

HOUSING PREFERENCES OF
THE ELDERLY
IN
MIDLAND, ONTARIO

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ABSTRACT

As Canada's population ages, researchers have been increasingly concerned with issues related to housing the elderly. This paper addresses the question of "housing preferences of the elderly" in Midland, Ontario and investigates reasons for these preferences.

The results of this research indicate that the elderly preferred accommodations that offered them independence, privacy, and access to health care.

Through cross tabulations , and chi-square analysis the independent variables that influenced the elderly's housing preferences were identified. These variables were present dwelling, marital status, income, age, and use of limited services.

These findings provide us with a better understanding of the elderly's housing needs and preferences and will enable us to better facilitate the elderly's housing needs.

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CHAPTER ONE

INTRODUCTION

"Home Sweet Home" is a phrase that has become synonymous with a North American ideal; a house with a white picket fence and tulips lining the walkway. Yet, everyone's definition of home changes with one's ever changing needs. The kind of housing one needs depends on one's health, marital status, lifestyle, and income. Thus, with the growing proportion of elderly in today's society, it is of concern to planners, architects, and social worker to develop housing that meets the needs of an aging population.

In the remaining decade of the twentieth century, we have an opportunity to take action to plan and create the diversity of housing and services that Canadian seniors of today and those of tomorrow will need. Hence, the choice is clear; we can react spontaneously to problems as they arise and suffer the consequences of poor planning or, we can try to understand the needs and wants of elderly and to try to accommodate them.

The objective of this research paper is to analyze what seniors of today would prefer as living accommodations. A set of possible housing alternatives were presented which represented a comprehensive set of choices to elderly. Similarly, an analysis was conducted to assess the possible factors contributing to these housing options.

This paper is divided into four sections. The first section will review current research on elderly and housing preferences. The second section will outline the research methodology used in the analysis of the data. Thirdly, an analysis of the research findings will be documented. Finally, conclusions will be drawn from the findings, and the remaining summary will enhance our understanding of what the elderly's ideal "Home Sweet Home" is.

CHAPTER TWO

LITERATURE REVIEW

Canada's growing senior's population is having a profound effect on housing traditions. Presently, there are more older people in Canada than ever before. In 1981, 2.3 million people or 10 percent of the population were over the age of 62. (Novak, 1985) The Department of Health and Welfare project a rise in the proportion of the elderly population to 12 percent by 2001. Therefore, as more people reach retirement age, a wider range of options will be required to meet the elderly's diverse housing needs and preferences.

Today's older Canadians have diverse backgrounds and interests and varying levels of health, fitness, income and assets. Thus, their needs and preferences will change as they progress through their retirement years. They are likely to choose options that will enable them to maintain lifestyles and financial self-sufficiency for as long as possible. Thus , to gain a better understanding of future housing markets and senior preferences we must increase public awareness of the different types of living accommodations that are, or could be available to older Canadians, and stimulate a discussion of the options in which seniors are interested in.

Presently, Canadian seniors habitat in a variety of

housing options. Most older Canadians choose to remain in their homes for as long as possible. In 1982, 75 percent of men and 50 percent of women ages 65 and over owned their own homes, and three quarters of those people owned single detached two or three bedroom homes. (Fraser, 1982) Sixty percent of people aged 65 and over had paid off their mortgages. This figure increases to 95 percent for people over the age 80 (Health and Welfare Canada, 1983) but not all older people need or want to live in a single family house. Some elderly live in apartments, some live with their children, and some live in collective dwellings. The kind of housing that an older person needs depends on their health, marital status, income, and lifestyle. (O'Bryant, 1983)

Most studies concerning housing of the elderly focus on the match between need and environment: measuring housing satisfaction against an array of objective and observable characteristics. (Leung, 1987) The dominant congruence theory argues that there is a strong interrelationship between individual characteristics and socio-cultural environment with respect to the attitude and behaviour of the aged. (Gubrium, 1975) Kahana (1975) suggested that individuals change their environment to satisfy their needs via adaptive behaviour in order to maximize the fit or congruence, between their need and the specific environment.

However, there is strong evidence that the elderly find their present housing situation highly satisfactory, regardless of the type of accommodation it offers and prefer to remain there. (Lawton, 1980) O'Bryant (1983) observed that a great amount of housing satisfaction expressed by the elderly is independent from what has been defined as the physical quality of the home. Several explanations have been advanced for the discrepancies between objective housing quality and housing satisfaction among the elderly. It has been proposed that older persons have either: resolved their "cognitive dissonance" by denying that poor conditions exist. (Carep, 1975) ; learned to be humble and appreciative of the little they possess (Campbell et al., 1980); or merely become resigned to their present conditions. (Birch et al., 1973) Those older persons who do not choose to move are described as making "highly rational decisions" about their relocation. (Struyk, 1980) Thus, the desire of the elderly to remain in their homes often has been described in negative terms that suggest such desires to be emotional, sentimental, or irrational.

Interestingly, it has been geographers who have acknowledged and made others aware of the significance of "attachment to place." (Relph, 1976; Tuan, 1975) A study by Rowles (1978) indicates that this phenomenon constitutes the psychological aspects of place attachment which can be looked upon humanistically and positively. Such phenomena

appear to enhance well-being and even, at least speculatively, add years to life. (Rowles, 1978)

Going beyond "the conventional wisdom of the housing professional {who} tends to see physical housing for the elderly as end in itself rather than a means to different end-psychological well-being..." O'Bryant and Wolf (1980) set out to investigate the effect of four subjective factors: value of home ownership, traditional family orientation, cost versus comfort trade off, competence in a familiar environment.

The subjective factor, value of home ownership, is based on the fact that people look up to persons who own their own homes. It has been recognized that "our society accords considerable status to homeowners." (Baer, 1976) Ownership accords a certain privileged freedom from landlords. Equity in a home is the single largest asset of many older persons, (Scholan and Chen, 1980) and quite likely represents a lifetime of hard work.

The second factor to emerge through empirical research is labelled traditional family orientation and memories. Researchers have observed that, for some older persons, their home represents a reservoir of family history and a museum of family memorabilia. (Langford, 1962; Townsend, 1957) It also may be the one thing of value parents can leave to their children.

The third factor, cost versus comfort tradeoff is

related to two influences; how comfortable the person feels in his/her residence and his/her economic concerns. Older persons evaluate how comfortable they are in their surroundings in terms of how much those surroundings cost. As compared to the segment of society, the elderly are more apt to own older, larger homes that are difficult to maintain, thus, their homes may not be what is generally termed as comfortable. Thus, alternatives must be explored to try to make the elderly more comfortable.

The final factor relates to a general feeling of competence and emotional security that can be derived from living in a familiar, memory laden home. Competence or mastery over the environment has long been proposed as a motivator of human behaviour. (White, 1960) Furthermore, in our culture, values that stress independent living have been espoused for several decades. This factor may explain why today's elderly person express a strong desire not to live with their children. Thus, part of the value of and satisfaction with one's home may be that it provides feelings of competence and worth which thereby preserves self-esteem.

From O'Bryant's (1983) study on subjective housing perceptions, we are able to identify the fact that a good social network is the single most important factor in maintaining a good quality of life as an elderly homeowner. Similarly, O'Bryant's findings revealed that privacy,

independence, and freedom to do as one pleased, were of primary importance to the elderly. O'Bryant's study also suggested that "traditional family orientation" as manifested in some form of social support network was important and "competence in a familiar environment", as manifested in accessibility to services and familiarity to the neighborhood were relevant considerations for elderly homeowner.

Relf (1976), in his book Place and Placelessness, points out that where we dwell is

the foundation of our identity as individuals and as members of the community... It is not just a house you happen to live in,... but an irreplaceable centre of significance.

