

Seniors' Health and Housing Crossroads

Working Draft:

Summary of the Focus Groups

This draft summary reviews the 12 categories of issues that emerged from the focus groups. These 12 categories composed the 12 breakout sessions during the January 28, 2004 Forum. In the Forum breakout sessions we generated ideas for policy recommendations. On January 29th, a group of 30 people wrote policy recommendations based on the ideas shared at the forum. The recommendations can be found on this website (see home page).

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Introduction

Health and housing issues for seniors are many and diverse. As seniors age, health care requirements and the need for personal support often increase. As our health needs increase, it can be difficult and often impossible to meet these needs without moving into a long-term care facility. The majority of seniors want to age without moving. There are too few options to support seniors as they strive to maintain autonomy and independence.

The senior population is expected to almost double in the next 40 years. By 2041, it will increase to 22.6 per cent of the population from its current 13 per cent. With these figures in mind, there is a serious need for new and revised policies regarding alternatives to institutional long-term care facilities.

The intent of the Seniors' Health and Housing Crossroads Project is to explore seniors' health and housing issues. Through province-wide consultations with seniors in focus groups over 2003, and in discussions during this forum, we aim to develop ideas for policy recommendations that will ensure we can remain in our homes and communities.

Seniors, researchers, and service providers alike seem to agree that more options in health and housing are desperately needed to ensure that seniors will not be forced into long-term care facilities, which many describe as "places to die," and not "places to live."

"...If they [the government] provided services to help keep seniors in their own homes, they wouldn't have to be building all these long-term care facilities...that are costing millions and millions of dollars, and the seniors would be happier...a lot of these seniors don't want to go into these long-term care facilities but they can't stay in their homes either because they can't keep them up." *Sault Ste. Marie participant*

Seniors' Health and Housing Crossroads Committee: The Guiding Force

An ambitious and dedicated advisory group of seniors undertook the task of creating focus groups across the province. This advisory committee, composed of eleven seniors from organizations such as the Older Women's Network, Parkdale Community Health Centre, SOAR, Kenora Coalition of Seniors, Toronto Seniors' Assembly, and the Ottawa Older Women's Network, as well as independent seniors who care about a better tomorrow, envisioned a province-wide project that would bring seniors into the dialogue on health and housing policy.

The Focus Groups

Beginning in February 2003, we held sixteen focus groups in ten cities. After our pilot group in Toronto, we held groups in Kingston, Kenora, Hamilton, Windsor, Bracebridge, Sudbury, Sault Ste. Marie, and Thunder Bay. We held two groups in Kenora, aboriginal and general. In Sudbury we held a francophone group and an anglophone group. In Toronto we had a general group and a South Asian women's group. We held three groups in Ottawa - a francophone group, an anglophone group, and a focus group for lesbian, gay, bisexual, and transgendered seniors. In November of 2003, we held the last of our sixteen focus groups, the Toronto aboriginal elders' group held at the Native Canadian Centre in Toronto.

Many themes emerged and over ninety issues were raised. These issues fit into 12 categories.

The 12 Categories

The 12 categories that capture what seniors say they need to remain in their homes and communities are described below.

Housing Issues A

Affordable housing topped the list of concerns for seniors across the province. Subsidized units, seniors-only social housing, and supportive housing are all on seniors' minds.

“Seniors end up in really bad housing. I’ve seen stuff you wouldn’t put your hateful cat in. I didn’t realize that seniors’ housing was so bad until I looked around to find a building for myself... Seniors have got the worst apartments in private homes and this really has to be brought forward... I’m a 78-year-old woman and I’m afraid to ask for a new fridge and a paint job because they’ll put up my rent. The rent situation is a catastrophe. They must freeze the rent.” *Ottawa GLBT participant*

“We need more subsidized housing. Lower than what we’re paying now. Pensions don’t go very far. We do need a lot of things that we can’t buy... A steak every now and then instead of the macaroni.” *Toronto aboriginal group participant*

“I’m annoyed by the constant rent increases. I’m going to need to move from a two-bedroom to a one-bedroom apartment. I’m going to need to get rid of many of my possessions.” *Kingston participant*

Lack of affordable housing came up many times in every focus group. Seniors across Ontario suffer because much of their income is used for housing. Little or no money remains for food, transportation, medical needs. We all know that this situation is detrimental to health. Many participants in our focus groups stated that the financial pressure they’re under has increased their stress levels and is detrimental to their mental and physical health.

