

Aging in Place: A Saskatchewan Perspective



SIHL Group Project

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Executive Summary

While aging is inevitable, the proportion of Saskatchewan’s population living longer and living well into their later years has never been greater. While Saskatchewan’s seniors (age 65 and older) are living longer with less chronic illness or disability than generations before them, the vast majority of them will have difficulty with one or more of the activities of daily living. We know that seniors in general – and those with complex issues in particular – drive health care costs as they tend to use more expensive and intensive types of services, particularly in acute care settings. Indeed, while accounting for only 14.87% of Saskatchewan’s current population, nearly half of our health care spending occurs on their behalf.

We see this as a demographic imperative, which amounts to an opportunity to better understand and meet the needs of our seniors. If we find the right models, we will help maintain the stability of our health, social, community, and other programs that have come to define Saskatchewan as a progressive province. The purpose of our project therefore was to explore the perspective of seniors regarding their health care needs and the supports including housing models that could enable them to live active lives while remaining in their own homes and neighbourhoods longer, a concept known as “aging in place”. We also intended to raise awareness of the challenges and issues that seniors in Saskatchewan face in meeting health care and living needs, as well as inform potential future development of programs and policy to improve the lives and quality of care for seniors.

In this paper, we briefly review current Government of Saskatchewan strategies and programs which support seniors as well as private supports. We present the findings from our literature review of two innovative models of living arrangements (i.e., Naturally Occurring Retirement Community – Supportive Services Program, and the Village Model) that have been

successfully used in other jurisdictions that support aging in place. We present the findings from interviews with a number of seniors including interviews from across the province and what we learned about their perspectives on supportive housing and services that would enable them to remain in their homes and communities longer.

We found that the Government of Saskatchewan and its ministries have introduced a number of progressive strategies and programs, linked with significant investments over the last decade and many just recently. The Saskatchewan Provincial Advisory Committee of Older Persons was established to make recommendations and provide advice to the Minister responsible for seniors and the needs of seniors in 1998. Six goals from the committee are still relevant today and they guide future policy and program development, aimed at improving services and well-being of seniors in Saskatchewan.

- 1) Ensure provision of and access to affordable and supportive housing and services for older persons;
- 2) Ensure provision of safe and affordable transportation for older persons;
- 3) Ensure the access and availability to quality and appropriate health care services for all older persons;
- 4) Promote active living and lifelong learning;
- 5) Enhance recognition of contributions of older persons; and
- 6) Enhance safety and security of older persons.

The most recent government initiatives provide support for housing and community services such as home care services and will also be designed to prevent unnecessary ER visits and admissions to hospital, and will support quicker discharge from hospital. A steering committee will develop a model that is suited for the Saskatchewan context.

The interviews that our group conducted consisted of only a small sample of seniors from across the province, given the limited time and resources available. It was evident to us that these seniors represent a vital part of our society. They continue to shape our province by providing their knowledge, expertise, wisdom and experience. These interviews afforded valuable lessons in terms of the importance of going to the source of information—seniors—and listening to their stories, views and suggestions. As such, collaboration forms a strong component in our recommendations, as follows:

1. Establish a working group to pilot the development and implementation of a model for home care and housing supports based on successful models in other jurisdictions (i.e., the NORC-SSP and Village) but adapted to a Saskatchewan context. This pilot would bring together all levels of government, branches, and service delivery organizations. Evaluation of the pilot should include a cost-benefit analysis of implementing this model compared to other models such as the NORC-SSP.

2. Conduct an environmental scan, inventory and gap analysis to determine what unique supports exist and are needed to support seniors in urban and rural areas who wish to stay in their homes. This should include collaboration with all parties affected by and involved in the development and implementation of this pilot.

- a) Environmental scan and inventory should include a large sample of seniors, accounting for different ages, ethnicity, location, and other demographic factors.
- b) Environmental scan and inventory should also include First Nations seniors on and off Reserve.

From our literature review and our interviews it became clear that in order to establish the direction to take, moving forward, will undoubtedly require taking stock and thoughtfully

examining what we are currently doing, along with understanding where the current and future challenges and opportunities for the province now rest. This will be integral to make the best choices based on our needs, preferences, and values as Saskatchewan residents. It will be a journey with enormous responsibility to help inform potential future development of programs and policy to improve the lives and quality of care for our seniors. We feel that by listening we have begun a development that will need to be broad and deep in order to respond to all issues relating to aging that need to be addressed.

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Introduction

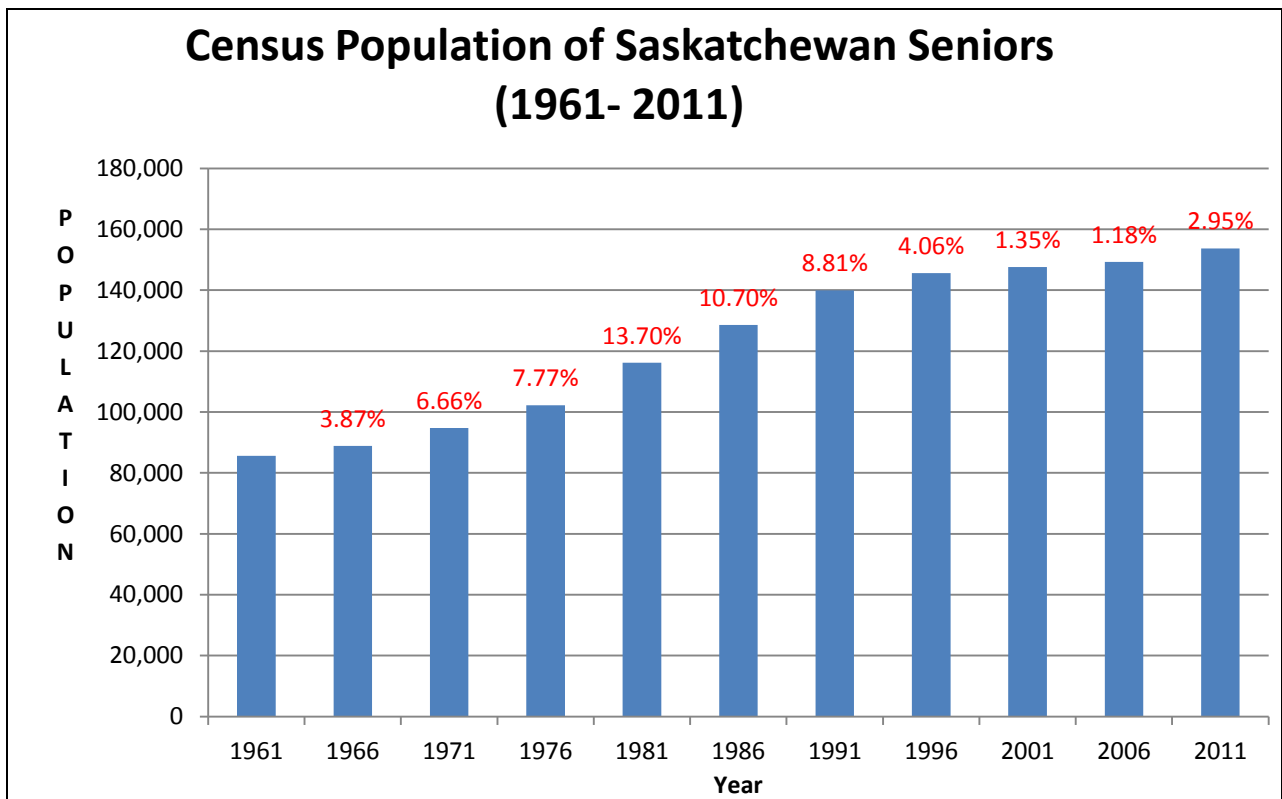
Seniors are leading active and longer lives. Many seniors desire to age in place, that is, remain in their own homes and continue to be active members of their communities for as long as possible. The number of seniors in Saskatchewan is growing. As this number increases, so will the need to develop a range of housing and home care supports. At the same time, it is recognized that availability of personal care homes and long-term care facilities cannot keep pace with the increase in senior population. In light of this changing climate, community support services are now playing an important role in addressing the needs of seniors in Saskatchewan. In this paper, we will examine two innovative models of living arrangements (i.e., Naturally Occurring Retirement Community – Supportive Services Program, and the Village Model) that have been successfully used in other jurisdictions that support aging in place. In addition, we have interviewed seniors from different areas of the province to learn about their perspective on supportive housing and services that would enable them to remain in their homes and communities longer.

