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ACKNOWLEDGMENTS

This project was made possible due to the efforts of those who work with, and are served by, the people and agencies dedicated to the well being of Calgary seniors. I would like to thank the Advisory Committee for their efforts in guiding the activities undertaken in the Environmental Scan of Needs and Availability of Support Services for aging in place in seniors' independent housing. Participating on the Advisory Committee are the following members:

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I would also like to thank the management, staff and residents of Calgary's seniors' self-contained apartments who participated in the project. Their willingness to respond to the questionnaires provided a solid base of information from which to form this report.

BACKGROUND

Literature Review

Nature of the Emerging Problem

In Canada, a study commissioned by the Canada Mortgage and Housing Corporation (CMHC) in 1997 recognized an emerging problem. “The physical and operational design of municipal housing for seniors was based on the assumption that if and when senior tenants needed supervision and care, they would move to special long term care facilities. A shortage of long term care beds means that this assumption no longer holds true” (Schiff, Gnaedinger & Rodriguez, 1997). The emerging seniors housing problem appears related to the previous policy era that developed assisted-living and home-care as cost-efficient ways of taking care of shelter and support services for seniors. As seniors’ try to find housing and care that best suits their needs, it has become apparent that congregate housing has become an unrecognized bridging mechanism.

Housing is only half the equation. “The combined need for shelter and services” is correlated with the contextual factors such as a prevalence of seniors living alone and the lack of assistance by informal caregivers (Sheehan, 1987, p.57). Aging in place requires long-range study and planning as not all seniors experience a decline in all dimensions of health and well being, and those who do experience decline will not do so at the same rate. Up until now, the approach to service provision for seniors’ needs outside of long term care facilities has been described as ad hoc (Sheehan, 1987). “Without clear cut policies concerning service provision and termination, tenants and their families may be unaware of the functional criteria required for continued residency in the complex” (Sheehan, 1987, p.71). Furthermore, as the number of vulnerable seniors as a percentage of the Canadian population continues to rise, policy development and service delivery will become increasingly important issues (Sheehan, 1987).

Strategies for responding to the increasing need of supported living for seniors are evolving. One such strategy being implemented is the introduction of Assisted Living Services (ALS) into congregate housing sites. In their 2003 study, Sheehan and Oakes examined the experiences, attitudes and emotions of tenants as a program of ALS was being introduced into their congregate housing site. The authors noted that congregate housing sites can be used as existing facilities for the delivery of ALS programs. The program purpose is to support vulnerable tenants in activities of daily living and the stated benefit of such a program is the reduction in the rate of tenant transfers to long term care facilities (Hurlock, 2002; Sheehan and Oakes, 2003).

The success of any program ultimately depends on how well it meets the needs of the population it was designed to serve. In this respect, the authors uncovered conflicting attitudes towards the program. Tenants expressed both relief and reluctance

at the implementation of ALS in their building. Relief arose from the knowledge that services would be available if needed, however reluctance resulted from self-perceptions of lost independence. Compounding feelings of lost independence is the cluster-care method of service delivery. Specifically, tenants reported that services were scheduled at inconvenient times, that quality suffered as a result of time limitations imposed on aides, and that the choice of services was restricted. While specific to the study reviewed (Sheehan & Oakes, 2003), the documented tenant concerns warrant the exploration of a Community Resource Coordinator in congregate housing sites. Especially as the existence of congregate housing and community-based support services in Calgary may support the application of an ALS-style program in Alberta.

Healthy Generation Model

The literature on aging suggests there is a relationship between functional capacity and independent living for seniors (George & Fillenbaum, 1985; McPhee & Johnson, 2000). These same authors recognize that functional capacity is multidimensional and not simply issues of physical and mental health commonly associated with aging. Program development for senior support services has been developed based on the multiple dimensions of functional capacity. Therefore, this environmental scan sought to determine whether or not the current system of resources and services for seniors in Calgary, Alberta, complied with a holistic approach to seniors' health in order to support aging in place.

For the purpose of developing seniors programs, the approach taken towards health and functional capacity is becoming more holistic. Generally, the holistic approach to health is viewed as an approach which will enhance seniors' quality of life. The Healthy Generation model of seniors assisted living housing, studied by McPhee & Johnson (2000), is one example of the use of the holistic approach to health in program development supporting seniors living in seniors designated housing.