Some solutions that have been proposed include the 1% solution, whereby the government returns to a commitment of spending 1% of our national budget on housing. Other solutions included increasing the federal housing budget to meet the growing demand for housing.

“Once people have housing, the rest of their lives can improve.” *Toronto housing expert David Hulchanski*

Another suggestion to address the affordability issue is to **increase pensions**. Pensions have not kept up with inflation. As one Kenora focus group participant put it,

“Oil, electricity, you name it – it’s all up. But your pension doesn’t change, except for the cost of living, which is about 79 cents.”

Funding agreements for pensions must target low-income seniors, and inflation must be factored into pension increases. Rents go up and pensions do not. Food prices rise, the cost of new shoes increases, but pensions remain low.

Returning to **senior-only apartment buildings was also raised as an important issue**. Many senior-only buildings have fallen into the social housing category, and this has proven to present incredible stress for seniors. Streaming seniors into housing with many other disadvantaged people has made seniors feel unsafe. Seniors who now endure social housing, after having lived in senior-only housing, are stressed by increasing noise levels, drugs, robbery, and violence.

“Housing for seniors is now housing for everyone and seniors do not like it. We are in there with every kind of hard-life type, and they bring a lot of problems...and that stresses seniors even more.” *Kenora participant*

A Hamilton senior explained how housing, health, and stress are related:

“They [housing and health] are intertwined... If you can’t pay the rent, there is no dignity. You get ill, you get stressed. One goes with the other.”

Supportive Housing

"Supportive housing is the best-kept secret in long-term care." *Linda Hill, Executive Director, Richview Residence, Supportive Housing*

Supportive housing includes a variety of support services, including homemaking and personal care, but not nursing care. **It fills in the gap between living at home with support, and living in a nursing home. It operates as a useful alternative to long-term care facilities.** Supportive housing services are flexible and practical in responding to seniors’ needs.

Unfortunately, people have to be living in, or move to, government/non-profit housing to receive these services. Collaboration among agencies is critical in coordinating current supportive housing services.

Supportive housing services are preventative, rather than just for those with a very high level of need, and are **useful in preventing conditions that lead to premature and unwanted admission to institutional care.**

Seniors who have supportive housing services state that these services greatly reduce their stress levels and contribute positively to overall health. Where these services exist, they benefit everyone. However, they are grossly under-funded and much too few in number. **Supportive housing services for seniors need to be multiplied and reinforced across Canada.**

Housing Issues B

It's been said many times, many ways. Seniors end up in long-term care facilities because of lack of options. Several options are available across Canada and around the world. Yet, like supportive housing services, they are too few and far between. At the forum we hope to make policy recommendations that support a **variety of housing options.** The options that have been generated thus far include the following:

Retirement Homes

Retirement homes are a housing option that many seniors consider. These are often privately owned and not regulated. Retirement homes are often in an apartment-like complex and may offer a simple room or a full apartment for rent. Some retirement homes may offer meals and other services, at a cost to seniors. **Retirement home regulation** is an issue of grave concern to seniors, and national standards for municipal regulation must be addressed.