Definition of Aging in Place

The term aging in place means to remain at home in familiar intergenerational neighborhoods while maintaining independence, activities and social lives. The goal of aging in place is to enable seniors to live safely and comfortably in their own homes or primary residence (Home Instead, 2011). Studies have shown that people retain greater independence and control over their lives while living in their own home, with the necessary supports such as family/friends.

Statement of Problem

According to Statistics Canada the population of seniors (those aged 65 and over) was 153,705 in 2011. This represents an absolute increase of 4,405 persons or 2.95% from the 2006 Census information of seniors. As indicated in the graph below the population of seniors has steadily been increasing in the last 50 years (growth rate is indicated in red).



The percentage of Canadians aged 65 and over in Saskatchewan according to Statistics Canada (2011) is 14.87%. As the baby boomers enter their older years, this percentage will continue to increase. Saskatchewan has the highest percentage of seniors in Canada, followed by Nova Scotia and P.E.I. The national average is 13%. If you look at Canadians overall the aging trends are even more dramatic:

Demographic Trends in Canada, 1961 -2031			
Year	Total Population	Total 65 +	Percent 65 +
1961	18,230,245	1,391,154	7.6
1996	28,846,760	3,527,840	12.2
2031	41,216,100	8,936,500	21.7

Source: Statistics Canada 1961 and 1996 Census, Nation Series, CD-ROM.
 Estimated population for 2031 according to Statistics Canada Population Projection Model, using a medium growth scenario.

According to the Ministry of Health (March 2012) , as of 2010-11 there were 33,068 home care clients in Saskatchewan— an increase of 9.7% from 2004-05. Approximately \$4.313 per client of funding was provided based on 2010-11 expenditures. As of October 1, 2011, home care fees per unit (1 unit = 1 hour or 1 meal) are \$7.44 with the maximum monthly charge of \$449 for the first 10 units in a month. Clients may apply at any time for an income-tested subsidy to reduce charges for home making, home maintenance, and meal services.

According to Saskatchewan Health (2006), nearly half of every health care dollar is devoted to seniors' health care service, which is not surprising considering that we tend to experience more chronic or acute conditions as we age. Half of Saskatchewan seniors are aged 65 to 74 years; one-third are aged 75 to 84 years and one-sixth are aged 85 years or older.

The growth in the number of seniors suggests that there will be a need to develop a wide range of housing options and solutions which can enable this unique segment of the population to exercise choices that reflect their own circumstances and preferences and to sustain or enhance their independence for as long as possible.

Gains in life expectancy have added to the number of years seniors will live with health problems and activity limitations. Over half of seniors aged 74-84 have difficulty with one or more of the activities of daily living, as do three-quarters of the over 85 age group (Saskatchewan Health 2006). In addition, the majority of women are now in the labour force,

making it more difficult for them to take on the intensive care of their aging parents. Families are now smaller and there is considerable geographic mobility among adult children who move to seek job opportunities. This means fewer adult children living near their aging parents and able to offer even occasional help. The number of persons living alone is also growing. By 2001, about one third of seniors over age 75 will be living alone. It is often the risk of living alone that forces seniors with disabilities to move to a long-term care institution (Saskatchewan Health 2006). First Nations seniors also face a number of unique circumstances and preferences to age in place for as long possible.

First Nations Aging in Place

The elderly and Elders are an integral component of Saskatchewan First Nations' families and communities. They are the keepers of the languages, culture and traditions which have been passed down from one generation to the next. It is important to preserve their ability to remain safely in their own communities or their urban neighborhoods so that they may enjoy the familiar social, cultural and spiritual interactions with their extended families and friends. This will enrich their lives and contribute to the social, civic and economic life of their communities and support them to live with a sense of self-worth even when their health begins to diminish.

Elderly First Nations who are living on reserve do not want to move out of their homes and relocate away from their communities, but there are few options available to provide care needs once their needs exceed the services available through the First Nations and Inuit primary health care programs. As the levels of need increase so do the burdens placed on families who may already be pushed because of historical trauma and other issues including poverty and overcrowding. Many seniors have the ability to live with their extended families on reserve. They may, for example, be living in their children's homes or the children may be living in the

home of the senior. With the support of extended family they receive the important benefit of transportation, housekeeping plus other social supports. The disadvantage to the aging couple or individual is the loss of some privacy in often crowded arrangements. Seniors help their children and grandchildren by providing them with shelter passing on cultural knowledge and values and the children and grandchildren provide home keeping supports and social support until the health needs make it no longer feasible for these arrangements to be safe.

When community members are forced to leave their communities the impact to the seniors resembles shunning. The finances of the senior's family can mean that long distance calls and visits may be minimal. First Nations leaders have long lobbied for the provision of in-home supports for adults and other vulnerable populations as well as long-term institutional care in the community where feasible.

Many community health services needed are beyond the scope of what is available through the current First Nations and Inuit Home and Community Care Programs and Community Nursing. The Home and Community Care Program presently provides basic home and community care services with the goal of being comprehensive, culturally sensitive, accessible, effective, equitable to other Canadians, and responsive to the unique health needs of First Nations. When First Nations require additional health services, they move to urban centres where they seek supportive housing or enter into provincial facilities which may not always be designed to support their cultural needs. Institutional care - 24 hour care provided in an institutional setting that includes personal care, meals, nursing care, physiotherapy and occupational therapy, recreational therapy, speech pathology, mental health services and respite care is not available on reserve.

As with other First Nations health issues the provision of seniors' care cannot be determined in isolation of other factors. One of the greatest challenges facing First Nations is the critical nursing shortage that exists, not only in First Nations communities, but with the health care system generally. Community nurses are already burdened by their workloads. The increased demands on community health nursing throughout the First Nations in Saskatchewan Region are primarily in the areas of immunization; tuberculosis control; other communicable disease management; diabetes care; case management for maternal-child health and pandemic planning. The types and level of care required, respite care and twenty-four hour nursing care will be factors in determining the number of nursing staff that will be required to fully support the communities to have their seniors age in place.