It is this notion that must be considered in developing new housing options for the elderly. Government housing programs aimed at providing new, superior housing, are designed to meet older persons' physical needs. Yet, they must in some way try to incorporate the psychological values that the elderly have come to enjoy as a result of owning their own homes. The findings of O'Bryant and Wolf (1982) help explain why retirement communities must offer far more than just new dwellings to attract purchasers. It is important for the elderly who must reallocate to be able to take their personal possession and family heirlooms with them. Furthermore, in their new surroundings, former homeowners should be provided with other ways to contribute

to their communities and neighborhoods, so that they may acquire status to replace what they lost by not being home owners.

Despite improved conditions in alternative housing, many elderly homeowners will remain in their homes because of the great psychological value and significance of these homes. For those whose incomes are low, government guaranteed equity conversion programs (Scholden and Chen, 1980) are one solution. Thus, greater efforts to instigate such programs and educate the elderly about them should be implemented. For those who can remain independent if provided with a few aids, maintenance programs are important. These may include assistance with meals, home repairs, transportation, and medical assistance.

Home care is certainly not a new phenomenon. Historically, the bulk of personal care and assistance for frail elderly has been provided at home by informal care givers such as spouses, children and friends, which has proven to meet the elderly's needs. Yet recently, the system has been criticized because few formal home care options exist for the elderly lacking a viable network of informal support or for those whose needs for care exceeded the capabilities of their informal care givers. The institutional emphasis of our formal long-term care system is still unmistakable. The reality is that nursing homes will continue to perform a vital function for a growing

population of disabled, chronically ill elders. Yet, developing "alternatives to institutionalization" has become a popular rally cry among researchers, policy makers, practitioners, and consumers alike. Long-term care alternatives are sought not necessarily as a replacement for nursing homes, but as a supplement that expands the continuum of care options.

Lawton and Naheman (1973) created a "transactional model" that describes the relationship between the older person and his or her environment. Their model describes the interrelation of two variables: individual capability and the demands of the environment. Lawton and Naheman define compatibility as the collection of a person's abilities, including health, psychological adjustment, and intelligence. They define environmental forces that combined with need, lead a person to make a response. (Lawton and Naheman, 1973)

A person feels the most comfortable when their capability match the demands of the environment and they can fulfill their needs. Too great or too little environmental demand lead to a decreased feeling of well-being and a maladaptive response. This model suggests that people try to find a comfortable fit between what they can do and what they need to do to meet their needs. Thus, according to the transactional model, an ideal housing system would help people match their ability to the environment's demands. It

would help people remain where they are for as long as they want to stay there. It would also allow a smooth transition from one setting to another when a change in a person's ability or needs makes a move necessary. Many situational and physiological changes often make continued home ownership difficult for the elderly. These include losses of significant others, increased housing expenses and deterioration of physical and mental health. The loss of a spouse is particularly devastating because it is both an emotional strain and a loss of one who shared in the physical care of the home. The result of the strong attachment to home in the face of the economic, physical and social losses is what Lawton called the "environmental press" :

When the individual's physical or mental competence declines the environment can appear threatening, and begin to "press" on the person's awareness, producing stresses that exceed a person's ability to cope. When competence is high, one can cope with a wide a wide range of press.
(Lawton, 1980)

Canada's housing system today offers the elderly many alternatives to dealing with environmental press. Housing options to relieve "press" can be subdivided into age-segregated or age-integrated housing.

A survey in Ontario (Hough, 1981) found that 66 percent of senior respondents wanted age-segregated housing conditions, neighbors without children. More than 64

percent of senior respondents preferred to live in a building with people their own age. A study by Lawton (1982) of 150 housing sites in the United States found that older people who lived in age-segregated housing showed stronger feelings of well-being. Hough (1981) reports that seniors accept age-integrated housing if they make up the majority of tenants, and if each age group lives in its own building. This allows the seniors to choose when and how often they want to interact with families.

Alternative housing options such as enriched housing build extra protection for the elderly into the housing design. This type of housing gives people more social and health care support than they get in a normal apartment building. Minuk and Davidson (1981) describe enriched housing as a housing facility where supportive services (meals, housekeeping, medical services) are available on-site on a regular basis for a moderate fee. Similarly, Baker (1987), in a review of the literature on enriched housing, concludes that all enriched housing includes a residential warden, an alarm system and communal facilities like a dining room and laundry facilities. (Harper, 1984) Examples of enriched housing are; Abbeyfield Concept housing, and Homesharing.

Abbeyfield Concept housing usually comprises of a large house in which seven to ten people are accommodated, all with their own private living quarters. In Britain,

where the concept originated, tenants usually have private bed-sitting rooms, but in Canada there has been a preference for small-self contained apartments. Residents share two main meals of the day which are served in a communal dining room. A live-in housekeeper attends to the daily running of the house, the shopping, and preparing and serving meals. The house is acquired and operated by a voluntary board.

Homesharing, also an age-integrated living environment, is an arrangement in which two unrelated individuals share a single family dwelling owned by one of them. (McConnel and Usher, 1980) Homesharing operates on the principle of exchange theory: individuals act to maximize rewards, minimize cost, and maintain interactions as long as the interaction is more rewarding than costly. (Blair, 1964; Dowd, 1975; Homans, 1961)

The traditional definition of homesharing suggests a wide range of sharing arrangements. Sharing may range from a simple boarding house arrangement in which a non-homeowner occupies bedroom space only, to a communal arrangement in which financial, social, and household chores are shared more equally among the participant. (McConnel and Usher, 1980) Homesharing represents a theoretically viable alternative for elders along the continuum of care because home ownership can be a resource to trade for money and household services or intensive care giving services. Homesharing also has important social implications.

Institutionally, problems like nursing home space shortages and strains on government funding for enriched housing are alleviated to the degree that the elderly are able to remain at home.

Another new idea for the housing of the elderly is the concept of the Garden Suite. The Garden Suite is a form of housing that allows elderly people and their families to live close enough to each other for the family to provide necessary services, but far enough apart for privacy and separate lifestyles. (Lazarowich, 1990) A Granny Flat consists of a portable modular cottage that is placed onto a son's/ daughter's property, and is connected with electricity, sewer, water, and telephone services. This housing arrangement may lead to new social interdependencies and new challenges to family relations.

Multi-level enriched housing is yet another new housing option for the elderly. This option bridges the gap between enriched housing and institutional care. Multi-enriched housing refers to a housing complex or building with a mix of self-contained suites, board residence, and personal intermediate, or extended care settings, all in one building or on one site. Examples of this type of living arrangement are Retirement Villages and Life Care Communities. People who approve of multi-level housing say it decreases stress due to relocation, allows couples to stay near one another if the health of one spouse declines,

and lowers costs because developers can build one large complex. (Gutman, 1978) Independent living units make up the majority of dwellings. Communities are designed to emphasize the residential environment. Most developments include recreational facilities and accommodation for social activities and hobbies.

In summary, it has been suggested that a variety of options are necessary to retain and support the elderly in the community as long as possible. Research has suggested that community living permits a higher quality of life than that found within many nursing homes or extended-care facilities. Persons living in institutions are often stigmatized because they are treated as invalids by an impersonal, bureaucratic staff and have little contact with those in the larger community. It is essential that a greater effort be directed to "increasing the fit between the individual and the environment." (Marshall, 1980) As Montgomery (1972) pointed out, it is a sense of place that is a basic need of many elderly. We must try to meet this need efficiently and effectively through sensitive housing options.

Thus, through the following research on "Housing Preferences of the Elderly in Midland, Ontario" we will try to determine what the elderly prefer as living accommodations, and the factors contributing to these choices.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 DATA COLLECTION

The study area for this research was in Midland, Ontario, a small town off the shores of Georgian Bay with a population of 12 171 people. Twenty six percent of the citizens are over the age of 55. (Ontario Population Report, 1989)

The data were collected in the fall of 1990. A variety of source were used to enlist the participation of subjects because there was no singular place where older individuals might gather as a group. Sites included 750 King Street, a retirement complex (N=24), The Villa Lodge (N=8), Low Income Senior's Apartments (N=34), Askennonnia Seniors Centre (N=23), Red Cross Homemaker Recipients (N=7), and VON recipients (N=5).