The Healthy Generation model is comprised of five dimensions of health: the physical, social, emotional, intellectual, and spiritual dimensions. To date, a large body of research exists on what has been called the "objective life conditions"; that is, the physical and the social dimensions of health which have well defined indicators of measurement (Ardelt, 1997). For example, studies have focused on different aspects of the socioeconomic status of seniors and the presence or absence of elements of social networks of individual seniors. However, missing from the literature is a comparative body of work on the emotional, intellectual and spiritual dimensions of health without which the holistic health approach is not symmetrically applied. For the purpose of this environmental scan, the intellectual domain is re-conceptualized as that of wisdom as the latter is a better match with the holistic approach to health (Ardelt, 1997).

Re-conceptualizing the Intellectual Dimension of Health

Ardelt (1997) studies wisdom as a predictor of life satisfaction in old age, and that wisdom is a better way of looking at the intellectual dimension of aging because it

defines wisdom as the integration of cognitive, reflective and affective elements. Wisdom includes both descriptive (intellectual) knowledge and interpretive (reflective) knowledge, and therefore can move seniors toward a comprehension and acceptance of the realities of aging. Ardelt suggests that if research confirms the positive relationship between wisdom and life satisfaction, then program development should include interventions that teach and support “the qualities necessary for the development of wisdom” (Ardelt, 1997, p.25). To move seniors towards successful aging in place requires formal services that will tap into seniors’ wisdom and gain their acceptance of their changing needs.

Definition of Vulnerability

It was perceived that vulnerability could be applied to the Healthy Generation model in order to develop a questionnaire that explored the needs of seniors living in congregate housing who would otherwise require transfer to care facilities. Lazarus (1966) defined vulnerability as an index of distress. Specifically, it was conceived that vulnerability is an index of the lack of functional capacity in one or more of the dimensions of the Healthy Generation model. To achieve the outcome of addressing necessary improvements in long term care needs for vulnerable tenants, the definition of vulnerability as an index of distress was used in questionnaires for both management and staff, and tenants in congregate housing.

Project Scope

The purpose of this environmental scan was to investigate the extent to which appropriate support services are being provided to tenants of seniors’ congregate housing in the City of Calgary, and their impact on enabling residents to age in place. Special emphasis is given to the planning of long term care needs of vulnerable tenants. The following questions were explored in this environmental scan:

- Is there a prevalence of vulnerable tenants in congregate housing in Calgary?
- Do tenants and staff know about support services?
- Can tenants and housing staff access and mobilize the support services?
- Do support services enable vulnerable tenants to remain in self-contained congregate housing units?

Project Objectives

The project consultant and advisory committee determined a set of objectives to guide project implementation. The objectives are listed as follows:

- Undertake a literature review to determine best practices in support services for vulnerable tenants;
- Develop questionnaires to collect relevant information regarding aging in place in Calgary, Alberta;

- To interview building operators, board members, service providers and a sample of vulnerable tenants in seniors' congregate housing;
- Develop a set of outcome measures to assist in evaluating the success of methods of responding to tenant needs;
- Review the raw data and develop a report with recommendations that give an accurate accounting and interpretation of results; and,
- Present the final report to the Strategic Planning and Supportive Living Division, Alberta Seniors and Community Supports.

Methodology

Data Collection

Data collection took place in the City of Calgary from October 2006 to January 2007. In an effort to achieve a balanced review of the issue of aging in place, data was collected from both the tenants and management of seniors congregate housing sites. Furthermore, sites of data collection were randomly selected by the project consultant from the Kerby Centre Seniors Housing Directory. Data was collected from a total of 39 participants (N=39) comprising two distinct populations: (a) managers and staff of seniors congregate housing sites, including one former outreach worker (n=18), and (b) seniors 65 years of age and older residing in self-contained units within congregate housing sites (n=21).