Personal care homes do not operate on reserve. Affordable supportive housing is the best alternative to premature personal care home placement. Transportation and security measures are key supports to aging in place, both in communities and in urban neighborhoods. Housing organizations dedicated to First Nations living in urban centers are in short supply. Cress Housing Corporation, for example, run by the Saskatoon Tribal Council had a projected waitlist in 2010 of 800 applicants. Potential housing solutions that could help to address the critical housing shortage facing the Urban First Nations community include: rent geared to income housing provision for all sectors of the Urban First Nation community, supported housing for senior citizens, individual home ownership mentorship and support, capacity support for other housing providers, among others.

Purpose of Study

The purpose of this project is to explore the perspective of seniors regarding their health care needs and supports that would enable them to live active lives while remaining in their own

homes and neighbourhoods longer, a concept known as “aging in place”. It is recognized that many seniors desire to stay in their homes and age in place for a number of reasons, such as social/family supports and its familiar surroundings.

Our goal is to raise awareness of the challenges and issues that seniors in Saskatchewan face in meeting health care and living needs, as well as inform potential future development of programs and policy to improve the lives and quality of care for seniors.

Assumptions and Challenges

There are a number of commonly held assumptions associated with the seniors’ population, such as: seniors are living longer; seniors want to stay in their own homes; seniors and their families require supports in the health system and in the community; social isolation can lead to decreased emotional well-being; and for many seniors housing is often unaffordable or inadequate. In addition, seniors face a number of challenges, such as transportation, low income, cognitive and communication issues, declining mental and physical health, mobility limitations, and marginalized identities and cultures.

Supportive Housing and Service Options in Saskatchewan

Supportive housing and service options for seniors in Saskatchewan spans across a continuum of care, such as personal care homes, special care homes, home care, social housing and assisted living services. The following supportive housing and services are available in Saskatchewan (Policy Framework and Action Plan for Older Persons, May 2003):

Private Options:

Own dwelling is residing in one’s own home which requires the owner to be responsible for the maintenance and upkeep. Affordable housing is available through the Saskatchewan

Housing Corporation (SHC) for low-income seniors. In addition, SHC has repair programs offering loans and grants to low-income homeowners.

Abbeyfield housing is a non-profit housing concept that extends affordable housing options for seniors through local volunteer agencies. Housing is developed to with independence and supports in mind. Housing includes common living areas, such as a kitchen. Non-medical staff are available on-site 24 hours a day.

Townhouse/condominium/apartment are owned or rented, and may qualify for services (e.g., mowing lawns, snow removal) offered by the private developer or SHC.

Assisted/Enriched Living (Retirement Living) are typically large complexes where seniors live in individual suites and can access meals every day, laundry and housekeeping services as part of the rent or other services, such as transportation. There is usually dedicated space for exercise and social activities.

Personal Care Homes are privately owned and operated and are privately funded. Residents pay the full cost of care and accommodation. Residents do not need to demonstrate need to be admitted. Services include: accommodation, meals and personal care services.

Home Care assists people who need acute, palliative and supportive care in order to remain independent in their own homes. Services include: case management and assessment, nursing, therapies, personal care, home management, respite, minor home maintenance, and certain volunteer services such as visiting, security calls, and transportation.

Public Options:

Saskatchewan Assisted Living Services (SALS) are affordable supportive services program available to seniors. The program offers: coordination of social and recreational

activities, one nutritional meal per day served in a common area, personal response system for unscheduled needs, and laundry and housekeeping services.

Special Care Homes are long term care facilities operated by regional health authorities and funded by government. Residents are admitted on the basis of assessed need. Services may include: respite care, adult day programs, night care and palliative care.

Despite the wide range in supportive housing services available throughout Saskatchewan, these services are not necessarily aligned to meet the current or changing needs of Saskatchewan's seniors.

According to a long-term care initiative conducted by Ross (April 2010), the majority of seniors in special-care homes represent a small portion (5%) of the seniors' population in Saskatchewan and that the majority of Saskatchewan's seniors are living longer and desire to age in place, that is, remain in their own homes and continue to be active members of their communities for as long as possible.

Today's seniors can better afford housing choices than in the past, although average income decreases with age and for those living alone. Furthermore, seniors are more active than previous generations and want to maintain an independent lifestyle for as long as possible. They prefer to live in a residential setting of their own choice rather than move to a long-term care facility. These preferences suggest that supportive housing should maximize residential character and independent living.

Supportive housing helps seniors in their daily living by combining a physical environment that is specifically designed to be safe, secure, enabling and home-like with support services such as meals, housekeeping and social and recreational activities (Canada Mortgage and Housing Corporation 2000). This allows residents to maximize their independence, privacy, dignity and

decision-making abilities. Supportive housing can be developed in many forms depending on the types and level of services to be provided, the project size desired, the types of accommodation preferred, the types of tenure wanted and the types of sponsorship available.

Services can be provided through a combination of on-site and off-site arrangements and can be made available to both residents and other older people living in the surrounding neighbourhood. Service-enriched supportive housing, such as assisted living, can be an alternative to living in a nursing home. Supportive housing can be developed by the for-profit, the not-for-profit, or the public sector — or by partnerships between these sectors. It can be made available in a range of tenure types, such as rentals, leaseholds, condominiums and life leases. It is also possible to combine different tenure types in individual projects. Several provinces have developed their own definitions of supportive housing that is eligible for public funding.

As stated earlier, Saskatchewan seniors are independent and want to remain in their home and their community (Ross, 2010). Seniors are concerned about accessibility to personal care homes and the range of available home care supports. Improvements can be achieved by addressing these two components of the continuum of care. The continuum of care is interconnected and improvements or changes in one program may have an impact on other services.

Saskatchewan Provincial Advisory Committee of Older Persons

In 1998, the Saskatchewan Provincial Advisory Committee of Older Persons was established to make recommendations and provide advice to the Minister responsible for seniors and the needs of seniors. The Committee developed the *Provincial Policy and Framework and Action Plan for Older Persons* (May, 2003), which reflects seven guiding principles, including: dignity, independence/self-determination, participation, fairness, safety and security,

self fulfilment, and recognition. Six goals were developed by the Committee to protect and promote the health, dignity and well-being of all older persons in the province. The recommendations of the Committee were based on the following six goals:

- 1) Ensure provision of and access to affordable and supportive housing and services for older persons;
- 2) Ensure provision of safe and affordable transportation for older persons;
- 3) Ensure the access and availability to quality and appropriate health care services for all older persons;
- 4) Promote active living and lifelong learning;
- 5) Enhance recognition of contributions of older persons; and
- 6) Enhance safety and security of older persons.

The six goals are intended to guide future policy and program development, aimed at improving services and well-being of seniors in Saskatchewan.

Home Care Initiatives

In 2012-13, the Saskatchewan Ministry of Health provided funding of approximately \$140.4M, including an estimated \$6.6M from home care fees, and \$2.8M to support the surgical initiative in two ways: 1) to provide funding to health regions for additional home care services to individuals post surgery, and 2) to establish best practice service levels for inpatient surgical specialities that require home care support (March, 2012). According to the Ministry (March 2012), planned spending for 2012-13 is \$135.6M and \$4.8M for grants and targeted programs. There are a number of home care initiatives related to seniors such as:

- 1) Saskatchewan Surgical initiative that includes funding to health regions for additional home care services for individuals post surgery, and the establishment of best practice service levels for inpatient surgical specialities that require home care support.
- 2) Delivery of the Saskatchewan Virtual Falls Collaborative aimed at reducing falls among long-term care residents and home care clients.
- 3) Implementation of MDS-HC to improve the quality of information used for identifying client needs and target areas for program development and staff education (MDS-HC has been implemented in all health regions except Athabasca).
- 4) Enhancement of acute home care services including increased capacity for short-term acute and end-of-life care and the elimination of personal care fees for short-term acute care for up to 14 days.