Naturally Occurring Retirement Communities (NORC)

In certain areas, homeowners who live on the same streets, decade after decade, form a natural retirement community. The elders may share home support services, or help each other out as much as possible

Intentional Retirement Communities

Similar to the NORC model, these communities live and age in the same area but do so intentionally. This can happen when friends move to a particular region in a

warmer climate. It can also happen among specific linguistic or cultural groups, who together have greater financial resources, and thus agree to live near one another in order to provide support, directly and indirectly

Foster Care, Under Social Work Supervision

Families, or groups of caring people, can foster a senior in their home. In doing so, they create a space for the senior's life and needs in their homes and daily routines. The senior provides an intergenerational connection and the benefits of her/his personality, experience, and affections. Social work supervision is required to ensure successful screening and matching, as well as to provide ongoing support to all involved.

Life-lease Units

In this arrangement, a senior pays a lump sum of money to lease a unit, or home, for an extended period of time. The senior maintains the right to a share of the profit if the unit or home is sold. Life-lease units generally offer senior services, and a commitment to the idea of 'aging in community'. One challenge with the life-lease option is that it is currently not an option for low-income seniors.

Congregate Housing

Congregate housing is generally an option offered by non-profit housing and support services. In congregate housing, four to eight seniors share a house. Each may enjoy a private room, or apartment, yet share activities of daily living with others if they choose. Certainly, private homeowners can and do adopt this model.

Granny Flats/Second Suites

These units are built onto or within an existing home. Sometimes they are built close to a family home, on family property, but are a separate building. The original intention of a granny flat was to enable an older member of a family to live close by, but with a high degree of independence.

Seniors' Group Homes

Group homes for special senior populations, such as those with Alzheimer's, are a good alternative to long-term facility care. Individuals receive care and services, often

have meals prepared for them, and are supported by a structure that meets their health needs.

Integrated Model of Community-Based Elder Care

Focus group participants stated that the availability of health care, home care, and support services together in one centre would be a great asset in supporting their independence in the community. Seniors in every focus group stated that if they had sufficient support services available, they would be able to stay in their own homes.

At the end of our focus groups, we asked people what was most important to them. A frequent response was “maintaining independence”, by staying in one’s own home and having needed services available.

“Government should be challenged to become more creative to determine what is needed to support one’s ‘wholistic’ well-being.” *Windsor participant*

Here are two models that currently exist. From these two examples we can glean ideas that would create a usable model of integrated community-based elder care. In both these models, seniors must live in a certain geographical area to receive services. We need to address integrated care that is accessible to rural seniors.

Programs of All-Inclusive Care (PACE)

PACE is a model of all-inclusive care for elder persons that was created by On Lok Senior Health Services in San Francisco, California. The PACE model combines medical and long-term care services to both in-patients and out-patients. Elders in the programs must live within a geographical area close to the PACE centre. Participants can receive services in their home or at the

PACE centre, depending on their health and other circumstances. Elders have many options: transportation services, attending recreational and educational programs, having meals at the centre or at home, receiving supervision of medication, benefiting from social work services and personal support services, and others.

CHOICE - Comprehensive Home Option of Integrated Care for the Elderly

CHOICE is the Canadian version of the On Lok PACE program. It is located in Alberta. The CHOICE program assists many seniors who are in their 80s, 90s, and beyond to live in dignity and with autonomy. The average participant is 81 years old.

Transportation

Transportation issues are huge and complex across all regions, and populations. The availability of transportation can greatly contribute to seniors' health and well-being. Accessible bus services, particularly for seniors with disabilities, can mean the difference between a life of isolation and a life that is rich and satisfying.

“You have to phone the bus [for disabled persons] two weeks in advance. And then you wait for half an hour, and if you are not there, they take off. A taxi is much better.” *Hamilton participant*

“Transportation is a problem. Politicians don't have first-hand experience of the transportation problems that seniors face.” *Kingston participant*

Seniors in rural areas often don't have buses, or must deal with infrequent and/or expensive services. Further, specialized health services and hospital care are generally hundreds of miles away and seniors incur many financial and logistical obstacles travelling to get their health needs met.