Data was collected using one-to-one interviews that were guided by questionnaires constructed for the project by the consultant. A different questionnaire was designed for each population. The managers' questionnaire (Appendix A) consisted of 12 questions covering perceptions of tenants' vulnerability and how tenant vulnerability is currently being addressed. On the managers' survey, questions 1 through 3 reflected the five dimensions of the Healthy Generation Model and the geographic boundaries of the project scope. However, questions 4 through 12 were adapted from Schiff, Gnaedinger and Rodriguez's study (1997) for this project's multidimensional, holistic approach to seniors' health. The tenants' survey (Appendix B) consisted of 20 questions that explored seniors' thoughts, feelings and experiences of aging. Tenant questions were the combined result of the Project Consultant's review of the literature and years of clinical experience, and from input given by the Advisory Committee during regularly scheduled project meetings.

The Project Consultant recorded all responses directly onto questionnaire forms and then reproduced participant responses into a software program for the purposes of analysis. Participant responses were compiled into an Excel worksheet for each question. Frequencies were calculated for closed ended questions and questions in tabular. Thematic analysis was performed for responses to open ended questions.

PROJECT FINDINGS

Management and Staff Questionnaire Results

Prevalence of Vulnerable Seniors by Dimensions of Health

The first question on the management and staff questionnaire aided participants in understanding how vulnerability was conceptualized for this project. After each dimension of the Healthy Generation model, examples were provided to demonstrate what could be an indicator of vulnerability. Participants were instructed to respond by rating the prevalence of vulnerability in each category among tenants in their buildings by taking into consideration the examples provided. Responses were recorded along a five point scale from 1 (least) to 5 (most) prevalent. Participant responses are aggregated in Table 1.

Table 1 **Question 1 from the Management and Staff Survey:**
Please rate from 1 (least) to 5 (most) how prevalent or pronounced you perceive categories of vulnerability in the population housed in your facility.

Vulnerability	1 = Least Important	Rated 2	Rated 3	Rated 4	5 = Most Important
Social	28%	11%	17%	17%	17%
Physical	6%	22%	33%	22%	17%
Emotional	17%	17%	28%	17%	17%
Intellectual	17%	17%	22%	33%	6%
Spiritual	39%	28%	11%	11%	0%

Perceptions among management and staff about the prevalence of tenant vulnerability levels in each of the five dimensions of health appear fairly even throughout the table. Tenants appeared to be least vulnerable socially (39% rated 1 & 2) and spiritually (67% rated 1 & 2), and most vulnerable physically and intellectually (39% rated 4 & 5 for each category).

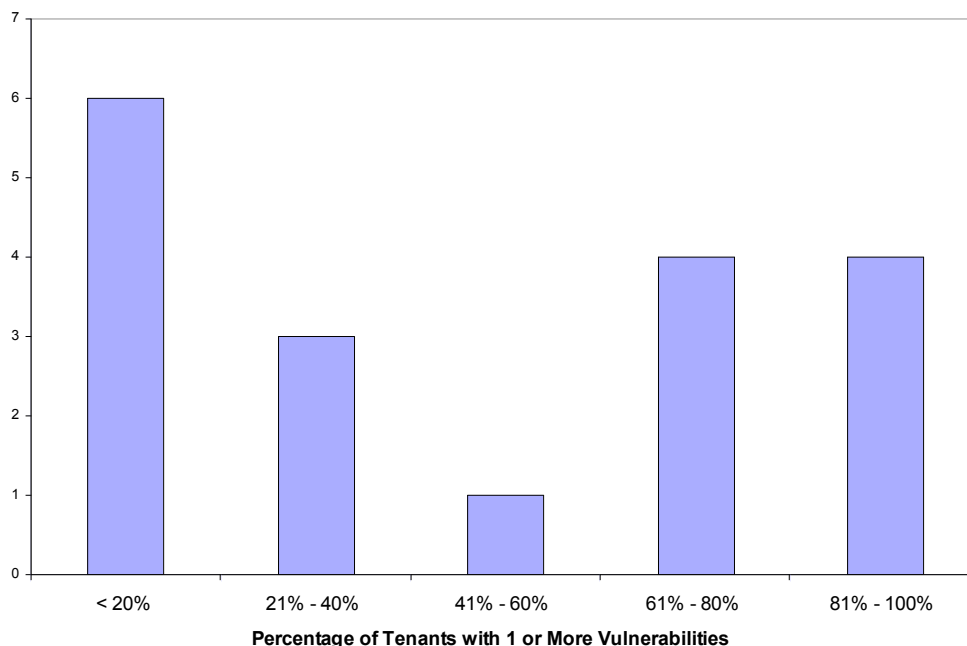
Prevalence of Vulnerable Seniors in Congregate Housing

