

Housing and Home and Community- Based Services

Defining Generic Key Terms and Concepts

- **Aging with Choice (Also known as aging in place):** Aging in place involves more than seniors simply staying put in their homes. It also implies that seniors can cope successfully with their vulnerabilities, either by themselves or with the assistance of family or professional caregivers. Seniors move less frequently from their current housing than any other age group (Schachter, 2004). This residential inertia is not surprising. They typically own their own dwellings and most occupy comfortable quarters in familiar neighbourhoods and communities. Often they are also psychologically attached to their homes, which symbolize their having “made it” (Golant, 1984, 2003).
- **Accessory apartments:** Owners of single-family homes can convert an already existing basement, garage, sun room, spare bedroom, or porch into a self-contained suite with its own private entrance to the outside (like a studio apartment with kitchen and bathroom) to create a physically separate living space for an older parent or relative. The space can also contain modifications or adaptations to make it more accessible and user friendly for the older adult. The host family can thus minimize some potential privacy and control problems. This can be an expensive proposition both in the construction phase and by adding ongoing costs associated with utilities, property taxes, home insurance and maintenance. These are also known as In-law suites or secondary suites.
- **Elder Cottage Housing Opportunities (ECHO):** The ultimate physical separation is achieved by installing a completely self-contained housing unit (prefabricated or modular structure or manufactured home with all utility hook ups) in the back or side yard of the single-family home. This may be impractical in most neighbourhoods.
- **Active Adult Community:** Developers market AAC’s or Retirement Communities to seniors who would enjoy living in a planned community that offers organized leisure and recreation activities. The community’s responsibility for the outside and inside maintenance of the units is also a plus. Typical occupants are in their late 50’s through early 70’s who are healthy and have active lifestyles with no significant impairments. The majority are married couples but that is changing too.

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Core Concepts, Definitions and Practice Questions

- **Planned Senior Apartments, Independent Living, and Congregate Living Facilities:** Some seniors looking to downsize and for residences that are easier to maintain will look to planned residential developments targeted to seniors. These seniors are still independent and ambulatory, but they may have minor physical impairments and health problems. They no longer want responsibility for the usual home and household chores, and they are attracted by the prospects of new social opportunities to combat their loneliness in a secure environment (Brecht, 2002). Historically, non-profit sponsors usually owned these facilities, but since the early 1980's, developments by for-profit sponsors/developers are more common. High-rise apartment complexes, small patio homes, and cottages on small lots may all populate this category, and some residential complexes will contain a mix of these buildings. All types of tenant arrangements are possible. Most current developments offer a full array of services, including housekeeping, security, demand responsive transportation, planned social and recreational activities, exercise fitness centres and often a common dining room where residents can eat together should they choose to do so. The presence of this communal space is sometimes the basis for labelling these options as congregate living as opposed to independent living facilities or senior apartments, the latter labels being preferred by the private sector.
- **Assisted living facilities:** These facilities are targeted to seniors with physical or cognitive impairments that make it difficult for them to perform an average of two ADLs without assistance (Golant, 2004). The typical occupants of assisted living facilities are women living alone in their late 70s or 80s. Most assisted living facilities are owned by for-profit companies or are publicly held (although they may have residents that receive subsidies from government programs). In North America some of these facilities are developed and run by Churches, organized faith organizations or benevolent societies.
- **Continuing care retirement communities (CCRCs):** These communities, once referred to as life-care communities, offer a full continuum of housing and services within the same community. Thus, they cater to seniors ranging from those who are relatively active to those who suffer from serious physical and mental disabilities and chronic health problems. Various levels of shelter and care are housed on different floors or wings or complexes in a development and someone taking a tour through one of these facilities might feel as if they were watching the aging process unfold before them.

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Core Concepts, Definitions and Practice Questions

- **Nursing Homes:** Nursing homes provide shelter and care for seniors (9 out of every 10 nursing home residents) who have more serious health problems, functional impairments, or cognitive deficits and who often require 24-hour skilled nursing care. More than 56% will be cognitively impaired and almost 50% will be wheelchair bound with 6% confined to bed. Most will need assistance with an average of four of the activities of daily living, typically bathing, dressing, toileting and transferring. The nursing home population has become older and sicker (Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001).
- **Senior Centres:** Senior Centres are community focal points for seniors. The centres typically provide nutrition, recreation, social and educational services, as well as comprehensive information and referral. Congregate (group) meals are often served at senior centres. Many centres are adding new and innovative programs such as fitness activities, health education, and internet training.
- **Adult day care:** These programs offer an alternative to institutionalization for seniors who cannot stay alone during the day but who do not need patient care. They can serve as a respite for caregivers. These programs are designed to promote maximum independence and seniors usually attend on a scheduled basis.

Additional Thought-Provoking Questions:

1. List the six different relocation strategies seniors can select from to realize a residential setting that is more consistent with changes in their lifestyle or level of frailty.

- The household of a family member
- A government subsidized rental property
- An active adult community
- Independent living/congregate living facility
- Assisted living facilities, board and care, or continuing care retirement communities
- A nursing home

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Core Concepts, Definitions and Practice Questions

Review Questions:

1. Older adults move for at least four different reasons. Which of these is NOT one of these reasons?
 - A. Amenity moves
 - B. Environmental modification moves
 - C. Frivolous moves
 - D. Heavy assistance moves

2. Which of the following is NOT a housing adaptation strategy?
 - A. Reverse mortgages
 - B. Home sharing with non-relatives
 - C. Physical modifications to the home



Age-Friendly Business Core Concepts, Definitions and Practice Questions

Answer Guide to Review Questions:

Housing and Home and Community Based Services:

1. c
2. a