The purpose of utilizing a site selection sample was to obtain a sample that was representative of Independent/Age Integrated Living, as well as, Dependent/Age Segregated Living.

Similarly, an effort was made to collect data from a variety of housing arrangements. Twenty seven percent of the respondents lived in homes, 11.7% in apartments, 33.3% in low-income apartments, and 27.9% in retirement homes.

By approaching different tenure groups one was also able to represent various income brackets. For example,

those residing in low income apartments had rent-geared-to-income housing, whereby their rent was solely based on income, rather than on the size or type of accommodation. On the other hand, the residents of 750 King Street Retirement Centre, and Villa Retirement Lodge all had incomes well above those in the subsidized low-income apartments. They represented a proportion of middle to high income elderly in Midland, Ontario.

3.2 QUESTIONNAIRE OUTLINE

The instrument of data collection was a questionnaire (refer to Appendix 5) which was set out under three broad headings; current residency, housing preferences, and health status. These categories were established to collect data on the independent variables that may have had some relationship to the elderly's housing preference.

The first section outlined the respondents present residential living environment, their length of residency, if they owned or rented their accommodation, and if they were considering a move. They were also prompted for a explanation of why they may have been considering a move.

The following section introduced the respondents to five new currently available housing options introduced by the Canadian Housing and Mortgage Corporation. These

options were Homesharing, Garden Suites, Abbeyfield Concept Housing, Retirement Villages, and Life Care Communities. In this section a brief description of the housing options were outlined, followed by a question asking them if they would consider such an option if it became available in Midland. They subsequently were asked to rank their preferred housing choice. The dependent variable, housing preference, was measured on a ranking scale, with five being the most preferred type of accommodation, and one being the least preferred.

The third section of the questionnaire assessed the respondents current health status and his/her knowledge and use of come-to-home services. This section was included to determine if the availability of come-to-home services would influence the elderly's housing preferences.

The final section obtained personal and demographic information about the respondent. Age, annual income, and marital status were continuous in nature, whereas, sex was coded as a dichotomous variable.

Comprehensive data were collected on the possible factors determining individuals housing preferences. Independent variables such as; age, gender, marital status, income, present dwelling, length of residency, tenure, mobility, health status, special housing needs and use of come-to-home services were studied to determine if they influenced housing preferences.

3.3 METHODOLOGY

The approach taken to analyze the findings of the questionnaire involved two procedures; cross tabulations, and chi-square comparisons. These procedures were undertaken in SAS, a statistical package. The first stage, cross tabs, facilitated the identification and screening of feasible sets of factors that could be statistically associated with housing preferences. The second stage used chi-square analysis to test for a significance between different housing preference and the various independent variables.

The chi-square test provided a statistic base on the difference between observed and expected frequencies. The test tells us whether the difference between observed and expected frequencies is significant at the chosen 95% level. On the basis of the chi-square test, we determine whether the observed frequencies on our sample differ significantly from the expected frequencies based on the null hypothesis. If they do, we reject the null hypothesis and conclude that there is a relationship.

Chi-square tests were undertaken to illustrate how the separate effects of each independent variable could have been a predictor of housing preferences. By using this method it enabled us to determine which variables showed a

particularly strong association to housing preferences. High chi-square values, with low probabilities exhibited the strongest relationships between the independent variables and housing preferences. These are the variables we will try to identify, in our analysis of the data. (Appendix 2, 3,4)

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1 CHARACTERISTICS OF THE PARTICIPANTS

A total of 111 questionnaires were completed by the elderly of Midland, Ontario. The participants ranged in age from 55 to 99, and had a mean average of 77 years. Of the 111 respondents 30 were male (27%) and 81 (73%) were female. The majority of the respondents were widowed (51.4%) or married (27%).

The percentage of the respondents who owned their home was 24.3%, whereas, the remaining 75.7% rented their accommodation. The average range of annual income for the 63 who responded to this question was \$8 100 to \$15 000.

When the respondents were asked if they were considering a move 86.5% answered "No", while the remaining 13.5% attributed factors such as affordability of housing and a decline in health as reasons for a desire to move.

The health status of the sample was also assessed. Twenty two of the respondents (19.8%) were in excellent health. While the remaining 80.1% of the sample ranked their health as good (39.6%) , fair (36.9%) , or poor (3.6%). Subsequently, the percentage of this sample that had special housing needs was 41.4% Hence, 58.6% of the respondents were independent and self-supportive. This sample could thus be considered quite healthy and independent.

TABLE ONE: SAMPLE CHARACTERISTICS

TOTAL NUMBER RESPONDENTS		111	%
GENDER	MALE	30	27%
	FEMALE	81	73%
MARITAL STATUS	SINGLE	7	6%
	MARRIED	37	33%
	DIVORCED	10	10%
	WIDOWED	57	51%
INCOME	UNDER \$8 000	20	18%
	\$8 100 - 15 000	27	24%
	\$15 100 - 22 000	7	6%
	\$22 100 - 29 000	1	1%
	\$30 000 +	8	7%
	no response	48	43%
PRESENT DWELLING	HOUSE	30	27%
	APARTMENT	13	12%
	SENIOR'S APARTMENT	37	33%
	RETIREMENT HOME	31	28%
LENGTH OF RESIDENCY	< 2 YEARS	28	25%
	2-5 YEARS	25	23%
	5-10 YEARS	22	20%
	10-15 YEARS	14	13%
	15-20 YEARS	7	6%
	20 + YEARS	15	14%
RESIDENCY IN LIMITED SERVICE FACILITY	YES	31	28%
	NO	80	72%
TENURE	OWN	27	24%
	RENT	84	76%
THINKING OF MOVING	YES	15	14%
	NO	96	87%
HEALTH STATUS	EXCELLENT	22	20%
	GOOD	44	40%
	FAIR	41	37%
	POOR	4	4%
SPECIAL HOUSING NEEDS	YES	15	14%
	NO	96	87%
USE OF COME-TO HOME SERVICES	YES	17	15%
	NO	94	85%

4.2 DATA ANALYSIS INTRODUCTION

Most old people reveal great residential stability and strong emotional attachment to their homes and familiar neighborhood; they do not wish to relocate (Allen-Smith, 1982; Preston, 1984). However, changing circumstances necessitate adjustments in living arrangements for a significant number, particularly the "old" old and those approaching the end of life. In the past two decades a plethora of alternative residential options have emerged. (Eckert, and Murray, 1984) Many of these are summarized in Nachison and Leed's (1983) "continuum of living." This conceptualization relates functional age and degree of frailty to options providing progressively greater amounts of social service support and medical care with associated increases in costs. This conceptualization supports Lawton and Naheman (1973) transactional model whereby, individuals capabilities must match the demands of the environment.

Many alternative scenarios account for local relocation. These include mobility limitations as a result of reduced physical competence and inability to maintain independent living, actual or anticipated health deterioration, change in family structure (the loss of a spouse) or urban neighborhood transitions.

The typical relocation trajectory in old age is one

of moves to progressively more supportive environments. However, due to the lack of appropriate supports at home, many individuals are prematurely institutionalized. This fact coupled with societal concern over the high and escalating costs of institutional care, has resulted in the emergence of a deinstitutionalized and "home care" movement.

In addition to this movement there, are increasing initiatives to providing community based, long term care. Geographers have begun to make contributions in this domain, (Howe, 1980; Macey, 1985; Smith, 1982) transforming the problem of getting people to services to one of providing services to people in their home.

Through housing initiatives put forth by agencies like the Canada Mortgage and Housing Corporation, the elderly have been given alternatives to institutionalization. Housing projects like Homesharing, Garden Suites, Abbeyfield Concept Housing, Retirement Villages, and Life Care Communities are all fairly new conceptions (see Chapter Two). It is left to us as researchers to determine if these housing programs interest the elderly of today. This goal is one of the subjects in the following discussion of the results from the research survey.