Management and staff perceptions of the prevalence of tenant vulnerability were also assessed among the tenant population of the buildings. Participants were asked to identify what percentage of tenants in their buildings they felt possessed 1 or more aspects of vulnerability. Responses were categorized exclusively in blocks of 20% (see Figure 1).

Overall, management and staff appeared split on perceptions of the prevalence of vulnerable tenants residing in seniors' congregate living buildings in Calgary. Fifty percent (n=9) perceived that less than half of tenants had 1 or more vulnerabilities where as 44% (n=8) perceived a high degree of vulnerability among tenants. This split

perception indicates that buildings are perceived as either high or low needs in relationship to tenants' ability to function independently.

Figure 1 Question 2 from the Management and Staff Survey:
How many tenants with 1 or more aspects of vulnerability live in the building? Less than 20% 21-40% 41-60% 61-80% 81-100%

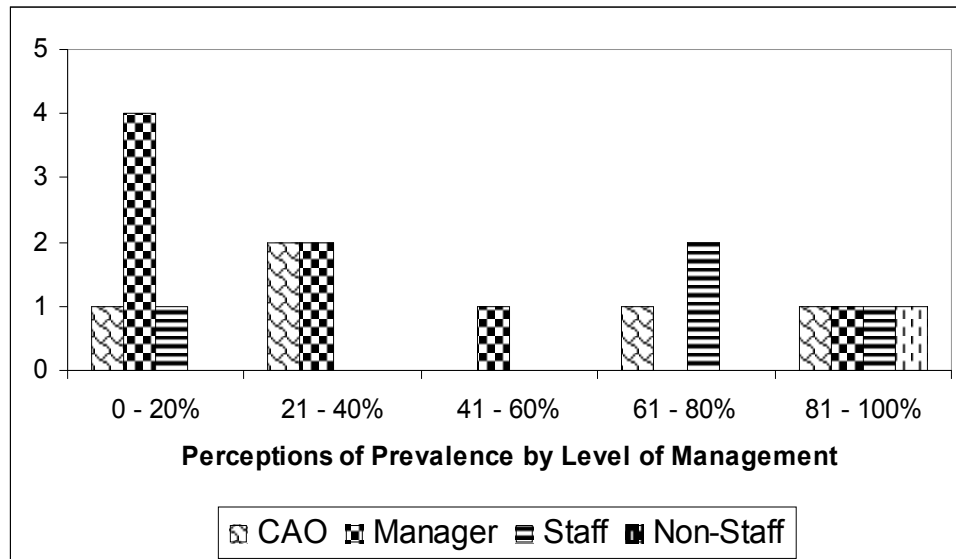


POINT OF DISCUSSION:

Given that only one participant rated the prevalence of vulnerable tenants at the midpoint of 41% - 60% (see Figure 1), a sense of polarization among management and staff perceptions developed from the results. Resulting from this sense of polarization is the question: why do differences in perceptions of tenant vulnerability exist?

The information collected through interviews of management and staff that is most relevant to factors influencing perceptions of tenant vulnerability is the demographic information on employment roles. An analysis of perceptions of the overall prevalence of vulnerable tenants was done for each category of employment commonly associated with seniors' congregate housing in Calgary. No current members of the Board of Directors or owners of the selected congregate housing sites participated in this environmental scan. However, some Chief Administrative Officers (CAOs) and managers had indicated participating on the Board of Directors of the buildings they managed before taking on their current position.

Figure 2 Demographic question from the Management and staff Survey:
 Board Member □ Owner □ CAO □ Bldg. Manager □ Staff □ Non-Staff □



When analyzed by specific groups of participants, it becomes apparent that managers were most often interviewed and perceived lower levels of vulnerability when compared to staff. Of the four staff members interviewed, three reported 61% or more of tenants as being vulnerable in at least one dimension of the Healthy Generation model.