In March 2013, the Saskatchewan government announced additional funding for seniors in the amount of additional \$3.1 million to be invested in seniors care, including funding for a Home First/Quick Response Home Care two-year pilot in Regina Qu'Appelle Health Region, allowing additional clients to receive intensive home care supports. The investment also provides for expansion of the Alzheimer Society's First Link program and to establish six dementia advisory networks, recognizing that 18,000 Saskatchewan individuals are affected by Alzheimer's disease or a related dementia. As well, there is operating funding for 24 additional beds at Pineview Terrace Lodge in Prince Albert (Saskatchewan Ministry of Health, March, 2013).

Further, the Saskatchewan Ministry of Health (March, 2013) will provide funding that will include \$2M per year for two years to develop and pilot a Home First/Quick Response model to support seniors in Saskatchewan with community services. The Ministry is in the planning

stages and will be meetings with the Regina Qu'Appelle Health Region in the upcoming weeks with the aim to form a steering committee to examine different senior housing and service support models that have been successfully implemented in other provinces and countries. For example, the steering committee will be reviewing Ontario's model that included additional housing supports, as well as home care and other community supports.

The purpose of the initiative is to support seniors with housing and community services such as home care services, but also to prevent unnecessary ER visits, admissions to hospital, and quicker discharge from hospital. Preliminary estimates show that there is a potential of significantly reducing ER visits and hospital admissions. The goal of the steering committee will be to develop a model that is suited for the Saskatchewan context. (Saskatchewan Ministry of Health, March 2013).

Review of Literature – Models for Aging in Place

There are a number of models and approaches to aging in place that have been successfully implemented in many countries. These models include the Naturally Occurring Retirement Community - Supportive Services Program (NORC-SSP), the Village model, the Campus-affiliated communities model, as well as programs that have a mix of supportive housing, home care and other services. This project will focus on two approaches, namely the NORC-SSP and the Village as they seemed to align more closely with the Saskatchewan context.

Naturally Occurring Retirement Community - Supportive Services Programs (NORC-SSP)

The Jewish Federations of North America, pioneers of Naturally Occurring Retirement Communities (NORCs), define the NORC model as “a community-level intervention in which older adults, building owners and managers, service providers, funders, and other community partners create a network of services and volunteer opportunities to promote aging in place

among older adults who live in ‘naturally occurring retirement communities,’ housing developments and residential areas not planned for older adults but in which large numbers of older adults reside” (Bedney, 2010). NORCs may bring together seniors within a residential area (apartment, neighborhood, town) that was not planned as senior housing, but may have over time developed a larger proportion of seniors.

NORC are seen by the Jewish Federation as not only a mechanism for service delivery, to aid seniors with aging in place, but also “as a means to rewrite cultural meanings of aging.” (Bedney, 2010). This is achieved through the multi-generational social relationships that may be fostered through the development of a NORC. Younger residents within a NORC interact with seniors and may provide needed assistance, while seniors in turn share their skills and experiences with younger community members.

NORCs have been developed in 25 American states, with 41 NORCs in New York state alone. While each NORC may be tailor-made to each community’s unique needs, key elements of a NORC (Bedney et al. 2009) include:

- 1) Coordination of health care and social services (some NORCs even have on staff both social workers and nurses), as well as group activities,
- 2) Building partnerships to unite all stakeholders, including residents, service providers, government agencies, and philanthropic organizations,
- 3) Engaging seniors by being responsive to their changing needs,
- 4) Providing seniors with program governance roles and opportunities to exchange social support among community members,
- 5) Filling gaps where services may not be fully coordinated or available.

While the concept of aging in place has promoted the idea of enhancing well-being and quality of life for older persons, aging in place in community, such as within a NORC, centres around “relationships, positive growth, life purpose, and communal well-being”. (Greenfield, 2012). These goals are potentially achieved through civic engagement and empowerment, relationship building activities, and enhancing access to resources (such as transportation assistance or home repair services). NORC programs in New Jersey, in particular, have also tried to incorporate evidence-based health promotion and chronic disease management programs (Greenfield, 2012). This may help reduce the incidences of heart disease, falls, dementia, and hospitalization due to lack of self-management of chronic disease.

The NORC model makes several assumptions which may make implementation difficult in some cases. The model relies on buy in and commitment from the community. Without community support and local ownership from the seniors and other stakeholders, the NORC will not succeed. Seniors cannot be forced to engage in community activities, and other community members may not wish to provide direct assistance. As well, jurisdictional considerations pose a challenge, given the potential to involve health and social service providers, different levels of government, and building owners and operators. Although many NORCs developed in the U.S. have been privately funded, they have suffered from a lack of a government role in ensuring available resources and appropriate coordination.

Village Model

The Village concept supports the continuation of aging in a home and community where people have lived most of their adult lives and remaining part of the intergenerational community’s society. The Village Concept encourages and supports seniors to “age in place”. This program also promotes a stronger, more vital community because it unites residents through

volunteerism, neighbourly acts and working together for the common goal of improving relationships within a community (Belford, 2013).

The biggest advantage is that older adults can maintain the lifestyle they desire by remaining in their homes. Some of the tasks many Villages might provide for older residents could be assistance with security in neighborhoods and homes, support in chores of daily living as needed, help with finding reliable contractors, contact through neighborhood checks on the well-being of residents, social outings and assistance with transportation. Each community must determine the needs of the residents and decide on a model which would best serve them.

Villages are membership-driven, grass-roots organizations that, through both volunteers and paid staff, coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities, and other day-to-day needs enabling individuals to remain connected to their community throughout the aging process. Some villages service specific geographic areas, providing members assistance with home maintenance, daily activities, and social gatherings to build neighborhood friendships (NCB Capital Impact, 2009).

With the needs and motivations of the aging population to remain in homes and communities, older adults have found that the village living concept offers an alternative living arrangement. Members of such villages can continue to live in their homes while receiving assistance that supports independent lifestyles and helps with home maintenance. The arrangement provides help that bridges the gap for individuals with enough assistance from the village to remain in their homes (Mascarinas Scheib, 2009).

Some villages are non profit organizations, these villages are operated by board members or by volunteers. Village organizations are typically operated by boards of directors that design

and administer daily operations. Others have members pay annual dues, depending on the village structure. Membership fees vary from one village to another based on staff expenditures, insurance, marketing, and sources of funding. Not surprisingly, a village with a board of directors and paid staff has higher membership fees. For individuals with lower incomes, some villages have scholarships to help ease the financial burden. Others receive funding from other sources, including community pledges, donations from its volunteer-based board of directors, and grants.