4.3 RESEARCH FINDINGS

Great residential stability, and strong emotional attachment were revealed by this sample. From the 111 elderly sampled 96 (85.7%) said they would not consider moving at this point in time. This percentage revealed that many elderly do in fact exhibit what is known as an "attachment to place" (Relph, 1976; Tuan, 1975). Thus, it is important to understand the elderly's high degree of housing satisfaction, and their reluctance to relocate from their present dwelling. Factors such as privacy, independence, and freedom to do as one pleased were of primary importance to the elderly. Thus, to accommodate these attitudes, alternative housing choices must try to incorporate these ideals.

This study also revealed that when asked to respond to the question of " If this type of housing became available would you consider using it?" The majority of the respondents were clear to indicate their preferences for the housing situation they deemed as suitable if the need arose for them to relocate.

The study revealed that the most preferred type of living accommodation was the Retirement Village. Seventy seven of the 111 surveyed (69.4%) said they preferred this type of accommodation. It offered them the freedom to do as they pleased, while also providing them with the security of

knowing they had access to health care if the need arose.

One woman was quoted as saying

"this type of accommodation gives us our independence and we still have people around us that we can make friends and look out for one another."

The second most favoured accommodation was the Life Care Community with a 60.4% level of acceptance. Proponents of this arrangement believed that this option ensured a high level of security for its residents, and an adequate spectrum of health care. One of the downfalls of this type of dwelling was its size. Many felt one hundred to two hundred self-contained dwelling units could lead to overcrowding and an impersonal living environment.

The third most preferred living arrangement was the Garden Suite. Thirty five percent of the respondents believed this was a preferable type of living environment.

Positive responses from those surveyed were as follows;

"The best idea. Independence and privacy... and never feeling really "alone". Close to relatives if there is an emergency, or even just to get together."

"It would be nice to be near family, especially if emergencies arose."

In contrast, negative proponents believed that this type of dwelling would be an impediment on their children.

Many responded with replies such as

" It would be wonderful if we were so compatible to live that close, but in most case I don't think it works."

Interestingly enough, the last two housing options, Home Sharing and Abbeyfield Concept, exhibited the same percentage of popularity, a relatively low 22.5%. The primary reasons for the senior's aversion to this type of living arrangement include their fear of a loss of privacy and personality conflicts between themselves and the other boarders. (refer to Appendix Four)

Subsequently, when the respondents were asked to rank their five housing choices, a similar sequence of housing preferences emerged, with one slight alteration. Abbeyfield Concept housing now commanded the third most preferred position, while Garden Suites and Homesharing now were ranked fourth and fifth respectively. Thus, a distinction between Homesharing and Abbeyfield Concept Living emerged with Abbeyfield Concept living being the most preferred of the two. (refer to Table Two)

One possible explanation for the difference between preferences and ranking is that all 111 respondents answered the question relating to preferences. The preference question required only a "yes" or "no" response, which people were more willing to complete. The ranking question on the other hand required greater recall, for this reason it elicited fewer respondents, only 54% of the sample. For this reason it is difficult to assess which level of analysis to credit for revealing housing preferences. But, because the preference question represented the attitudes of

all the respondents we will concentrate on its findings. However, we will not ignore how these options were ranked, because they too are important to the analysis.

TABLE TWO

TABLE OF HOUSING PREFERENCES AND RANKING

HOUSING OPTION	PREFERENCE				RANKING	
	YES		NO			
HOMESHARING	24	22%	87	78%	5	41%
GARDEN SUITES	40	36%	71	64%	4	31%
ABBEYFIELD CONCEPT	24	22%	87	78%	3	48%
RETIREMENT VILLAGE	77	69%	34	31%	1	45%
LIFE CARE COMMUNITY	67	60%	44	40%	2	42%

Note: The ranking percentage is the highest proportion of individuals that ranked the option at that ranking level

4.4 PREFERENCES FOR AGE SEGREGATED OR AGE INTEGRATED LIVING

As discussed previously in this report, when considering housing for the elderly it is important to have a match between need and environment. The elderly feel the most comfortable when their capability matches the demands of the environment and they can fulfill their needs. Too great or too little environmental demand may lead to a decreased feeling of well-being and a maladaptive response. Thus, according to the "transactional model" (Lawton, and Naheman, 1973), an ideal housing system would help people match their ability to the environment's.

When confronted with the decision of choosing an

alternative housing situation, the elderly are faced with two broad housing options; age-segregated living or age integrated living. Age-segregated options include housing arrangements such as; Retirement Villages, and Life Care Communities. Age-integrated housing are arrangements such as; Homesharing, Garden Suites and Abbeyfield Concept Housing.

The majority of this sample N= 81, or 72.1% of the respondents occupied residency in age integrated accommodations. Yet, when asked to indicate preferences for future housing they revealed a preference for age-segregated living. (refer to Table Four)

TABLE THREE

PRESENT DWELLING VERSUS PREFERENCE
FOR AGE-SEGREGATED OR AGE-INTEGRATED LIVING

Present Dwelling	Preference For			
	Age-integrated		Age-segregated	
HOUSE	2	7%	26	93%
APARTMENT	1	7%	12	92%
SENIOR'S APARTMENT	10	36%	18	64%
RETIREMENT HOME	0	0%	31	100%

This finding illustrates that 56% of those presently living independently in age-integrated environment would join the ranks of the remaining 31% who already live in these types of dwellings. Thus, a total of 87% of the respondents showed a preference for age-segregated living.

This supports Hough's 1981 Ontario Survey findings whereby 66% of his senior respondents wanted age-segregated housing conditions. This preference for dependent living is statistically significant, with a chi-square value of 18.578, 3 degrees of freedom (d.f), and $p = 0.00$. Thus, a relationship does exist between the independent variable, present dwelling, and housing preference.

Similarly, marital status also exhibited a strong association with housing preferences. Of the 100 respondents to responded to a question regarding a preference for age integrated/ independent living or age segregated /dependent living, 87% indicated they would prefer an environment that would ensure them assistance if the need arose, whereas only 13% wanted to remain independent. The group that revealed the greatest desire of dependent living were those presently married, and those widowed, 33% and 44% respectively. It should be noted that these numbers were notably high because they represented 77% of the sample. Nevertheless, with a chi-square value of 10.213, $df=3$, and $p = 0.017$ a significant relationship between marital status and a preference for dependent living could be shown.

Interestingly, the respondents age did not indicate a significant pattern of preference for age-integrated/ independent living or age-segregated/dependent living. Eighty seven percent of all the elderly surveyed indicated a

preference for age-segregated/dependent living, revealing that the elderly's desire for security and assurance of health services is established quite early in one's senior years. This is supported by the high chi-square value of 20.27, $df=4$ and the high probability of $p=0.97$, which translates to a 97% chance of no relationship existing.

4.5 SENIOR'S PREFERENCES OF THE FIVE HOUSING OPTIONS

This segment of the discussion will reveal the independent variables which were found to be significant in determining individuals preference for the five housing choices. In this analysis no distinction was made on housing being age-integrated or age-segregated. The independent variables that were found to have significant influences on housing preferences were; length of residency, present dwelling, age, income, marital status and use of limited services. All these factors exhibited high chi-square values and probabilities at significant level of $p=0.05$ or $p=0.10$. However, because the sample size was small in certain cases these results should be treated with caution.

With reference to length of residency, and a preference for Homesharing, it was revealed that 87 of the 111 respondents, (78%) had no intention of considering this housing option. The segment that was strongly opposed to

Home Sharing were those who had been residing in their present dwellings for 2-5 years. They indicated a 100% opposition to this housing arrangement. Those with 15-20 years in one dwelling had 85.7% opposition. These figures revealed that no matter what one's length of residency, a general opposition to homesharing existed. The chi-square for this relationship was 10.2, $df=4$ and $p= 0.07$.