POINT OF DISCUSSION:

The low level of perceived tenant vulnerability by management is reflected in the results presented in Table 2 (see below) where Inter-Agency Partnerships refer to the working relationships with human service organizations. Emerging from interview conversations about utilizing inter-agency partnerships was the sense that managers who reported low levels of tenant vulnerability were more likely to be satisfied with referrals for tenants to human service organizations for meeting tenants’ long term care needs.

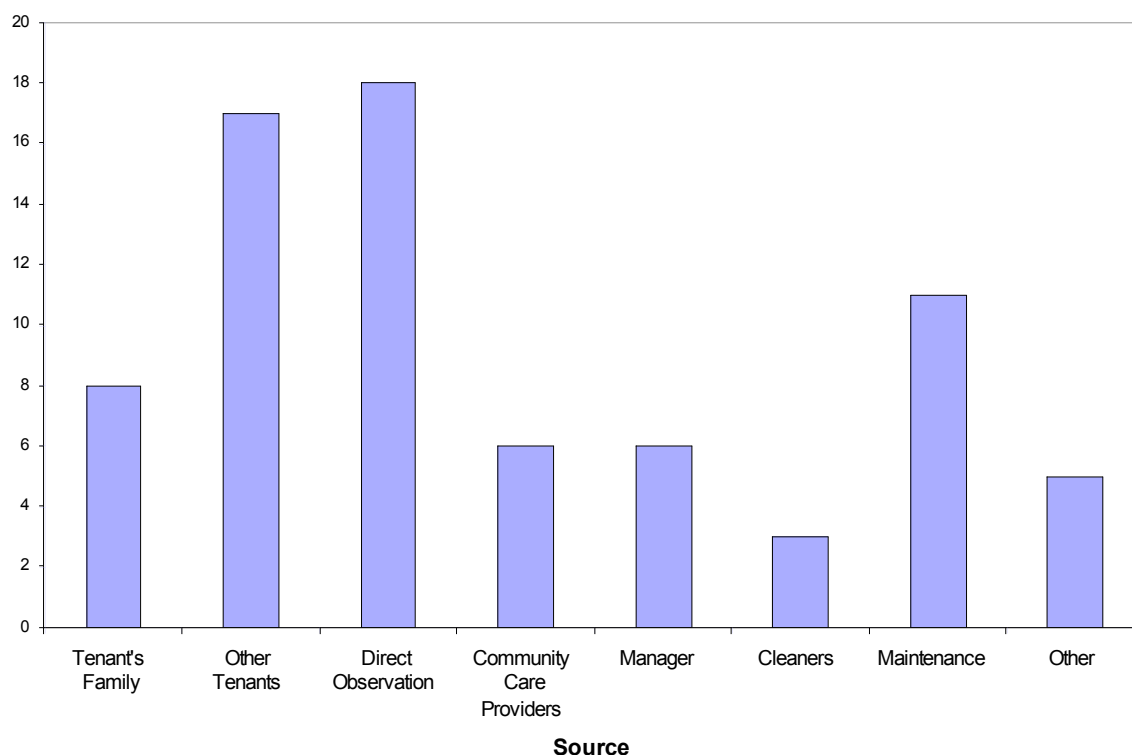
Information Sources

Understanding how management and staff of congregate housing learn about tenant vulnerability is viewed as a method of determining the accuracy of perceived levels of vulnerability and gaps in long term care service provision for vulnerable tenants. Therefore, in addition to prevalence, management and staff were also asked to identify what sources of information they used to gauge tenant vulnerability. Participants were provided with a list of possible sources and instructed to select all that applied.

The category of Community Care Providers includes visiting homemakers, nurses, or other paid home care providers. The category of Housing Staff includes managers, administrative staff, cleaning and support staff, maintenance workers, and

security personnel. However, during the interview process, the specific source within the category of Housing Staff was circled which allowed for a more detailed analysis. Given that more participants cited managers, cleaning staff and maintenance workers than other types of housing staff, each source was graphed separately to demonstrate more pronounced differences in sources of information about tenant vulnerability. If participants selected the “Other” category, they were instructed to elaborate. The results are presented in Figure 3.

