in Canada: Social Perspectives. Don Mills, Ontario: Fitzhenry and Whiteside: P. 125.

Family relationships provide major sources of interpersonal support and warmth for all ages, however the nature of this support changes over the life course. This paper examines the characteristic features of family life for the elderly. The need to understand the pattern of family life for elderly is important, for it has direct bearing on the existence or non-existence of informal social support systems that are necessary to maintain elderly in their homes.

Aronson, J. (1985) "Family Care of the Elderly: Underlying Assumptions and Their Consequences" Canadian Journal on Aging. Vol. 4, No. 3: P. 115.

This article explores the debate between the traditional view that families take care of their elderly and the more contemporary view that care of the elderly is a responsibility of the government or formal sector. Through a review of the literature the role of men and women in caregiving is also explored. The results of this research have implications for the development of social policies.

Béland, F. (1984) "The Family and Adults 65 Years of Age and Over: Co-residency and Availability of Help" Canadian Review of Sociology and Anthropology. Vol. 21, No. 3: P. 302.

Policy makers have assumed that governmental agencies have been left with the responsibility and task of supporting the elderly. What was once a task of the extended family is no longer. Through a survey of non-institutionalized elderly, it was concluded that governmental agencies should see themselves as supporters of family involvement with elderly members and not surrogates for the family.

Canadian Mental Health Association. (1985) Coping with Care Giving at Home: Finding Help for Your Relative and Yourself. Vancouver: Shaughnessy Hospital.

The Canadian Mental Health Association has produced a brochure to assist caregivers in identifying home support services that ease their burden. Non-profit and profit home services for households or caregivers and professional help are available within most Canadian communities.

Coutts, J. (1983) "The Role of the Volunteer Sector" Rehabilitation
     Digest. Vol. 13, No. 4: P.5.

the author argues that their is a need for recognition and for private and
government support for the work of the Canadian volunteer. The role of
the volunteer is seen to be valuable in terms of potential and present
contribution to Canadian economy and society.

Gallo, F. (1982) "The Effects of Social Support Networks on the Health of
     the Elderly" Social Work in Health Care. Vol. 8, No. 2: P. 65.

This paper presents a study of the relationship between the health of the
elderly and their social support networks. Specific characteristics of
the social support network were identified and measured to determine which
characteristics have the greatest impact on the elderly's health. The
major finding is that there is a high statistical correlation between
social support networks and health.

Hoffman, A. (1985) Elderly Residents in Ontario: Social Contact Providers
     of Assistance and Requests for Additional Assistance. Ontario:
     Minister for Senior Citizens Affairs Seniors Secretariat.

This paper focusses on social contacts and the roles these contacts play
in providing assistance to the 846 elderly persons interviewed. Only 28
of the respondents indicated they had neither visited nor had phone
contact with family members or friends. The significant role played by
family members and friends in assisting the elderly in the community is
evident in this study.

Mohide, E.A. and Pringle, D. (1985) "The Family Caregiver Burden in the
     Community: Critical Appraisal of the Literature" Canadian Associa-
     tion of Gerontology Conference.

Nurses are increasingly recognizing the need to focus more attention on
the "hidden patients" - those family caregivers who experience burden as a
result of their efforts to maintain impaired relatives in the community.
The objective of this paper is to highlight methodological issues in past
studies of caregivers. On the basis of this methodological review, recom-
mendations are made for future research and program development of the
support services for the caregivers.

Nelson, G. (1982) Support for the Aged: Public and Private Respon-
     sibility" Social Work. Vol. 27, No. 2: P. 137.

This paper recommends that government intervention in the care of the
elderly should not compete but complement the roles that the family and
community play in caring for the elderly. The case of the aged is both a
private and public responsibility.

Novak, M. (1985) Social Correlates of Caregiver Burden. Winnipeg,
Manitoba: University of Winnipeg.

A questionnaire was administered to 100 persons who provide care for a
spouse with senile dimentia. The major conclusion of this study was the
need for the caregiver to receive help and relief from formal and informal
support systems.

Paré-Morin, L. and Stryckman, J. (1985) Keeping Elders at Home: The
    Contribution of Informal Caregivers. Quebec: Community Health
    Department, St. Sacrement Hospital.

The contribution of family members or friends in enabling the senior
citizen to remain at home is often an essential resource. A sample of 25
elderly and one person from each elder informal support system was inter-
viewed in order to develop a means for early detection and help of poten-
tial problems due to the support of the informal network wearing thin.

Wister, A. (1985). Living Arrangements and Informal Social Support Among
    the Elderly. Waterloo, Ontario: University of Waterloo.

A survey of 454 seniors living in non-collective households assists in
determining whether living alone, with a spouse, or others affects 'types'
of informal support. Results indicate that living arrangements have a
greater impact on instrumented informal support (assistance with specific
tasks) than on either affective peer or affective family support.
Implications for social policy and future research are discussed.