Similarly, length of residency was also related to senior's preferences for Retirement Villages. The strongest preference was seen from 89% of those who had been residing in their home for less than 2 years. As well, 73.3% those who had resided in their home for more than 20 years preferred Retirement Villages. It is interesting to note that those who had lived in a dwelling for 10 to 15 years had a 50/50 ratio for preferring or rejecting this housing option.

It could be concluded from the results discussed this far, that those who have lived in a dwelling for a short period of time could see alternatives to their present housing, as do those who have lived in a dwelling for an extended period of time, if the option seemed desirable enough. This contradicts previous findings that elderly individuals, resolve their cognitive dissonance, and become resigned to the thought of moving. If the elderly believed a better housing option existed they were willing to consider it.

By studying present dwelling the research revealed that strong associations existed for seniors preferring Retirement Villages, and Life Care Communities. The chi-square values of 39.6 and 12.3 were recorded respectively with corresponding probabilities of $p=0.00$ and $p=0.006$ and $df=5$. Those presently living in homes, apartments and retirement homes, all had strong preference for Retirement Villages, 76.7%, 84.62%, and 100% respectively. While those currently residing in Seniors Apartments were found to discredit this option, 67.57% of the time. The rational for this could be attributed to the fact that most of these Seniors Apartments were low-income housing and these seniors believed that these options would be beyond their economic means.

A similar pattern was displayed by individuals indicating their preference for Life Care Communities. The numbers only varied slightly, 66.6% preference from those living in homes, 76.9% acceptance from those renting in apartments and 74.2% from those in retirement homes. Comparably, the proportion of those living in senior's apartment's opposed this concept too. This again could be attributed to their preference for a dwelling that would not strain their financial resources.

A positive relationship could also be made from these findings. The majority of elderly in senior's apartments are happy and have little desire to move or even

to consider a move. Statistical analysis revealed that of the 37 seniors living in senior's apartments only 3 of them would have considered a move. Hence, it could be concluded that these living arrangement were presently meeting the elderly's needs, and any future foreseen needs.

Age could also be classified as a determinant of housing preferences. Preference for Homesharing was low for all age groups. The strongest opposition came from those in the age bracket of 79 to 87. Whereas, the greatest level of acceptance was seen by those in the age group of 63 to 70. Of the 30 individuals in this age category, 11 of them, 37% would have considered Homesharing, whereas, only 3% from the age group of 71 to 78 would have considered it. This illustrates that if housing options like this were to be successful, they would have to be oriented towards a younger market.

Preference for Garden Suite was also low for all age groups. The age group that greatly opposed this housing choice were those between the age of 79-87. Those 63-70 were split in their decision, both had 13.5% in favour and opposed to this living arrangement. Abbeyfield Concept Housing was also more negatively ranked than preferred. Again, the age group 79-87 was the most dissatisfied with this option.

In contrast when the Retirement Village was evaluated those between the ages of 79-87 were the strongest

proponents of this option. The overall number of seniors revealing a preference for this option was 69.3%. Similar findings were revealed with preferences for Life Care Communities. The strongest advocate of this living arrangement were the "old" old, those in the age bracket of 88 to 99. This was an obvious finding because presently these individuals were receiving some health care, hence they naturally would prefer such a health care based facility.

Individuals' level of income were also significantly related to housing preferences. The limitation of this segment of research was that only 57% of the respondents specified their level of income. From this data it was determined that regardless of income, Homesharing, Garden Suites, and Abbeyfield Concept housing were all preferred less frequently than the options of Retirement Villages and Life Care Communities.

Interestingly, those with incomes over \$30 000 were neither strongly opposed or strongly in favour of Homesharing. Whereas, 85% of those with incomes of less than \$8 000 were strongly opposed to this type of dwelling. One would assume the trend would be reversed, with the rich wanting to maintain their independence and privacy within their privately owned dwelling. A possible explanation for the affluent respondent's desire to remain at home, and sharing their dwelling could be attributed to their strong

attachment to place and their fear of moving to another less amiable setting.

In contrast, 44% of the elderly with an income of \$8 100 to \$15 000 were found to favour Garden Suites. Similarly, 40% of those in the less than \$8 000 income bracket favoured Homesharing. Less negative responses were derived from those with an income of \$15 100 to \$22 000. In the Homesharing scenario all the respondents rejected this option, whereas when Garden Suites were considered 28% of this income group preferred this living arrangement. These figures could explain why the elderly ranked Garden Suites higher than Homesharing. No matter what income bracket the elderly were in they tended to see Homesharing as the less favoured form of living accommodations than Garden Suites.

High income seniors in their consideration of Garden Suites, rejected it more often than preferring it, 62.5% in comparison to 37.5%. A similar pattern was revealed by reviewing the elderly's preference for Abbeyfield Concept Housing. Eighty eight percent of the senior's with over \$30 000 annual income opposed Abbeyfield Concept housing. Similarly, 92.5% of those earning \$8 100 to \$15 000 also sharply opposed this arrangement.

In sharp contrast, all income levels exhibited a strong tendency for preferring Retirement Villages and Life Care Communities. Seventy seven percent of all the

respondents favoured Retirement Villages, while 67% preferred Life Care Communities. The patterns for these two housing choices were similar. Low income individuals, those with incomes less than \$8 000, preferred each option 50% of the time. Those in the subsequent income bracket, \$8100-15000 were more strongly in favour of the both projects. A difference of 40.7% to 85.7% in the Retirement Village scenario, and a difference of 37% to 71.43% in the Life Care Community. Finally, those respondents who had incomes well above \$30 000 tended to prefer Retirement Villages 87.5% of the time, and Life Care Communities all of the time. Hence, it could be concluded that income was a predictor of the elderly's housing choice. The financially secure elderly and those of lower incomes all preferred the same type of accommodation regardless of their financial standing.

TABLE FOUR

PREFERENCES OF HOUSING OPTIONS BY INCOME

INCOME	PREFERENCE FOR THE HOUSING OPTION									
	HOME SHARING		GARDEN SUITE		ABBHEY-FIELD		RETIR. VILL		L I F E CARE	
	YES/NO		YES/NO		YES/NO		YES/NO		YES/NO	
<\$8000	3	17	8	12	7	13	10	10	10	10
\$8100-15000	4	23	15	12	2	25	11	16	10	17
\$15100-22000	0	7	2	5	1	6	6	1	5	2
\$22100-29000	1	0	1	0	0	1	1	0	1	0
\$30 000 +	4	4	3	5	1	7	7	1	8	0

Shifting the emphasis to those who had a reliance on some health services, it was determined that a relationship

existed with those preferring Retirement Villages specifically. The cross tab of reliance of health services and preference for Retirement Villages generated a chi-square value of 18.98, $df=1$ and $p=0.00$ revealing that those individuals presently receiving services would want to live in a dwelling that would subsequently provide them services too. Similarly, those not receiving services also wanted Retirement Village living, 41.4% of the time. This finding allows us to conclude that one of the features that leads to Retirement Villages's popularity was its access to health services, it was in this housing option that the elderly's capabilities matched the demands of the environment.

4.6 SENIOR'S RANKING OF THE FIVE HOUSING OPTIONS

As housing preferences were indicated by the respondents so were the ranking of these choices. The subsequent ranking of the five housing options elicited similar dominant independent variables with high chi-square values and low probabilities. These variables were; present dwelling, income, age and use of limited services.

The chi-square values for these variables, however represented a weaker relationship because not all the respondents ranked all their choices. Some ranked only their favorite two housing options whereas, others ranked all five options.

However, the findings did reveal significant relationships between the following variables.