Accessibility

Seniors and health advocates in the focus groups stressed **the importance of removing barriers** so that seniors with impairments (in sight, hearing, cognition, or mobility) can participate comfortably in all programs and services. They also pointed out the need for **clear language** in publications, free of bureaucratic ‘gobbledegook’.

“The Assistive Devices Program does not adequately compensate for equipment, especially hearing aids.” *Windsor participant*

“Financial problems dictate health and dictate housing. We get long-term disability or CPP. But if there’s an increase, it’s taken away. If you’re on long-term disability you have to pay taxes on the increase. So the financial limitations limit the housing.” *Ottawa GLBT participant*

“...if you do see pamphlets [on CPP benefits, for instance], by the time you’ve read the whole thing you wonder what the heck the first paragraph was about. They make it so complicated.” *Sault Ste. Marie participant*

Safety and Security

“As much as I hate my apartment, I don’t go out at night because I’m scared to. I don’t feel safe...landlords abuse elders, both financially and with intimidation.” *Ottawa GLBT participant*

Feeling safe in one’s home and community is critical for seniors. Safety issues cover a range of problems and a range of solutions, including neighbourhood watch programs, buddy systems, phone-check programs, fall-prevention programs, elder-abuse education and prevention, electronic security systems, anti-bullying programs, anti-violence programs, security guards, etc.

“I visited a senior’s home in the States, and they had a big button about that size...red, in the central place, in the living room. And you just pressed and it automatically alerted all the emergency forces. And they came. They didn’t call or anything. They just came. It was large enough that you didn’t have to find it. You could just fall against it and it sounded the alarm.”
Toronto aboriginal group participant

Access to Information and Services

Seniors noted that having information and programs available is one challenge, but **ensuring all seniors have access to information on what is available is another challenge**. As one of our focus group participants in Sault Ste. Marie said,

“There are more than communication barriers when we try to access services. I think they purposely give you a lot of rules and run-around...figuring you’ll finally give up because you can’t get the right person.”

Other issues that relate to access to information include: language barriers, access to information for visually-impaired seniors, agency and government outreach, and advertising.

Seniors have many ideas about how to get the information out to seniors. **Participants from the Windsor focus group offered a few suggestions:**

“What good are services if we don’t know about them? Services should be listed in the paper every week...information should be given to schools so children can bring info home to parents and grandparents; we need to meet regularly and have town meetings.”

Aboriginal Seniors

Aboriginal elders require programs, services, and policies that respect first nations’ culture and language. Again, having options is key. **Programs and services that have been designed by aboriginal persons, for aboriginal persons, have been very successful**, yet are under-funded and insufficiently supported. Health concerns such as diabetes and depression among aboriginal elders also require specialized health services, both within culturally-specific programs and in general programs. **Funding for traditional healers is critical** to the health and well being of aboriginal elders.

“A medicine man could come in and talk to individuals... There are elders who come to the centre once a month for a whole week...Anishnabi Health provides healers that come for a week. We have nothing to do with traditional healer services because we don’t provide them. We’re not funded for that.” *Toronto Aboriginal Group participant*

“Peer support is needed and should be supported because a lot of times people don’t have enough to be consistent. They need [an aboriginal] staff person to work with them.” *Toronto aboriginal group participant*

“Native people respect their elders and children are taught from a young age to respect elders and mother earth... On the reserve there are extended families to care for elders...” *Bracebridge participant*

Gay, Lesbian, Bisexual, Transsexual, Transgendered (GLBT)

Seniors’ services, and consultations with seniors, often overlook gay, lesbian, bisexual, transsexual, and transgendered (GLBT) seniors. The invisibility of GLBT peoples’ concerns, issues, and cultures contributes to the stress they endure, as they become invisible as older persons. Often those who have been ‘out’ as GLBT people during their youth and middle years will feel vulnerable when approaching seniors’ services because of the homophobia they encounter, and will go back into the ‘closet’, often to the detriment of their health and well-being.

