

Aging in Place: Exploring Community Care Resource Needs

Final Research Report

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CDEV4505 - Prof. Linda Hill

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Abstract

This research report, titled ‘Aging in Place: Exploring Community Care Resource Needs’, focuses on the perspectives of informed older adults involved in activism, particularly members of Seniors for Social Action Ontario (SSAO), and explores the programs and services required to enable seniors to age in place at all stages of aging and ability in Ontario. The study utilizes both quantitative and qualitative data collection methods, including a survey that garnered 224 responses and a virtual town hall forum that was attended by 40 people. The findings show that older adults face several barriers to aging in place, including social isolation, lack of health and social resources, and affordability concerns. Emergent themes included social, economic, and health-related factors. The report recommends several future interventions to support aging in place, such as increased accessibility to transportation options, affordable housing, and coordination of care. The study also suggests that policy makers should shift the focus from building long-term care facilities to investing in community care supports and resources to enable seniors to age in place safely and independently.

Acknowledgements

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Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A. introducing us to the Program for All-Inclusive Care for the Elderly (PACE) and for helping to guide our research direction (Marshall, 2021). To Dr. Jennifer Sharman, thank you for lending your expertise as an integral part of our team. We would also like to thank our program advisors, Linda Hill and Robert Pozeg, for the guidance, support, words of encouragement and for helping us to narrow our scope of research. Finally, we would like to extend our deepest gratitude to the research participants, who are all members of SSAO, for their contributions to this research. Their honest participation helped to guide this research report and the attached recommendations.

Introduction

‘Aging in place’ is a fancy buzzword that keeps popping up in conversations and policy across the community. But what does it really mean? To age in place means to stay in your own home and/or community indefinitely irrespective of age or ability. The Seniors for Social Action Ontario are a community group of older adults who are working together to advocate for better treatment of seniors by fighting for expanded programs and care models that could allow seniors to age in place safely and independently rather than the current trend of mass institutionalization. The narrative in Ontario suggests that the problem requiring a solution is a lack of long-term care beds when in reality, what we heard from the SSAO membership, is that we are lacking the necessary community care resources and supports that would allow more seniors to stay in their homes indefinitely thus making long-term care seem like the only option once their mobility and overall health declines.

An environmental scan of existing research in this field revealed that seniors in Canada have limited satisfactory resources and options when it comes to their care and their ability to age in a place that encourages a sense of community and promotes their physical and mental

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

health. An assumption is made in the health and long-term care sector that every older person will eventually need to transition to long-term residential care at some point throughout the aging process and as such, decisions on how to fund the needs of seniors are made with that assumption in mind (Garner et al., 2018). Pointing to a lack of preparation by the government for the fast pace of growth of the senior demographic, communities are not as age friendly as they need to be (Channer et al., 2020). Studies that looked at the benefits of programs like PACE (Montgomery et al., 2017) and at the concept of Seniors' Campus Continuums (Monton-Chang et al., 2021), highlight the positive outcomes on the lives of seniors including improved physical and emotional health as a result of the enhanced continuity of their care. Our current healthcare system lacks the ability to meet the needs of seniors and a shift to a more community-based model has the potential to meet the needs of seniors while also offering significant savings (Duong, 2021).

Our research study focuses on informed older adults who are involved in activism (SSAO membership) and seeks to explore their views of what programs and services require expansion to keep older adults aging in place in the community with optimal success. Our research includes seniors of varying ages, demographics, and abilities within the SSAO membership and asks questions to identify key emergent themes on community care programs (such as PACE) and their effectiveness in keeping frailer adults in their homes. Ultimately, our research question is 'What do informed older adults involved in activism think is needed to effectively allow seniors to age in place in Ontario?'

Methods

For both the survey (conducted using Microsoft Forms ©) and the virtual town hall forum (conducted via Zoom ©), the sample was composed of SSAO members aged 55+. It was imperative that research participants were protected at every stage of our research and that ethical concerns were at the forefront. The anonymity of the participants was integral, and all research data were kept securely. Consent from participants was obtained at the beginning of the survey and ethical considerations were reviewed at the start of the town hall at which time participants were informed that the session would be recorded for transcription purposes and were asked for their consent to participate.

To recruit participants for the survey, the snowball method was utilized. The survey link was sent to the community partners who shared it widely to the SSAO membership to ensure that the target demographic of informed older adults aged 55+ involved in activism was reached. The survey contained a mix of demographic questions such as age, gender, marital status, current living situation, and current level of mobility as well as Likert scales for questions that assessed access to health care, social programs, and transit, feelings of inclusion in the community, current levels of family and social support as well as questions regarding financial stability, accessibility, and overall connection to the community.