Figure 3 **Question 6 from the Management and Staff Survey:**
Can you tell us from what source did you learn of tenants having 1 or more categories of vulnerability? (Please check all that apply)



In descending order, direct observation, other tenants, and maintenance workers were the top three sources of information regarding tenant vulnerability. In fact, management and staff were twice as likely to learn about tenant vulnerability using direct observation as through communicating with the tenant's family. Another interesting result is the relatively low use of community care providers as sources of information about tenant vulnerability, especially as addressing tenant vulnerability is their area of expertise.

Responses for the Needs of Vulnerable Tenants

Of course, awareness and prevalence have led to methods of addressing tenant need. A matrix showing responses along a continuum of implementation is shown in Table 2. Overall, we can see that there is a high degree of implementation of

responses to the needs of vulnerable tenants. However, a comparison of responses at the Have Implemented stage shows that increasing support staff and inter-agency partnerships reflect the least and most used strategies respectively.

Table 2 **Question 7 from the Management and Staff Survey:**
For each category, please put an X in the box that most accurately describes your organization's current response.

Response	Have Implemented	Planning to Implement	Have Considered	Not Considering
Develop New Policy	15	0	0	2
Change Existing Policy	10	0	1	3
Building Structural Changes	12	5	0	1
Staff Education & Training	15	1	2	1
Increase Support Staff	7	0	0	6
Support Service Referrals	15	2	2	0
Inter-Agency Partnerships	16	0	1	3

It should be noted that manager responses were not recorded exclusively. For example, managers often reported having been in multiple stages of implementation with regards to different changes planned for buildings. In one particular case, a manager had already installed front load laundry machines to assist activities of daily living for vulnerable tenants while also in the process of planning the installation of security cameras. Furthermore, some types of changes being planned and implemented, such as security cameras, improve the physical environment for all tenants and not simply vulnerable tenants.

POINT OF DISCUSSION: Long Term Care Needs of Vulnerable Tenants

It is clear that the management and staff of some congregate housing sites perceive a high level of need despite implementing a range of methods responding to tenant needs. We see in Figure 1 that 44% of management and staff (n=8) perceive 61% or more of tenants having one or more vulnerability. Furthermore, Table 2 shows a noticeably high degree of implementation by managers of all types of responses with the exception of increasing support staff. Therefore, what appears to be developing is a situation characterized as a mismatch between the level of needs, as represented by the prevalence of vulnerable tenants, and the ability of management and staff to respond to tenants' long term care needs.

Challenges and Barriers

Identifying possible challenges and barriers to the implementation of methods responding to tenant needs was used primarily to determine the reasons underlying the preferred methods of response. For this purpose, management and staff described challenges, barriers or information gaps related to implementing responses in an open ended question format. The information provided was grouped thematically and is presented in Table 3.

Using a ground-up approach to analysis starting with the individual responses by management and staff, answers to question 7a were grouped into minor categories based on words commonly repeated by participants in their responses. Further grouping of minor response categories according to common actions, processes or entities resulted in four major thematic group headings labeled as: (1) Information and Communication; (2) Governance and Policies; (3) Building Sites and Operations; and, (4) Socio-demographic Factors of tenants. The number of management and staff responses is provided for each minor category listed under a major thematic heading.

Table 3 **Question 7a from the Management and Staff Survey:**
Tell us about the challenges, barriers and/or information gaps
related to implementing responses.

<u>Information & Communication</u>		<u>Governance & Policies</u>		<u>Building Sites & Operations</u>		<u>Socio-Demographic Factors</u>	
Engaging tenants in discussion	5	Board of Directors	2	Lack of handicapped suites	1	Decreasing family involvement	5
Communication with policy decision makers	1	Service Gaps from Wait Times	4	Lack of financial resources for building	4	ESL	1
Inter-Agency Working Relationship	4	No family physician	1			Tenant poverty	1
Police attitudes	1	FOIP	4				

According to the number of responses, problems with information and communication, and decreasing involvement of family members as informal caregivers were the most commonly reported challenges and barriers to implementing methods responding to tenant vulnerability. The sharing of information and facilitation of communication was problematic at two levels: (1) the tenant level; and, (2) the service delivery level. At the tenant level, management and staff have commented that “some tenants were selective as to who they did or did not want to talk to”. Based on the professional experience of the project consultant, communication with vulnerable tenants is enhanced by the development of trust as an outcome of well coordinated and reliable service delivery.