“My doctor keeps prying. Wants to know if I’m a homosexual. I want to know if he’s gay-positive. He says, “We’re all non-judgmental.” But now I don’t go to him anymore. Not unless I’m dying. I’m there for health reasons, but he tells me to go and see a social worker.” *GLBT group participant*

GLBT seniors need to be included in programs and services for seniors, as well as enjoy GLBT-specific services. **Here are some comments GLBT seniors made in the Ottawa focus group:**

“We need a subsidized GLBT retirement home, a lesbian retirement home, and a GLBT Abbeyfield home. All of it subsidized. There aren’t enough seniors’ apartment buildings that are affordable. We need buildings for people 50 and over. And there’s a big need for strictly lesbian housing, because of violence and safety issues.”

“More anti-homophobia training...should be standard...in services, palliative care, home care, and hospitals. Make the existing programs more accessible. There should be an inclusive centre for the GLBT population, with housing-option counsellors.”

Cultural and Ethnic Group Consultation

Many focus group participants talked about the need for **linguistically appropriate services**. Francophone seniors in Ottawa stressed the frustration that stems from the lack of services delivered in French. South Asian seniors also disclosed how the lack of services and program staff who speak their languages prohibits their participation. Over forty different languages are spoken within the senior population. Programs and services need to address our multicultural, multilingual reality.

Seniors also emphasize that policies, programs, and services need to address issues of discrimination against various cultural communities, and **create policies that are culturally inclusive**. Both culturally-specific programs and programs that include a variety of cultures are needed to create a society where seniors have reasonable options.

Hamilton seniors share their insights:

“[Recreation programs] are good for the mainstream but not for ethnic.”

“[Meal programs] for culturally different people, they aren’t very conscious of them. They have their own traditions. You don’t give a Muslim a sausage.”

“We’re not inclusive enough. We’re exclusive... We have to fight that together, so the whole community benefits.”

In areas where seniors felt they were in culturally and linguistically suitable housing and programs, they noted **a high degree of satisfaction**.

“It [my apartment building complex] is a community of people. Of the 35,000 refugees there, there are about 6,000 Tamils. It is a community... So I have people speaking the same language, with similar ideas.” *South Asian women’s group participant*

“Being surrounded by your own ethnic group gives more feeling of support.” *South Asian women’s group participant*

Ageism

Ageism is discrimination based on age. In a youth-obsessed culture, people tend to devalue those who are of senior years. Ageism is present when people dismiss the opinions of older people, or speak on their behalf when they are capable of speaking for themselves, and in dismissive labels such as “old bag”, “old fart”, “gizzard” etc. Ageism is also active when people abuse and exploit seniors.

“Seniors are invisible. Many people disregard us.” *Kingston participant*

“North American attitudes towards seniors are often quite negative and the boomers of today are becoming quite ageist. More emphasis needs to be placed on early education to promote positive attitudes toward aging. Adopt-a-Grandparent programs could be a good start to bringing about a change in societal attitudes.” *Thunder Bay participant*

“...much needs to be done to ‘de-mystify’ the aging process.” *Thunder Bay participant*

Seniors across Ontario noted increasing levels of disrespect, and invisibility. Seniors and our non-senior allies across the province reminded us that negative attitudes towards aging (marginalizing, patronizing, even abusing seniors) call for **widespread public education, so that both the aging process and the role**

seniors actually play in our society are better understood. Many seniors feel that intergenerational programs are needed.

Guiding Principles for all Policies

Policies that are true to higher principles have a better chance of meeting the needs of the senior population. **Seniors pointed out principles that should guide policy development: autonomy, choice, respect, dignity, and the right to control their own lives and care. Flexibility in programs and services is also key. Policies and programs that affect seniors need to be developed in consultation with seniors.**

“They [the policy makers] don’t talk to us first, and we can’t get their attention after. If they made decisions with us, instead of for us, there might be better results.” *Kenora Aboriginal group participant*

Four other principles that should guide policies include: public administration, comprehensiveness, universality, accessibility and portability.