TABLE FIVE
SIGNIFICANT INDEPENDENT VARIABLES IN
DETERMINING HOUSING PREFERENCES

INDEPENDENT VARIABLE	HOUSING OPTION RANKED	CHI-SQUARE VALUE	PROB.	D.F
PRESENT DWELLING	GARDEN SUITE	30.95	0.036	5
	LIFE CARE COM.	18.12	0.034	
INCOME	HOMESHARING	32.72	0.036	4
	GARDEN SUITE	49.42	0.000	
	ABBNEYFIELD	31.55	0.048	
	LIFE CARE C.	26.94	0.029	
LIMITED SERVICE	GARDEN SUITE	10.63	0.031	1
LENGTH OF RESIDENCY	RETIREMENT VLG.	34.37	0.024	5
	LIFE CARE C.	26.70	0.031	

This was the first time that length of residency emerged as a significant variable in determining housing preferences. This could be attributed to the fact that those presently living in Retirement Communities, all ranked Retirement Village, and Life Care Communities as their most preferred choices, fifth and fourth respectively. Thus, accounting for a 44% and 30.5% ranking of the two as the most favoured option respectively. This relationship was strong because these individuals were currently living in housing that had similar services to that which would have been provided by these two new housing options.

Therefore, in summary we can distinguish present

dwelling as the significant variable in determining housing preferences because it was the variable that was present in all three of the cross tabular analysis; age-integrated versus age-segregated living; housing preferences of the 5 option; and the ranking of the options.

Subsequently, use of limited services, marital status, age and income were the other independent variables that were found to be significant in two of the three cross-tabs. They too had high chi-square values and low probabilities.

We can therefore, conclude that some independent variables were significant in determining the elderly's housing preferences. We are now closer to understanding the needs and preferences of this aging cohort and the reasons for these housing choices.

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

"Home Sweet Home" what does this ideal encompass for the elderly? The purpose of this study was to determine Housing Preferences of the elderly in Midland, Ontario.

Through this research the senior respondents revealed their preferences for the five housing options introduced to them through a questionnaire. They ranked in order of preference; Retirement Villages, Life Care Communities, Abbeyfield Concept Housing, Garden Suites, and Homesharing. These findings also reveals that the elderly preferred multi-enriched housing, and age-segregated living environments. Thus, we can conclude that the elderly preferred housing choices that allowed them the opportunity to maintain a high level of independence, privacy, and access to health care if the need arose.

The independent variables that had the most significant bearing on these housing choice were the elderly's present dwelling, marital status, income, age, and use of limited services. This was revealed through cross-tabulations, and chi-square comparisons. Factors such as; health status, special housing needs, use of come-to-home services, and home ownership were found to have little relationship to the elderly's housing preferences.

Through these findings, we now have a better understanding of what determines elderly's housing preferences. To be able to provide housing for the elderly we must not lose sight of the fact that "where we dwell is not just a house.... but an irreplaceable centre of significance." (Relph, 1976) We therefore, must establish and promote housing options that enable the elderly the opportunity to have their housing needs met, while at the same time not impinging on their freedom and privacy.

Research into the field of housing preferences and the elderly is still in its early stages. As researchers we therefore, must try to expand our knowledge, and try to better understand the elderly's growing needs and preferences. Only when these factors have been realized will we be able to provide a "Home Sweet Home" for the elderly.

APPENDIX ONE

RESULTS OF CHI-SQUARE ANALYSIS AND CROSS TABULATIONS
FOR HOUSING PREFERENCES

INDEPENDENT VARIABLES	CHI-SQUARE	PROBABILITY
<hr/>		
HEALTH STATUS x		df=3
PREFERENCE for HOMESHARING	2.3	0.68
GARDEN SUITES	1.4	0.85
ABBNEYFIELD	1.9	0.76
RETIREMENT VILLAGE	3.2	0.53
LIFE CARE COMMUNITY	9.4	0.51
GENDER x		df=1
PREFERENCE for HOMESHARING	5.5	0.019
GARDEN SUITES	1.0	0.330
ABBNEYFIELD	0.1	0.790
RETIREMENT VILL.	4.6	0.033
LIFE CARE COM.	0.3	0.581
LENGTH OF RESIDENCY x		df=5
PREFERENCE FOR HOMESHARING	10.2	0.05
GARDEN SUITES	9.2	0.102
ABBNEYFIELD	2.9	0.717
RETIREMENT VILLAGE	10.1	0.072
LIFE CARE COMMUNITY	6.7	0.244
PRESENT DWELLING x		df=5
PREFERENCE FOR HOMESHARING	5.2	0.158
GARDEN SUITES	7.7	0.053
ABBNEYFIELD	0.9	0.819
RETIREMENT VILLAGE	39.6	0.000
LIFE CARE COMMUNITY	12.3	0.006
AGE x		df=4
PREFERENCE FOR HOMESHARING	6.8	0.144
GARDEN SUITES	4.9	0.298
ABBNEYFIELD	4.5	0.347
RETIREMENT VILLAGE	3.6	0.462
LIFE CARE COMMUNITY	2.3	0.672
MOBILITY x		df=3
PREFERENCE FOR HOMESHARING	0.3	0.861
GARDEN SUITES	0.9	0.650
ABBNEYFIELD	0.3	0.869
RETIREMENT VILLAGE	4.7	0.095
LIFE CARE COMMUNITY	1.6	0.446

INCOME x		df=4	
PREFERENCE FOR HOMESHARING	10.9		0.053
GARDEN SUITES	10.1		0.071
ABBNEYFIELD	7.1		0.216
RETIREMENT VILLAGE	23.9		0.000
LIFE CARE COMMUNITY	14.7		0.012

SPECIAL HOUSING NEEDS		df=1	
PREFERENCE FOR HOMESHARING	0.3		0.610
GARDEN SUITES	0.7		0.416
ABBNEYFIELD	0.3		0.610
RETIREMENT VILLAGE	0.7		0.720
LIFE CARE COMMUNITY	0.4		0.550

USE OF COME TO HOME SERVICES		df=1	
PREFERENCE FOR HOMESHARING	2.2		0.861
GARDEN SUITES	0.4		0.650
ABBNEYFIELD	0.3		0.869
RETIREMENT VILLAGE	4.7		0.095
LIFE CARE COMMUNITY	1.6		0.446

LIMITED SERVICE CARE x		df=1	
PREFERENCE FOR HOMESHARING	0.02		0.871
GARDEN SUITES	4.7		0.030
ABBNEYFIELD	0.00		0.993
RETIREMENT VILLAGE	18.99		0.000
LIFE CARE COMMUNITY	3.4		0.064

TENURE x		df=1	
PREFERENCE FOR HOMESHARING	0.39		0.532
GARDEN SUITES	0.11		0.737
ABBNEYFIELD	0.20		0.653
RETIREMENT VILLAGE	1.19		0.276
LIFE CARE COMMUNITY	0.59		0.441

MARITAL STATUS x		df=1	
PREFERENCE FOR HOMESHARING	5.2		0.151
GARDEN SUITES	4.8		0.186
ABBNEYFIELD	7.7		0.052
RETIREMENT VILLAGE	9.7		0.021
LIFE CARE COMMUNITY	10.1		0.017