The virtual town hall forum was attended by 40 people and lasted approximately 90 minutes and just 3 questions were asked:

- ❖ What are the barriers to allowing you to age in place? Barriers could include physical accessibility barriers, lack of health or social resources, barriers to affordability, transportation, or anything else you can think of.

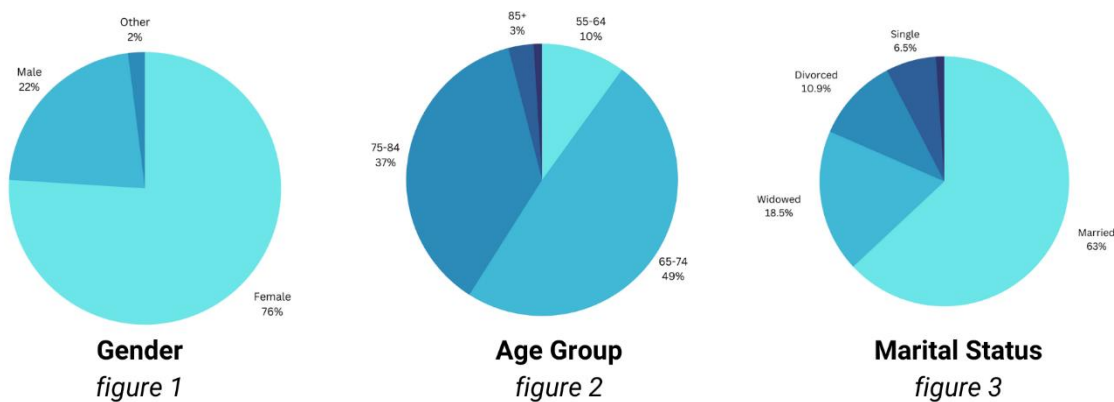
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- ❖ What do you personally need to be able to age in place comfortably and safely?
- ❖ What else do we need to know for our research about aging in place?

The participation in the virtual session was excellent with some participants choosing to answer audibly and others choosing to utilize the chat function within Zoom ©.

The quantitative data set includes 224 survey responses, and each question was analyzed and calculated independently. The long answer questions from the survey and the transcription from the town hall forum were coded using inductive manual coding techniques. Once key emergent themes were identified, Voyant Tools © was used as a secondary approach to the data coding process. The combination of quantitative and qualitative data was effective in bringing meaning and stories into the numbers that emerged from the survey responses.

Results



76% of survey participants identified as female, 22% as male and 2% as other (*figure 1*) and the vast majority of participants were aged 65-84 as shown in *figure 2*. 63% of survey participants indicated they were married, 18.5% as widowed, 10.9% as divorced, and 6.5% as single (*figure 3*).

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

75.5% of survey respondents identified as being either completely able-bodied or as having slightly reduced mobility that is not dependent on the use of assistive devices. 79% of survey respondents are currently living in the community either with a spouse or independently and 72% said they are planning to age in place in their current living situation based on the level of affordability (61%), the connection they feel to their community (60%), the feeling that they have access or can get access to the resources they need (61%), the ability to access public transit (50%), and/or because their home is accessible (59.7%).

The data analysis revealed three emergent themes: *Social, Economic, and Health* and it is important to note that concerns about *housing* emerged within each of those themes, although it was most prominent in relation to participants' economic concerns.