The fee paying members still like to obtain access to social and cultural activities, health and fitness programs, household and home maintenance services and medical care. Most of these services are obtained by the members thru a fee. The goal of a village is to offer all the benefits that would be found in an independent or assisted living facility. Key elements include:

- 1) A geographical location in neighborhoods of cities and suburbs, or rural areas.
- 2) A comprehensive, coordinated approach to home based and community services on a one-stop shopping basis.
- 3) Use of a consumer-driven organization model that requires membership fees, and some villages have attempted to provide scholarships or reduced rates so as to increase access to the village be elders with low and moderate incomes.
- 4) Provision of information about resources and providers, and assistance with transportation and grocery shopping, are core services covered by a membership fee.
- 5) Home care services, home repair, and maintenance services, and other services are paid for privately on a fee for services basis, usually at a slightly (approximately 20%) discounted rate negotiated by the village on behalf of members.

- 6) A wide variety of community building activities, including interest groups, exercise classes, cultural and educational field trips.
- 7) Some degree of organized volunteerism, for members helping each other and/or helping organizations in their community. Some villages use a “time banking” model to structure their volunteer time.

In summary, the goals of the Village model include: independence, quality of life and well-being, assessment, information sharing, services, safety, empowerment/confidence, engagement, and volunteerism (Scharlach et al. 2012).

Comparison of the NORC-SSP and Village Models

The table below shows a comparison of the key factors associated with the NORC-SSP and Village models (Bookman, 2008). For example, NORC-SSP may be better suited for those who have lower incomes, are diverse in ethnicity and culture, services are organized and funded by government agencies, and housing is located in apartments or condominium complex.

Model	Locale	Income	Diversity	Initiator	Funding
NORC-SSP	Urban – apartment or condo complex	Low	High	Agency	Government, Social Services
Village	Urban Neighbourhood	High	Low	Seniors	Member Dues

Methodology

This project applied qualitative methodology by conducting five individual interviews and a group interview involving seniors and their family members across the province. An interview guide of questions was developed based on the literature related to aging in place. Refer to Appendix I for the interview questions and Appendix II for the interview responses.

Summary of Interviews

As a way of understanding what the needs of seniors truly are, several interviews were undertaken by our group. It is recognized that this is a small sample of interviews and does not represent Saskatchewan seniors overall; however, it provided a starting point to better understand the experience and perspectives of seniors in Saskatchewan. Eight seniors were interviewed regarding their preferences, current and required supports, needs, and lifestyle. The group interviewed seniors in a variety of circumstances:

- a) An 81 year old woman living in her own home;
- b) A 74 year old Elder living with his wife in their home in Sturgeon Lake First Nation;
- c) An Elder from Littlepine Reserve who lives in a Cress Housing complex in Saskatoon; (where she moved when her husband became ill in 1991);
- d) An 88 year old woman living in her own home (where she has lived since the 1940s) who may be close to needing some higher level of care;
- e) A senior who has recently had to move into an independent living facility (accessing homecare) due to his wife's Alzheimer's condition (she lives in a Long Term Care facility across the road). His daughter also attended the interview; and
- f) Three seniors who were interviewed together, two of which live in their homes, with one living with family.

While each interview brought a unique perspective based on the background and current circumstances of each senior, several key themes were revealed.

Lifestyle

For those seniors living in their own homes, exercise, cooking, activities, and getting out are all very important to them. When asked "what is a typical day to you?", most responded that

they like to get out and walk or perform some other exercise, cook healthy food, and meet people for group activities (bowling, cards, etc.). The gentleman from Sturgeon Lake First Nation stated that he spends much of his time picking herbal medicines and berries, preparing for meetings he attends as an Elder, and volunteering.

Continuing this lifestyle proves problematic for those who are limited physically or cognitively. One interviewee, while physically in good shape (and even proved it by showing off her dance moves in the interview and touching her toes) is plagued with episodes of passing out. This, coupled with her declining short term memory, makes it impossible for her to leave her house on her own. As well, several times ambulances have been called when she has passed out in public, which has made family and friends less keen on taking her out. This appears to have made her feel lonely and isolated, although it does not deter her from her wish to stay in her home.

Another woman, who is an Elder living in Saskatoon, has osteoarthritis. Although she has limited movement, she still enjoys playing bingo and going to thrift stores. She is part of a grandmothers' group who have a healing session once a month. She states that there is a lot of support during these sessions, and information is provided on different illnesses and how to manage them.

Aging in Place

When the group asked those who still live in their homes if they wish to stay, each answered with a resounding yes. Some said they can't imagine living any place else, and that their home is comfortable and safe. Many responded that they know they will eventually need care, but wish to stay in their homes as long as possible.

With respect to supports needed to help seniors stay in their homes longer, transportation was the top concern. In one woman's case, a potential change in bus route could have a great impact on her ability to get to activities and appointments, especially in the winter. Others have to rely on family members to drive them, and many times they don't want to burden them or they are too busy. The group also heard that the following supports could help:

- 1) Somebody to mow the lawn, take over the garden, and shovel;
- 2) Security;
- 3) Help with cooking and housework;
- 4) Possible remodeling of the home – walk in bathroom, washer and dryer upstairs, etc.;
- 5) “Family, income and money”; and
- 6) “Intelligent family care”, not just drive by visits.

One gentleman noted that resources are limited in rural communities to hire people to repair a roof, fix a furnace, etc. As a homeowner, you may not have the mental capacity to even realize repairs are needed. In small communities, everyone is a handyman themselves, but when you can no longer do the work yourself, skilled labour is difficult to come by.

Also raised, was access to health care in rural areas. The turnover of physicians in these areas means doctors do not get to know residents. In some cases, physicians are not available or emergency wards are closed. Living in a rural area also means having to drive into the city for treatments not offered locally. One gentleman's daughter noted that these delayed diagnosis due to these issues have cost the health system more money and have likely taken a toll on his health and ability to be on his own.

The seniors interviewed were asked for reasons they would have to move from their homes. Most felt loss of physical and mental well-being would force them to have to move into

care homes. Also, no longer wishing to rely on their children or homecare was cited. Cost of living (in this case, on Reserve) was also noted as a barrier.

The seniors were asked about their needs and what they wish they could do. Again, transportation was raised as an issue. One gentleman said he wished he had access to more recreational activities. The three women interviewed together all wished they could still go dancing. One woman wished she could have a good soak in a bathtub full of water, but she is unable to get in the tub so she has to use a special chair. Another wishes she could go shopping, but nobody wants to take her.

All those interviewed stressed the importance of family, and how without their support they could not stay in their homes. In addition, the Elder living in a Cress Housing complex detailed the additional supports that she experiences. Cress Housing was formed by several Reserves who maintain the complex. Some evenings the residents are treated to supper, and the residents keep each other company, especially those requiring special care. Her youngest brother and daughter cook for her and do her chores and cleaning, as well as grocery shopping. Her medications are delivered and her brother drives her to appointments. Cress Housing aligns in many ways with the goals and objectives of the Village Concept noted earlier, such as the inclusion of community building activities, maintenance programs, and security.