APPENDIX TWO

RESULTS OF CHI-SQUARE ANALYSIS AND CROSS TABULATION
FOR RANKING OF THE 5 HOUSING OPTIONS

INDEPENDENT VARIABLE		CHI-SQUARE	PROB.
HEALTH STATUS x		df=3	
RANKING OF	HOMESHARING	16.71	0.161
	GARDEN SUITES	12.01	0.440
	ABBEYFIELD	10.15	0.615
	RETIREMENT VILLAGE	8.15	0.279
	LIFE CARE COMMUNITY	10.95	0.279
GENDER x		df=1	
RANKING OF	HOMESHARING	2.55	0.631
	GARDEN SUITES	2.60	0.626
	ABBEYFIELD	2.97	0.562
	RETIREMENT VILLAGE	6.03	0.196
	LIFE CARE COMMUNITY	2.37	0.498
LENGTH OF RESIDENCY x		df=5	
RANKING OF	HOMESHARING	21.51	0.368
	GARDEN SUITES	27.41	0.124
	ABBEYFIELD	20.65	0.418
	RETIREMENT VILLAGE	34.37	0.024
	LIFE CARE COMMUNITY	26.70	0.031
PRESENT DWELLING x		df=5	
RANKING OF	HOMESHARING	14.79	0.253
	GARDEN SUITES	30.25	0.003
	ABBEYFIELD	14.0	0.301
	RETIREMENT VILLAGE	18.03	0.115
	LIFE CARE COMMUNITY	18.12	0.034
AGE x		df=4	
RANKING OF	HOMESHARING	16.36	0.428
	GARDEN SUITES	16.15	0.442
	ABBEYFIELD	31.15	0.013
	RETIREMENT VILLAGE	28.24	0.030
	LIFE CARE COMMUNITY	9.91	0.624
CONSIDERING MOVING x		df=1	
RANKING OF	HOMESHARING	6.14	0.189
	GARDEN SUITES	8.26	0.083
	ABBEYFIELD	3.11	0.540
	RETIREMENT VILLAGE	3.91	0.419
	LIFE CARE COMMUNITY	2.52	0.473

INCOME x		df=4	
RANKING OF	HOMESHARING	32.72	0.036
	GARDEN SUITES	49.42	0.000
	ABBEYFIELD	31.56	0.048
	RETIREMENT VILLAGE	28.52	0.098
	LIFE CARE COMMUNITY	26.94	0.029

SPECIAL HOUSING NEEDS x		df=1	
RANKING OF	HOMESHARING	1.3	0.862
	GARDEN SUITES	2.17	0.704
	ABBEYFIELD	3.48	0.480
	RETIREMENT VILLAGE	1.41	0.842
	LIFE CARE COMMUNITY	1.5	0.683

COME-TO-HOME SERVICES x		df=1	
RANKING OF	HOMESHARING	4.11	0.392
	GARDEN SUITES	2.35	0.672
	ABBEYFIELD	3.51	0.477
	RETIREMENT VILLAGE	1.70	0.790
	LIFE CARE COMMUNITY	2.70	0.440

LIMITED SERVICE x		df=1	
RANKING OF	HOMESHARING	7.59	0.108
	GARDEN SUITES	10.63	0.031
	ABBEYFIELD	6.14	0.189
	RETIREMENT VILLAGE	9.26	0.055
	LIFE CARE COMMUNITY	6.2	0.102

OWN x		df=1	
RANKING OF	HOMESHARING	6.12	0.191
	GARDEN SUITES	1.28	0.865
	ABBEYFIELD	5.05	0.282
	RETIREMENT VILLAGE	2.15	0.708
	LIFE CARE COMMUNITY	3.95	0.267

MARITAL STATUS x		df=3	
RANKING OF	HOMESHARING	13.13	0.107
	GARDEN SUITES	17.01	0.149
	ABBEYFIELD	4.30	0.829
	RETIREMENT VILLAGE	10.51	0.572
	LIFE CARE COMMUNITY	7.55	0.580