Information and communication challenges and barriers were not limited to tenants. At the service delivery level, management and staff repeatedly reported FOIP as a barrier to communicating with Community Care Coordinators and Providers for accessing long term care services. Communication barriers that impact inter-agency working relationships appear to focus discussion around staffing issues. Agency employees were mentioned in the responses to a few questions on the manager's and staff survey. The most prominent themes that emerged were a lack of staff and lack of consistency in tenant follow up.

POINTS OF DISCUSSION: Agency Employees

Themes of challenges and barriers do not occur in isolation. As a socio-demographic challenge or barrier, decreasing family involvement referred to family members being uninformed, unable or unwilling to take a more active role as informal caregivers. Decreasing family involvement, in addition to the increasing percentage of citizens aged 65 and older, underscores the importance of funding for long term care needs.

According to the responses of management and staff to question 7a (see Table 3), a lack of funding for building sites, institutional and community services is illustrated, in part, by wait times for services and the associated lack of people to perform services. As one staff member commented: "It is about finding the money to pay social workers when it is the right person to do the job".

Management and staff of seniors congregate living buildings also noted a lack of consistency in follow up by the employees of outside agencies. Furthermore, inconsistent follow up with vulnerable tenants results in negative psychosocial and physical outcomes which jeopardizes aging in place.

A thorough analysis of the results requires that we look beyond which challenges and barrier were most frequently reported. Although issues regarding specific housing sites or their operations were least often reported as a challenge and barrier, this has also been the category within which an important macro level trend is occurring.

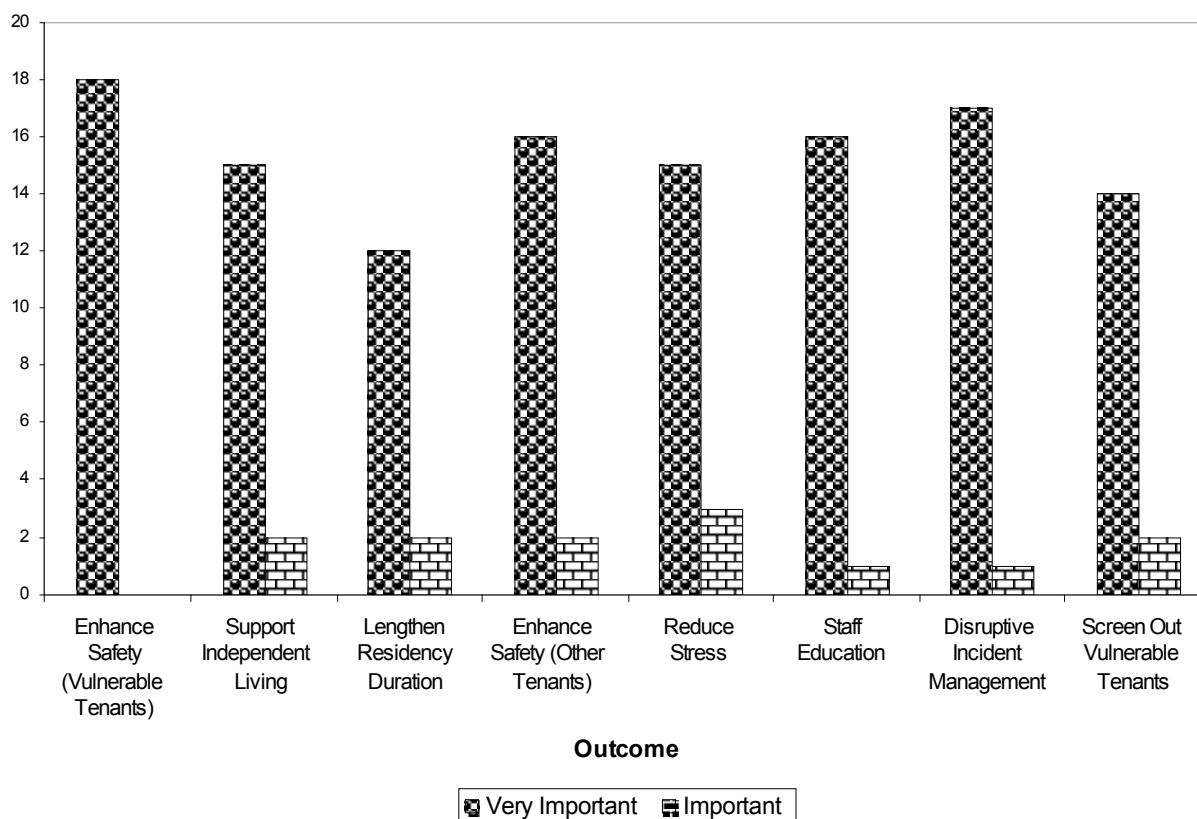
POINT OF DISCUSSION: Availability of Seniors Housing