Recommendations and Considerations

The interviews conducted in our project consisted of only a small sample of seniors from across the province, given the limited time and resources available. Members of our group wish to express their thanks and gratitude to all interviewees for their cooperation with our project, as well as teaching us a little more about life and living. These interviews provided valuable lessons in terms of the importance of going to the source of information—seniors—and listening to their stories, views and suggestions. As such, collaboration forms a strong component in our recommendations, as follows:

1. Establish a working group to pilot the development and implementation of a model for home care and housing supports based on successful models in other jurisdictions (i.e., the NORC-SSP and Village) but adapted to a Saskatchewan context. This pilot would bring together all levels of government, branches, and service delivery organizations. Evaluation of the pilot should include a cost-benefit analysis of implementing this model compared to other models such as the NORC-SSP.
2. Conduct an environmental scan, inventory and gap analysis to determine what unique supports exist and are needed to support seniors in urban and rural areas who wish to stay in their homes. This should include collaboration with all parties affected by and involved in the development and implementation of this pilot.
 - a) Environmental scan and inventory should include a large sample of seniors, accounting for different ages, ethnicity, location, and other demographic factors.
 - b) Environmental scan and inventory should also include First Nations seniors on and off Reserve.

Conclusion

In this project, we explored the perspectives of seniors regarding their housing, health care needs and supports that would enable them to age in place and remain in their own homes and neighborhoods for as long as possible. Based on the literature and findings from the interviews conducted, a set of recommendations were presented. It is the hope of our group that this project may create awareness of the challenges and issues that Saskatchewan seniors face in meeting health care and needed supports, as well as inform future development of programs and policy to improve the lives and quality of care of seniors.

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Appendix I – Interview Questions

1. What is a typical day to you?

- What do you do that keeps you active?
- Do you volunteer, cook, bake, exercise, walk, golf, swim, tennis, etc?
- Nutrition- what do you eat, your favourite foods?

2. Do you wish to stay in your home?

- What kind of environment would you need to feel comfortable, safe, respected, happy, and cared for?
- How important is remaining close to family and friends? Do you feel lonely or isolated at home?

3. What supports need to be in place to help you stay in your home longer?

- Health care supports - access, how close are the nearest medical facilities, doctor and shopping?
- Is there a Doctor, hospital, home care support in your community?
- Falls, mobility issues?
- Is transportation an issue? What type of transportation would you like to see available?
- Vanpools, public transportation, taxis
- Social supports, family, community
- How easy or difficult would it be to return to your traditional home for visits?
- Do you worry for your safety/security? What would help you feel safe?

4. What would be the reason you would need to move out of your home?

- Do you need more help than family/friends are able to provide?
- Affordability, income, funding, subsidized, heritage

5. What are your needs? What do you wish you could do?

- What kind of activities would you like to see offered in your community?
- Does the community meet your recreation, learning, entertainment and social needs?
- What ties would you like to see with the community and schools?
- Internet, coffee shop, juice bar, etc.
- Do you like to be involved in decisions affecting you? Is autonomy important to you? How would you like to be actively involved with your community or neighborhood? Volunteerism, social groups?
- Is privacy important to you?

6. What does aging mean to you?

- Your feelings about aging, what your life looks like
- favourite memories

Appendix II – Interviews

Interview with Bill and Pamela Wallin

What is a typical day to you?

Mr. Wallin is very capable both physically and mentally. He takes care of his personal care and most housekeeping chores. He resides in an independent living facility. He has his own suite, but all meals are prepared by the Facility kitchen. Home care assists with a few needs.

Has failing eyesight, but uses magnifying glasses to read books and newspaper, watches TV news and sports, does community projects in the building i.e. group exercises, puzzles as a group, games and filling the day with news, reading, all the social amenities of group living. He keeps on top of issues with reading, stating you can't allow your mind to vegetate, you need to keep your mind active.

He is also an avid golfer.

He visits his wife who has Alzheimers and lives across the road in a Long Term Care Facility. He takes her the mail and visits her several times per week. He struggles with this loss of a wife, who once was a teacher and intelligent partner in his life. She recognizes family, but doesn't understand her limitations. Between Bill's hearing impairment and her Alzheimers, coping is difficult and Mrs. Wallin does not understand why they are separated. Bill was unable to care for her in their own home. Safety was a risk, stress was brought on by the physical interaction. She would get up in middle of night to cook and Mr. Wallin couldn't hear his wife doing these unsafe activities.

Reasons you had to move out of own home?

He could have stayed longer as a single occupant, but could not due to deteriorating care of home, based on his gradual decline of physical abilities. Family concerned about him climbing ladders, etc - safety was an issue.

He had open heart surgery earlier on, but spent his life looking after all those chores and he said at what time do you admit to yourself that it is not possible anymore and you need to give up some independence.

He stated "The greatest thing is the admission in your own mind that you are limited."

He is pragmatic about issues and open to his family.

Could any supports have been put in place to extend your stay in your own home?

To limit physical interaction with home environment, you would have to redesign the home. No stairs, a one-level home and this necessitates major remodelling or a new home. Some remodelling was done, walk in bathroom, and washer and dryer upstairs, but still trips were made to the basement for other things. Home care was implemented - meals on wheels, private housekeeping hired, (financially they were able to have this private service).

The resources are limited in rural communities to hire people to repair a roof, fix a furnace, etc.

As a home owner, you also have to have the mental capacity to realize repairs are needed, etc.

He kept his house, windows, shingles, woodwork maintained. In small communities, everyone is a handyman themselves and people help each other with skills and when you can't do it and start to look for those skilled people, the labour pool is very limited or not there at all. The talented, experienced artisans are either dead or old and incapable of performing these tasks anymore like Mr. Wallen.

You will be paying for the labour to come from the city, which costs more money and time.

Daughter, Senator Pamela Wallin states “Biggest issue in living in rural community in the last 10 years is access to health care - doctors don’t stay, emergency ward is on a rotation basis.” So medical care often needs to be sought in the city. Mr. Wallin’s heart surgery was in Edmonton. Mr. Wallin had a minor stroke and recognized it, so went straight to Saskatoon for an assessment and tests. Surgeon asked how old are you ? Mr. Wallin was 81. Surgeon told him he had a good life, and to just go home and forego the surgery, so that is why other arrangements were made at the heart institute in Edmonton. Pamela has been involved in Edmonton with fundraising and so new about this facility. Because of that surgery, Wallins could stay in their own home 8 or so years longer. If he had just gone home, Mrs. Wallin would need to be placed and he would have needed more care.. Heart surgery was costly, but saved costs to medical system in the end. Small town doctors used to stay in rural, but now times have changed and with movement, doctors come and go and do not get to know the patient, which is a problem. Need an advocate or another voice, when seniors visit doctors. Seniors can be intimidated and don’t want to bother the doctor. You can listen, but are you hearing to understand. Another example, bill had a health issue and went to the city doctor to see what it was. Tests were done and back and forth 200 kms for appts. There was delayed time between appts. due to availability of family to drive and thus, delayed diagnosis. When treatment was eventually done, the small problem became a surgery, then dressings were required as infection set in and then the cost to the system was increased again. Because of distance to treatment and lack of personal attention to care, what was a minor problem became a major problem -- costly to the system and emotional toll on Mr. Wallin and family/ This could have been taken care of much sooner. Without family, it could have developed into a much, much worse problem

Family is very important, but some families don’t have those relationships or support. Mr. Wallin points out that you need family care as much as possible, but with that family support, you also need intelligent family care, not just drive by visits -they don’t work.

Transportation - Mr. Wallin still drives locally only. Handi-van is available and he knows it is there if he needs it, but wants to remain independent. Dependent on a volunteer-run van which is not always available is tough. It is hard to pay for transportation when you have always had friends and family to do it.