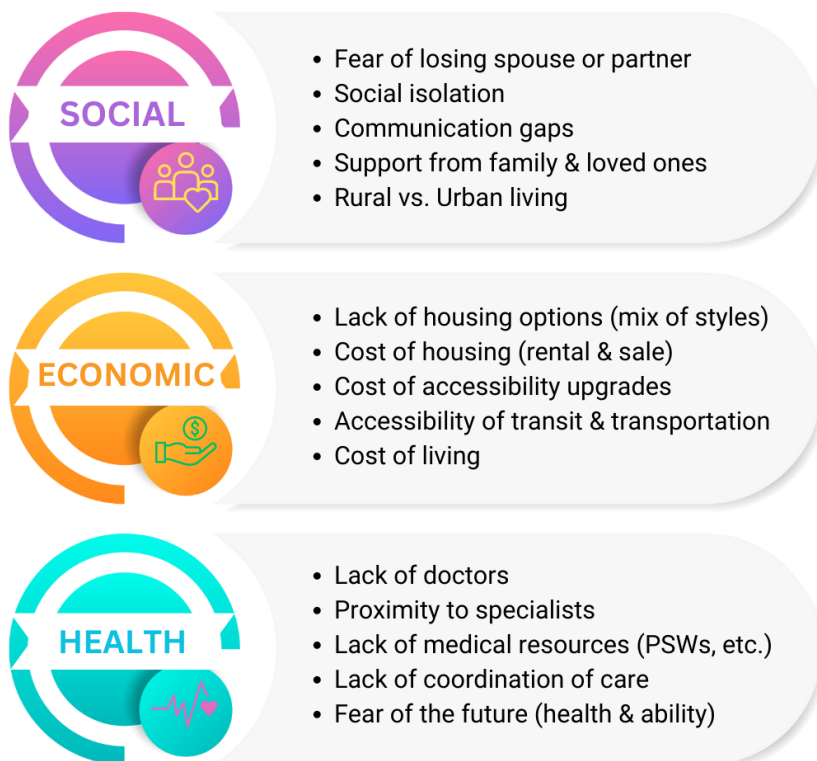


Figure 4

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The *social* theme highlighted fears of losing a spouse or partner, concerns of social isolation, lack of communication or ability to access new styles of communication, as well as the support required from family and loved ones. Data analysis showed a definite difference in responses from those living in an urban setting versus those living in more rural areas but surprisingly, it seems that rural communities have been much more deliberate and intentional when it comes to senior care with multiple attendees praising their access to and availability of social programs. Despite social isolation being key in the list of concerns of participants, only 4.9% of survey respondents identified that they currently feel socially isolated with another 20.3% identifying as neutral on this question. One town hall participant highlighted, “It is imperative that we have them (resources) in place, but we also need to know about them and how to access them.”

The *economic* theme showcased the lack of housing options including the lack of a mix of housing types, the overall cost of housing with market rent being very high and the cost of downsizing now being prohibitive as the top concerns. 26.2% of survey respondents identified that they are worried about financially supporting their future, and another 24.4% were neutral in their response. The cost of accessibility upgrades in current living space was identified as being a barrier, and participants also identified a lack of accessibility to public transit and other transportation types. Inflation and the rising cost of food was identified as a major concern, and even those who were not personally struggling with the costs were very troubled by the effect that the high cost of living is having on others taking fixed incomes and a limit to pensions into consideration. Additionally, there was much discussion about the ability to pay personal support workers (PSWs) well and fairly, and emphasis was put on the need to and logic of redirecting long-term care funds towards individuals who could then choose their own support systems.

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

For many respondents in the online survey and participants in the town hall forum, there was a resounding and overwhelming level of concern for the provision of and access to resources concerning their medical care. Lack of primary care practitioners as well as the difficulty of accessing or the proximity to specialist care were among the primary concerns highlighted. For many town hall participants, the lack of cohesion between doctors, pharmacists, physical therapists, home care nurses, and other medical personnel presents challenges with maintaining medical care plans and medication schedules and while a significant percentage of participants consider themselves mobile, physically able and healthy, they are hyper-aware that those circumstances can change very quickly. A great discussion around the lack of PSWs in the province led one participant to note, “They (the Ontario Government) are saying that they are spending again, lots of money, building long-term care facilities that none of us want to go into. We would rather die than go there.”

Discussion

“The opportunities are the 4Hs: Housing, Healthcare, Homecare, and a (social) Hub.”

- Town Hall Participant

Access to Social Programs and Participation in Social and/or Health Programs and Feelings of Inclusion in the Community

To further the discussion surrounding the social theme, further data analysis was conducted on the survey questions related to accessing social programs and participation in social or health programs. 76.4% of all seniors surveyed indicated that they feel included in their communities, that they have strong social networks, and 76% also responded that they have

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

access to social programs. The connections between these numbers should be noted as it is reasonable to assert that having access to social programs leads to a strong social network which fosters feelings of inclusion in the community. Let's examine these numbers in the different age categories.