The availability of seniors' congregate housing has decreased because of the current economic situation in Calgary. Two sites not included in this environmental scan of seniors' congregate housing in Calgary were unable to participate as they no longer focused on seniors housing and therefore fell outside the sampling criteria for the scan. Policy decisions at the level of the Board of Directors are reflective of the broader economic environment that favors organizational sustainability by withdrawing from the provision of seniors housing.

Importance of Outcomes

Implementation alone was not assumed to be the sole measure of response method effectiveness. To say that a response method for addressing certain tenant vulnerabilities *could* be implemented is not to say that it *should* be done. Management and staff were provided a list of outcomes and asked to rate the outcomes by the level of perceived importance in responding to the needs of vulnerable tenants. Participants were asked to rate the importance of outcomes from 1 (very important) to 5 (not at all important). A mid-point value of three corresponded to answer of “not sure”. Across all outcome categories, very few participants indicated that they were uncertain about the importance of outcomes or that outcomes were not of importance. Therefore, Figure 4 provides a chart of only the two highest ratings of importance (1 = very important; 2=important) for all categories of outcomes.

Figure 4 Question 8 from the Management and Staff Survey:
For each outcome, please circle the number which best describes how important are the outcomes listed below.



There was consensus among management and staff that enhancing the safety of vulnerable tenants was perceived as the most important outcome of responses designed to address needs of these tenants. The other top two indicators of response method effectiveness reported by participants were managing disruptive incidents and

enhancing the safety of other tenants. Measuring the effectiveness of methods responding to vulnerable tenants' needs, by trying to extend tenants' length of residency in the building, was reported least often as very important.

EXCERPT FROM INTERVIEWS

A specific incident highlights the inter-connectedness of challenges and barriers and outcomes of methods responding to vulnerable tenants' needs. Specifically, how FOIP contributes to disruptive incidents requiring managers' attention. For example, one tenant interview revealed a particular incident when a non-English speaking tenant had fallen and became stuck against her apartment door. Other tenants, who had heard the tenant in distress cry for help, did not know with whom she was connected in case of an emergency and therefore phoned 911. The Calgary Fire Department was dispatched and responded to the tenant in need. Prior to this incident taking place, the Community Care Coordinator from Home Care, due to FOIP, was unable to communicate with the building manager that this potential incident could arise due to the health care issues of the tenant.

Community, Public and Non-Profit Assistance

Suggestions for enabling management and staff to overcome the challenges and barriers of implementing methods responding to the needs of vulnerable tenants were obtained through the use of an open-ended question. Participants were asked to consider the following sources of assistance: community; non-profit organizations; and, government departments or agencies. Results of thematic analysis of management and staff comments are presented in Table 4.

Three levels of inter-connected thematic groups were revealed. The first level found that inter-agency partnerships were often impacted by issues of funding and staffing. As determined by the number of responses categorized under each theme, the two most commonly reported suggestions of assistance at the first level were addressing issues of staff consistency and, inter-agency communication and working relationships. The next level of thematic groupings appeared to show governance at the center of policy and inter-professional issues. Essentially, management and staff are asking for greater involvement by the Alberta Government in developing a framework for a systematic approach to service delivery for seniors long term care needs. The last level considers the role of research in areas such as "elder friendly" environmental improvements and diversity.