Senator Wallin also points out that her and her sister have also had their own health issues, then others are needed to depend on, such as extended family. Alternative means are explored for help with transportation and other needs, but people are very inventive. Mr. Wallin drives his golf cart in the summer to cross the street to visit his wife.

What does aging mean to you? Are you embracing it?

Mr. Wallin replies: “Aging is a realization that nothing will ever be what you dreamed it would be or thought it could be. Aging has some limitations that allow you to get away with things.”

Upside of small town - a friend will help, people in community look out for you.

Mr. Wallin deals with aging and the end of life in his own frugal way- he took his old cupboards and built cremation boxes for himself and his wife. It is acts like this that allows the daughters to have those difficult conversations.

Do you like where you live?

Mr. Wallin replies: “Yes, it has enough of the good side that he has to accept the bad side.” Positive part is that he is free and independent to come and go as he pleases. He can choose his activities. It is the home he knew he would end up in and he can look out his window and see his old house.

From the family perspective, Senator Wallin commented that it is hard as a daughter and you wish your parents could stay in their own home longer,, but it is just not possible. He is fortunate to be close to where his wife resides, beside his home and the trees he planted. He has familiarity.

She goes on to say that it has been a learning experience as a daughter to watch your parents deal with aging. They are still our inspiration and to watch my father as he deals with life changes, making this move with grace, has inspired us in how we deal with it and help us to make decisions at an earlier time. Also in dealing with my mother with Alzheimers, we can have a discussion and be proactive on health issues. This has been a tremendous learning experience....walking through with my parents and learning from them, as you are being useful and helpful to them.

Interview with Jean Whetherly

Jean is an 88 years old widow and lives alone in own home (has lived in same home since the 1940s). She did not remarry because she would have “driven the guy nuts comparing him to her late husband”.

Interview Question	Key Responses/Findings
What is a typical day to you?	When I asked what do you do in a day, she responded “Happy to be alive” as her first answer. Makes breakfast, and does yoga to keep in shape, but not as much as she used to. Reads the paper and does crosswords...likes her morning routine. Waits for someone to call her or pick her up, but sometimes people are too busy. Eats well - All Bran and fruit. Fish. Reiterated a few times that she has always kept up her exercises and can still touch her toes. Even started dancing during the interview to show off her moves.
Do you wish to stay in your home?	Yes! Daughters want to put her in a nursing home, and she doesn’t think she is ready yet. She thinks she would go balmy. She is too active and likes to go outside. If doctor would let her, she would still mow her own lawn. She still likes to garden and prune.

	<p>(She seems to have this picture of nursing homes being for people who are bedridden waiting to die - my words, not hers, but that would explain why she has such a poor view of moving out of her home).</p> <p>Can't imagine living any place else. Doesn't have to have a lot of people around her.</p> <p>Says she doesn't feel lonely or isolated...is more of a loner. Doesn't like idle chit chat. (I really think she has convinced herself of this...I know she really is lonely).</p>
What supports need to be in place to help you stay in your home longer?	<p>Somebody to mow the lawn and take over the garden and maybe shovel snow (although she pays a neighbour to shovel).</p> <p>Can climb stairs as needed, get on her knees and wash floors, so doesn't feel she needs help in that respect.</p>
What would be the reason you would need to move out of your home?	<p>Not sure.</p> <p>Does not worry for her safety or security. Not concerned about falling (except on the ice).</p>
What are your needs? What do you wish you could do?	<p>Transportation: daughters and neighbours take her to doctor's appointments.</p> <p>Wishes she had someone to paint and maintain house/yard (such as climbing a ladder) but grandchildren don't have time.</p> <p>Wouldn't take part in any community recreation or play cards. Doesn't want to talk with strangers unless it is intelligent.</p> <p>She misses going downtown shopping, but nobody wants to take her because she passes out sometimes. (She has ended up going to the hospital by ambulance several times.)</p>
What does aging mean to you?	<p>Doesn't worry about dying. Worries more about storms...more afraid the basement will flood than about herself.</p> <p>Likes hockey, despite not being able to remember it the next day.</p>

Interview with Elva Fiessel

Elva is an 81 year old women living in her own home in Regina.

Interview Question	Key Responses/Findings
What is a typical day to you?	I exercise each day – weights, treadmill, stationary bicycle. I make my own meals and enjoy doing so I cook a family meal most Sundays when my family comes to visit. I have various activities that I participate in such as bowling, cards, shuffle board and go to the casino with my friend occasionally.
Do you wish to stay in your home?	Yes, I would prefer to stay in my own home.
What supports need to be in place to help you stay in your home longer?	Most of the problem for me to stay in my own home is transportation. In Regina, they are considering taking our public transit route off of my street and I would need to walk approximately 6 blocks and this in winter would be very difficult when it is icy. I would like the bus to stay on my street or at least have access to the paratransit bus to get to my activities and appointments.
What would be the reason you would need to move out of your home?	Again, mostly a transportation issue, although it is getting harder to go up and down the stairs to do laundry.
What are your needs? What do you wish you could do?	I would like to have my laundry on the main floor and would like to have convenient transportation.
What does aging mean to you?	I don't feel old inside. I feel the same way I have always felt, but sometimes the body slows down and you aren't able to do all the things you used to do or you do them slower. Overall, I feel pretty good and enjoy my life.

Interview with Mike Daniels

Mike is an 74 year old gentleman and traditional Elder living in his own home in Sturgeon Lake First Nation with his wife Rose. Mike serves as Elder Advisor for the Northern InterTribal Health Authority.

Interview Question	Key Responses/Findings
What is a typical day to you?	<p>I am frequently asked to attend meetings as an Elder. Meetings come and go fast. I have to be able to organize my thoughts to be ready.</p> <p>I like getting things done.</p> <p>In the summer I pick herbal medicines from the ground and I go berry picking.</p> <p>I like to go walking early in the morning.</p> <p>Sometimes Rose and I like to be couch potatoes.</p> <p>I do a lot of communication. I volunteer. I go to visit with seniors, to speak to them. I go cemeteries and I do traditional burial ceremonies.</p> <p>I eat oatmeal for breakfast. For lunch I have soup and sandwiches. I eat meat and fish and potatoes but no other vegetables. We eat the basic things that we grew up with. Dinner is a full course meal but no green vegetables.</p>
Do you wish to stay in your home?	<p>Yes, that is what I want. Rose and I like to be home free and focus on ourselves and our time together. I would prefer to stay in my own home. It is really important to me. I have children, one in the east side of Prince Albert and one on the west. Keeping in close contact is very important. My son is in Cowesses First Nation and my daughter is in Poundmaker. They phone me every day. They ask me the same thing and I answer the same way every day that I am fine. I am OK.</p>
What supports need to be in place to help you stay in your home longer?	<p>Most of the problem for me to stay in my own home is transportation. I need my girls to drive us.</p> <p>The health clinic is within walking distance. A doctor is in the community every second week. We have periodic visits from homecare. We have family members staying with us right now.</p> <p>Safety can be an issue. People knock on the door in the middle of the night but we I check first and we don't open the door if we don't know who it is.</p>
What would be the reason you would need to move out of your home?	<p>Sickness would be the reason for moving. Cost of living is also a factor. Power, telephone and propane can cost \$700.</p>
What are your needs? What do you wish you could do?	<p>I would like more recreational activities. There are radio bingo and merchandise bingo and ice fishing.</p> <p>We used to have bridge and canasta but not anymore.</p> <p>There is a men's group every second Tuesday.</p> <p>There is an Elder's Advisory Board at the school but it is just there for Education.</p> <p>I teach parenting classes. I have for 12 years now from my own personal experiences. I think that privacy is important in your house in the bathroom and he locks the bedroom</p>

	door.
What does aging mean to you?	<p>I don't feel like I am 74. If I started thinking about it I would feel sick.</p> <p>My favorite memories are travelling with my grandparents. They used to pick medicines from the ground. Recently I did herb gathering training in Manitoba. I remembered my grandparents. That is very important to me. What is tradition? Every person has a different idea of what it is. My tradition is me. For the first 13 years of my marriage I was an alcoholic. I have now lived 33 years alcohol free. I had to pace myself. I quit smoking cold turkey.</p>