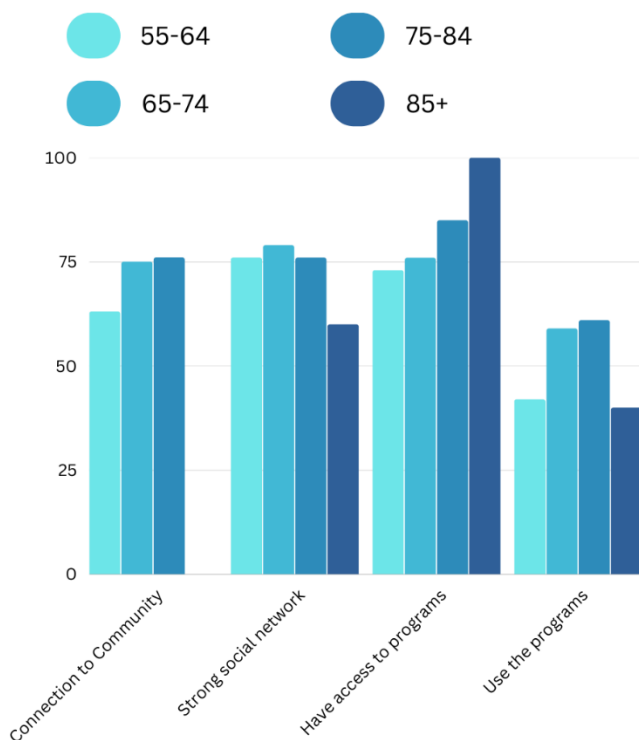


Figure 5

Within the 55-64 age group (representing 9.9% of the sample), 76% agree that they have a strong social network, 63.1% feel included in their community, and 73% of respondents have access to social programs. Additionally, only 42.1% of the respondents aged 55-64 indicated that they participate in social or health programs in their community. This age group are largely still expected to be members of the workforce, and this is reflected in their levels of community participation which may also explain the low levels of feelings of inclusion in their communities.

Within the 65-74 age group (representing 48.7% of the sample), 79% of respondents in this age category feel that they have a strong social network, 75% agreed that they feel included

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

in their communities, and 76% have access to social programs with 58.6% of respondents indicating that they participate in community-based health or social programs. In this age group, there is an upswing of both participation levels and feelings of inclusion in the community and it is important to note that 65–74-year-olds made up the largest percentage of respondents at almost 49% of the total sample.

In the 75-84 age group (representing 36.8% of sample), 76.2% of respondents in this age category feel that they have a strong social network, 85% have access to social programs, and 60.7% of respondents regularly participate in social or health programs in their communities. Participation levels in health and social programs peaks in the data amongst this group, again reinforcing the importance of social opportunities and participation in activities to the building and maintenance of a strong social support network.

And finally, within the 85+ age group (representing just 2.4% of the sample), 100% of survey respondents agreed that they have access to social programs in their community with 60% asserting the strength of their social support network and 40% engaging in frequent community social or health programs.

Aging in Place: The Importance of Community and Social Support

Survey respondents between the ages of 55-64 were 70% in favour of aging in their current residence, with 78.5% of those respondents citing their feelings of connection to their community as a primary reason for that decision. Interestingly, 70% also ranged from neutrality to strong disagreement about the level of accessibility in their living spaces being acceptable, with 47.3% of this age group strongly disagreeing or disagreeing with the statement: “I am currently living in a home equipped for me to age in place”. It is also important to note that 64.2% of respondents could not imagine living anywhere but their current residences. This data

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

creates a very powerful picture of the importance of community and feelings of connection and belonging, especially in the 65-74 age group, where only 31.7% of respondents agreed that their current home is equipped for them to age in place, yet 69.07% of those same respondents plan to age in place where they are today. This may be because 83.6% of them also have access to health care, and 79.2% feel that they have a strong social network in their current living arrangements.

Community Connections and Living in an Age-Friendly Community

Overall data analysis showed that 76.4% of all seniors surveyed feel included in their communities, with 69.8% also agreeing or strongly agreeing with the statement: “I live in an age-friendly community”. With further examination of data, we see that in the 85+ age group, 80% of respondents feel included in their communities and the same 80% feel that they live in an age-friendly community. Likewise, the 20% that did not feel included also disagreed with the age-friendliness of the community they live in. This theme remains throughout the other age groups:

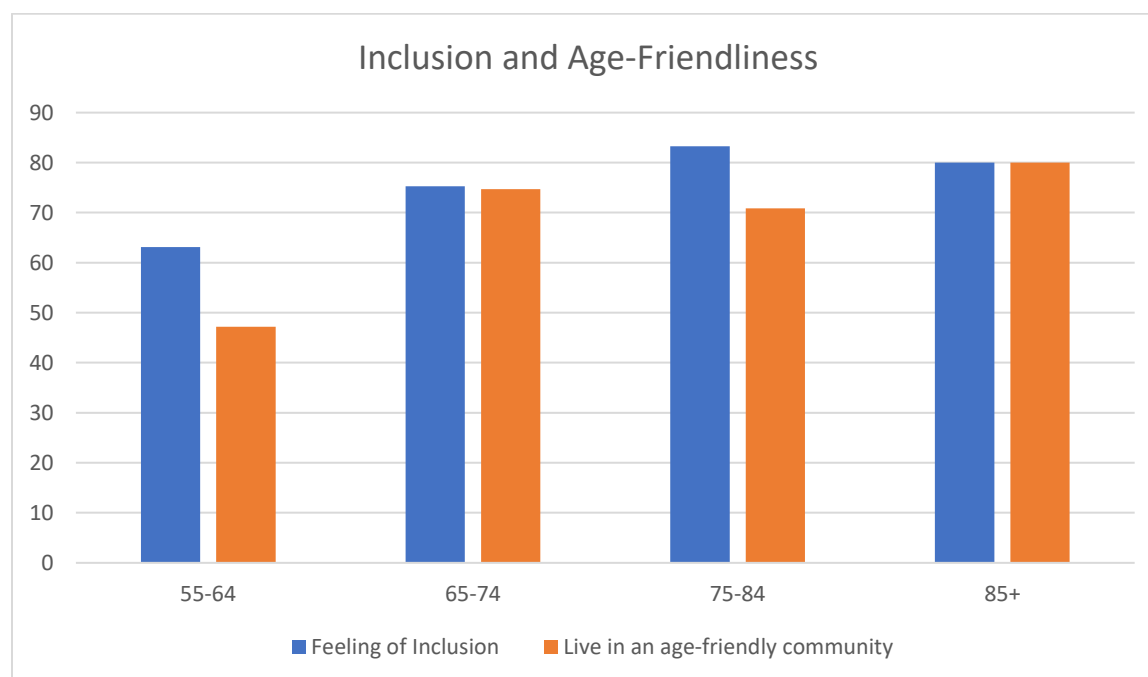


Figure 6

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While as researchers we cannot definitively state the correlation, the connection between feeling included and the age-friendliness of the community is clear: People are more likely to feel like they belong in an environment that is designed to make them feel that way.

Economic Uncertainty/Financial Worries

Overall, 26.7% of seniors surveyed agree or strongly agree with the statement: “I am worried about supporting my financial future”. There was, however, a pattern that developed with a data analysis by age grouping: Those **strongly agreeing** with this statement increased from 5% in the 55-64 age group to 20% in the 85+ age group. The numbers increased as the age ranges progressed, revealing that as people age, they are becoming increasingly more concerned about the ability to financially maintain themselves. This trend may be connected to their income levels decreasing as the likelihood of having a deceased spouse increases, the emotional impact of lessening mobility and autonomy as they age, an increased fear of being institutionalized and the cost associated with that, or a growing disconnection with the outside world as their lives become more focused on themselves and their spouses along with failing health and ability.

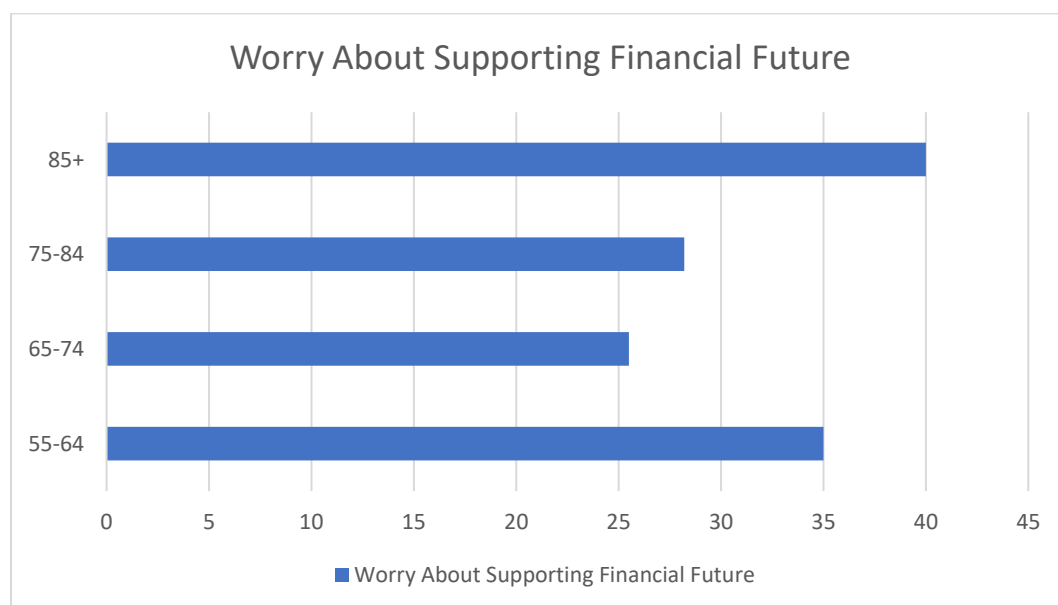


Figure 7

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There was intrigue amongst the research team in the difference that emerged from the 55-64 age group with 35% of them worried about supporting their financial future to the 65-74 age group where 25.5% indicated worry. Further examination of the economic influences and timing of socially supported retirement plans may be needed. The group that is still an active part of the workforce, who we can reasonably assume have some level of control over their annual income, are more worried about supporting their financial futures than the 65–74-year-olds who are presumably already retired.

Access to Health Care

Overall, there were positive responses from the survey respondents, with 84.52% either agreeing or strongly agreeing that they have access to health care. Different age ranges responded in similar ways, with only the 55-64 group having a 26.2% disagreement or strong disagreement to this statement. All other groups responded either in strong agreement, agreement, or remained neutral on having access to health care.

Recommendations

As a result of this research study, inclusive of the deep analysis of the quantitative and qualitative data and emergent themes, our recommendations include several future interventions to support aging in place, such as increased accessibility to transportation options, affordable housing, and coordination of care. We recommend that policy makers shift the focus on senior care from building long-term care facilities to investing in community care support and resources to enable seniors to age in place safely and independently. To allow seniors to successfully and safely age in place, funds need to be redirected from long-term care facilities to home care options such as nurses and PSWs, as well as to programs that support accessibility upgrades in

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

the home, and to creating community care continuums to allow for coordination of the personal and health care needs of seniors. We also call on the provincial government to make affordable senior housing a priority. Overwhelmingly, seniors in our study discussed their desire to age in their homes, to avoid ever being placed in long-term care, and expressed their concerns about high market rent and the prohibitive costs associated with down-sizing into a smaller home as well as their extreme concern for seniors of a lower income bracket and those without access to a reliable and sustained income such as a pension.

Recommendations for Future Research

Based on the emergent themes from this research study, we have identified several areas for future research to further promote aging in place over institutionalization. Further exploration of the social theme could reveal the mental and physical impacts associated with the social isolation of seniors and could help to identify strategies that could be implemented to increase social interaction, engagement, and communication for seniors aging in place. Additionally, we recommend additional studies to explore the impact of living in a rural setting versus an urban area as it relates to the unique challenges and opportunities that exist for both demographics. Future research should also explore which resources are most important to seniors aging in place in rural areas, such as availability of public transit, proximity to healthcare and medical specialists, as well as access to community resources.

It is critical that future studies address the impact of economic barriers on seniors aging in place, particularly for lower income seniors and members of the BIPOC senior population and that these studies help to identify strategies for addressing those barriers as well as determining

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.
the role that community agencies should play in providing or coordinating support to seniors who are experiencing economic barriers.

From the perspective of health, we recommend that a study be conducted on the seniors who are participating in the PACE pilot program in the City of Burlington to bring forward relevant Canadian data on the benefits of this coordinated community care model on the lives of seniors and their ability to age in place. Further research in this area should also explore the unique health considerations for BIPOC seniors and seniors with lower socio-economic status as well as those who do not have access to safe and secure housing.

Conclusion

Overwhelmingly, the participants in the research study expressed their desire to age in place, the need for additional supports, and their frustrations with the government's lack of willingness to listen to and address their concerns. One town hall participant asked the question: "Why is it so difficult to convince government decision makers that keeping people in their homes, with support, is so much cheaper than institutions?"

Their frustration is enhanced with each announcement that is made about additional investment in long-term care funding and additional beds over community supports to age in place:

"The powers that be use the long waiting lists for long-term care as their justification for building more institutions that none of us want. What we need and want is better home care support so we can age at home safely and comfortably. The lack of supports means that we don't age as well as we should be able to. So, then we are assessed as being eligible for long-term care. Or we aren't eligible, so our only other option is retirement

Aging in Place: Exploring Community Care Resource Needs. Post, L. & Christopoulos, A.

facilities which is actually not an option for many because of the outrageous costs. We need more home care support!” - Town Hall Participant

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