The following three seniors interviewed, Betty Senchuk, Leslie McCandless and Patricia Devos, currently live at home. They attend the Day Wellness program that is provided in their community. These three ladies also have regular visits to the Physio department at the Yorkton and district nursing home. These visits would be impossible to them without the assistance of their family members and the “sign” mobility vehicles that are accessible to them.

All three ladies made it very clear how important their families are to them. Family support seemed to be expressed in almost every question that was discussed. Proving that family involvement is extremely important to people at all stages in their lives.

Interview with Betty Senchuk

Betty Senchuk is a senior who is currently living at home with the assistance of her three children. Betty had a great sense of humor.

Interview Question	Key Responses/Findings
What is a typical day to you?	Dance, play and enjoy cooking, baking, and goes to physio regularly.
Do you wish to stay in your home?	Own home is comfortable and safe”.
What supports need to be in place to help you stay in your home longer?	Family, income and money
What would be the reason you would need to move out of your home?	Lost mobility
What are your needs? What do you wish you could do?	Continue dancing and driving her car
What does aging mean to you?	Exercising and staying healthy
What are your favorite memories?	Family and being spoiled.

Interview with Leslie McCandless

Leslie is a senior that currently lives at home with the assistance of her husband.

Interview Question	Key Responses/Findings
What is a typical day to you?	Walk outside, walk my dog
Do you wish to stay in your home?	Wishes to remain in her home “as long as she can
What supports need to be in place to help you stay in your home longer?	-
What would be the reason you would need to move out of your home?	My husband. If he passed away I couldn’t stay alone”.
What are your needs? What do you wish you could do?	Dance with my husband”.
What does aging mean to you?	-
What are your favorite memories?	Most favorite memories included her sister.

Interview with Patricia Devos

Patricia is a senior who currently lives with her son and his family.

Interview Question	Key Responses/Findings
What is a typical day to you?	Day wellness program and Physio”.
Do you wish to stay in your home?	Wishes to stay with her son as long as she possibly can. She enjoys her family but also appreciates her own living space.
What supports need to be in place to help you stay in your home longer?	Her son and family
What would be the reason you would need to move out of your home?	If she could no longer be mobile independently
What are your needs? What do you wish you could do?	Keep dancing, driving, and not having to ask anyone for assistance”.
What does aging mean to you?	Means being healthy
What are your favorite memories?	Favorite memories include her “baby sister

Interview with Rose Atimoyoo

Rose is a First Nations traditional Elder from Littlepine Reserve. Rose is fluent in Cree.

She lives in Saskatoon, in a Cress Housing complex that has 12 units. Rose serves as Elder

Advisor to the Federation of Saskatchewan Indian Nation’s, Home Care Working Group.

Interview Question	Key Responses/Findings
Rose’s background and employment history.	Rose was blessed with 3 children. When her husband was teaching she didn’t work. Instead she looked after her children. Then she worked at the Battleford Hospital for 14 years because she enjoyed working with people. Her husband was one of the people who developed the Cultural College in Saskatoon. Rose also worked as a health advisor for northern First Nations communities for 15 years. It was hard the first week for Rose because everything was new, although it was a good experience. Rose made many friends and it was very easy to work with people. The only time that was difficult was when she couldn’t understand the Dene people and she needed a translator. Rose moved to Saskatoon in 1991 when her husband became very ill.
What is a typical day to you?	Rose has osteoarthritis so her movements are limited. On her good days she uses her walker as much as possible. Her favorite foods are fish, chicken, soup and meat. She loves

	<p>fresh fruit and vegetables. Rose explained that her days depend on the weather. “If it was cold you get sick and depressed but if it is a shiny day you will shine.” She has arthritis but she stated that “things could be worse”. Her patio means a lot to her because she uses it for talking about the good old days. Also, talking on the telephone gives her company and keeps her up to date with her friends and family. Some evenings Cress Housing treats the residents to supper.</p> <p>Rose likes to play bingo and go to thrift stores. Rose stated “grandmothers should not stay home all the time or babysit all the time. It is abuse and something should be done about it.” Rose has (is part of) a grandmothers’ group to talk with, laugh with and cry with. They have a healing session once a month. There is a lot of support when you attend the healing sessions. Information is provided on different illnesses and how to manage them. Police and firemen talk to them about safety.</p>
<p>Do you wish to stay in your home?</p>	<ul style="list-style-type: none"> • Rose would like to stay in her home as long as she is able to and she is reasonably happy. Her youngest brother cooks for her and does the daily chores such as cleaning the kitchen and her daughter cooks for her and does the weekly cleaning and helps her bath, does her grocery shopping and does her laundry. • The residents keep each other company, and especially those requiring special care.
<p>What supports need to be in place to help you stay in your home longer?</p>	<ul style="list-style-type: none"> • She does feel isolated at times but her family and her friends are daily visitors which she enjoys very much. • Her doctor and her hospital (St. Paul’s) are only a few blocks away. • Her medications are delivered and her brother drives her to her appointments, to church services and to the Grandmothers’ support group. She never travels outside the city anymore and so she is unable to visit her community any more. • You need to feel safe. She does worry about her security at times and would like a security system installed in her apartment at some time. The residents put together a list for Cress Housing of what we needed. They asked for good sensor lights outside and lights that stay on all the time. The organization did that for them. At the beginning of the year the police come and talk to them about safety. • They can’t stay alone. She needs help with cooking and housework. • People who have trouble living upstairs and people

	<p>who are in wheel chairs or who use canes are on the main floor.</p> <ul style="list-style-type: none"> • 6 or 7 Reserves got together and formed Cress Housing. They are committed to the program and have maintenance schedules in place.
What would be the reason you would need to move out of your home?	<p>Two reasons for moving out would be:</p> <ul style="list-style-type: none"> • Serious health conditions like dementia or a stroke; • No longer wanting to rely on your children and homecare.
What are your needs? What do you wish you could do?	<ul style="list-style-type: none"> • To stay where I am I need my daughter and son in law and my younger brother to help cook and clean up the house inside and out. • She wishes that she could have a good soak in the bathtub full of water. Presently she is unable to get in the tub so she has to use a special chair with assistance to bath. • Her only weekly plans are to go to church and to meetings. • She wants to be involved in the decisions affecting her life, along with her family support.
What does aging mean to you?	<p>Aging is the golden years when you are healthy and active; When you lose your health it all changes. It's not so great when you are not able to do the things that you want. As long as you are relatively healthy you can't wish for anything better. "If aging is miserable (aching bones, helpless) then aging is the pits."</p>