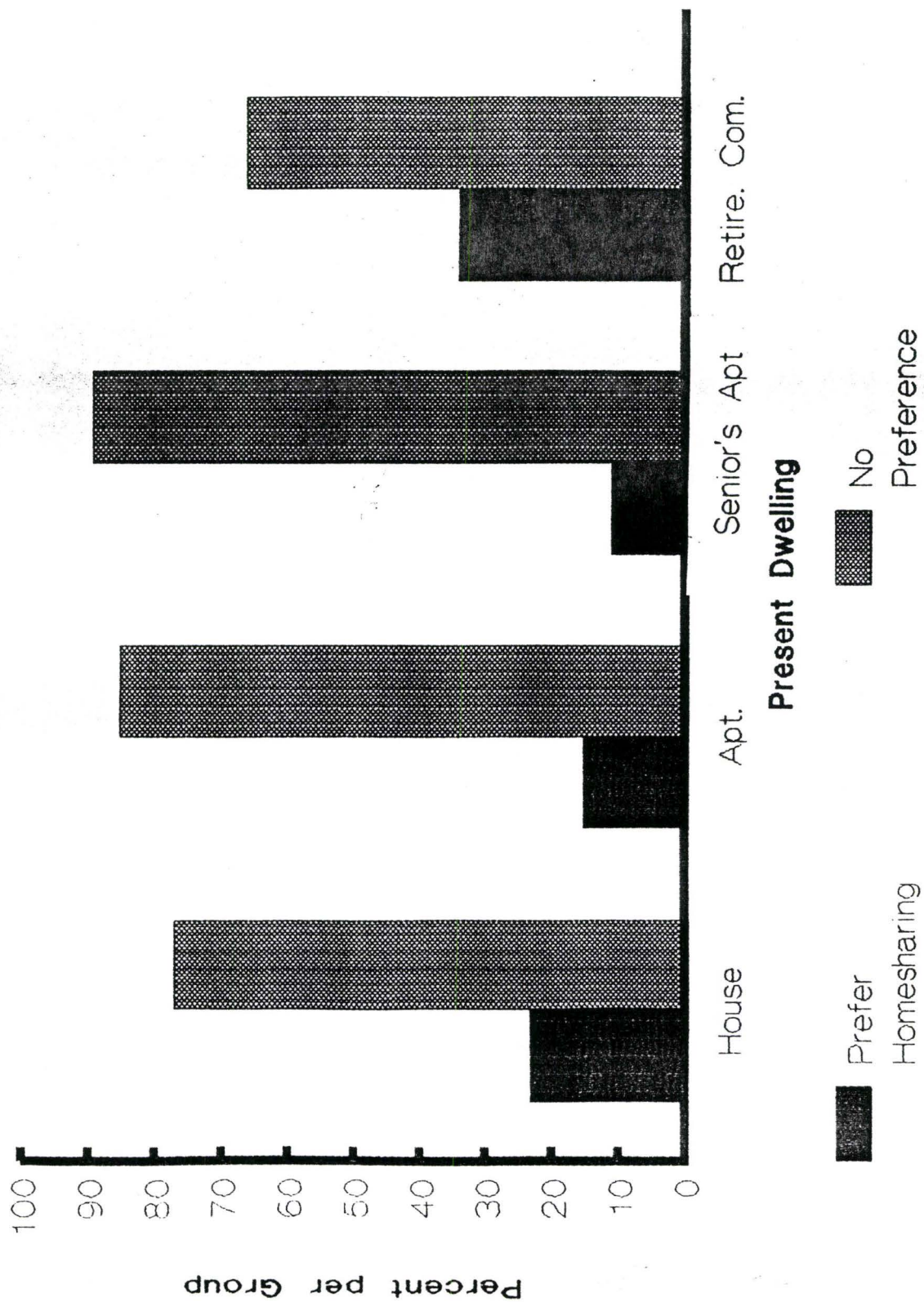
APPENDIX THREE

RESULTS OF CHI-SQUARE ANALYSIS AND CROSS TABULATIONS
AGE-SEGREGATED LIVING VERSUS AGE-INTEGRATED LIVING

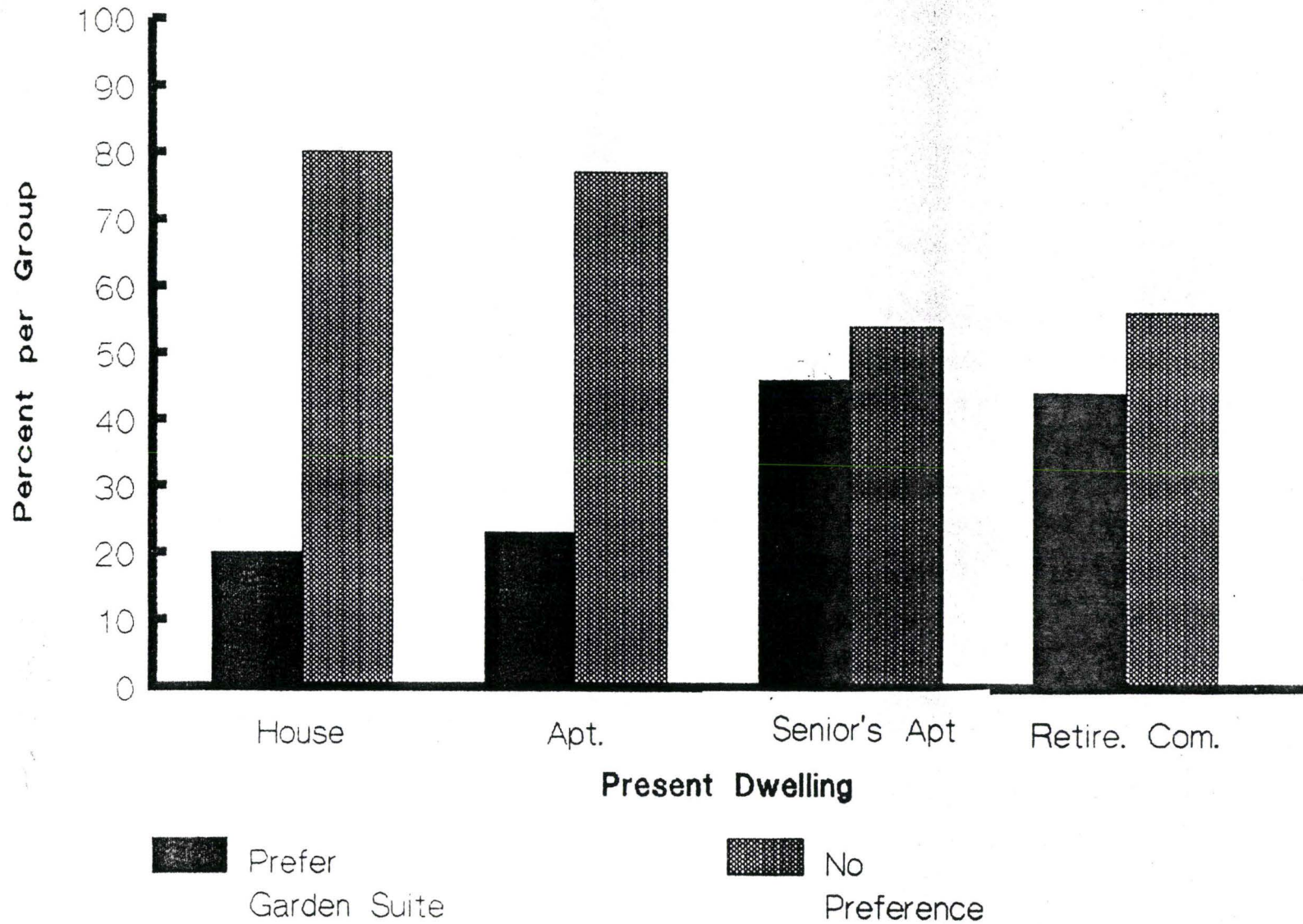
INDEPENDENT VARIABLE	CHI-SQUARE	PROB.
PRESENT DWELLING x INDEPENDENT LIVING	18.58	0.00
AGE x INDEPENDENT LIVING	20.27	0.97
GENDER x INDEPENDENT LIVING	5.53	0.02
MARITAL STATUS x INDEPENDENT LIVING	10.21	0.017
LIMITED SERVICE x INDEPENDENT LIVING	6.71	0.010
LENGTH OF RESIDENCY x INDEPENDENT LIVING	6.93	0.223
TENURE x INDEPENDENT LIVING	2.387	0.122
CONSIDERING A MOVE x INDEPENDENT LIVING	0.668	0.716
HEALTH STATUS x INDEPENDENT LIVING	4.62	0.329
SPECIAL HOUSING NEEDS x INDEPENDENT LIVING	2.914	0.086
USE OF COME-TO-HOME SERVICES x INDEPENDENT LIVING	2.01	0.157
INCOME x INDEPENDENT LIVING	4.60	0.466

APPENDIX FOUR

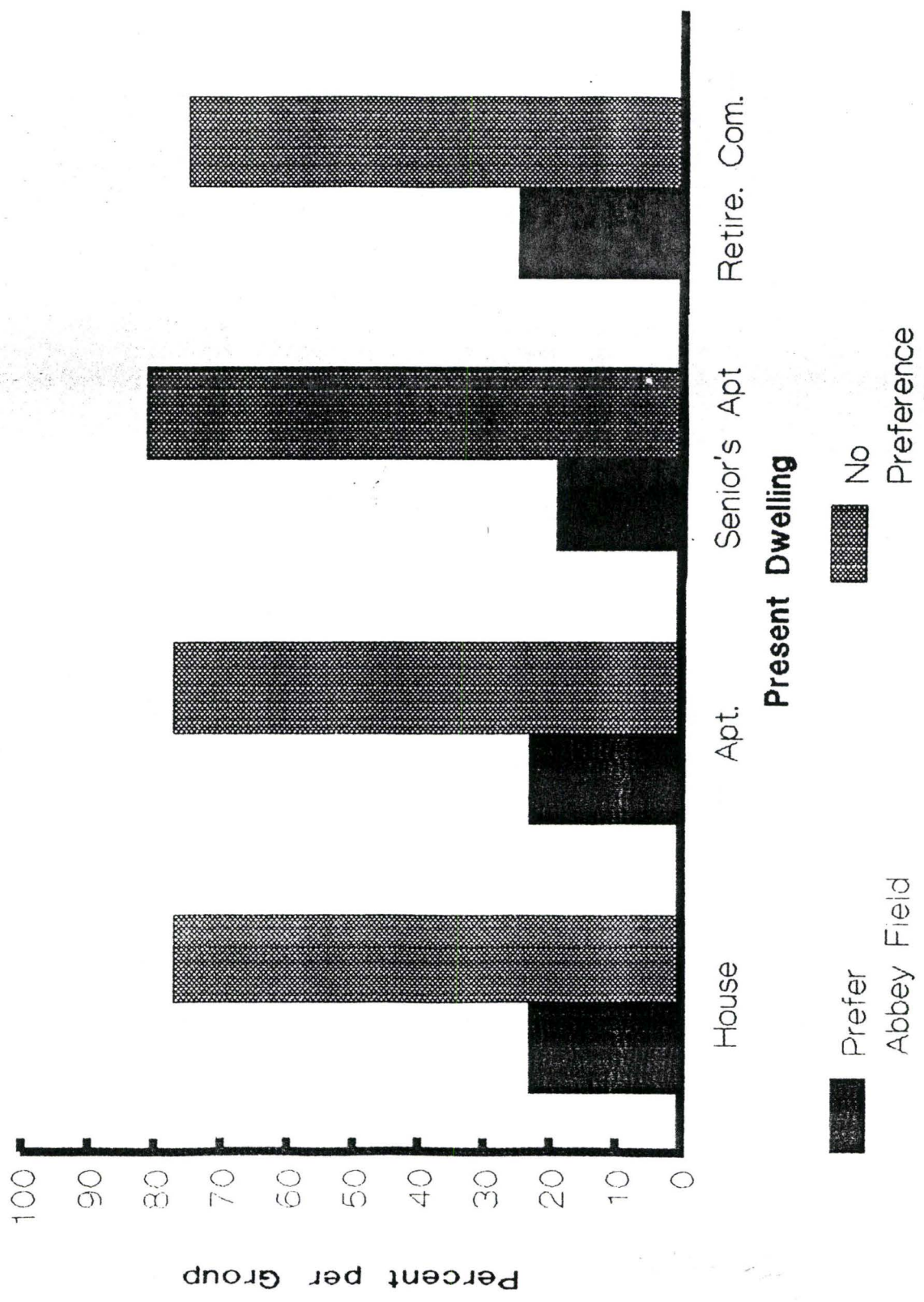
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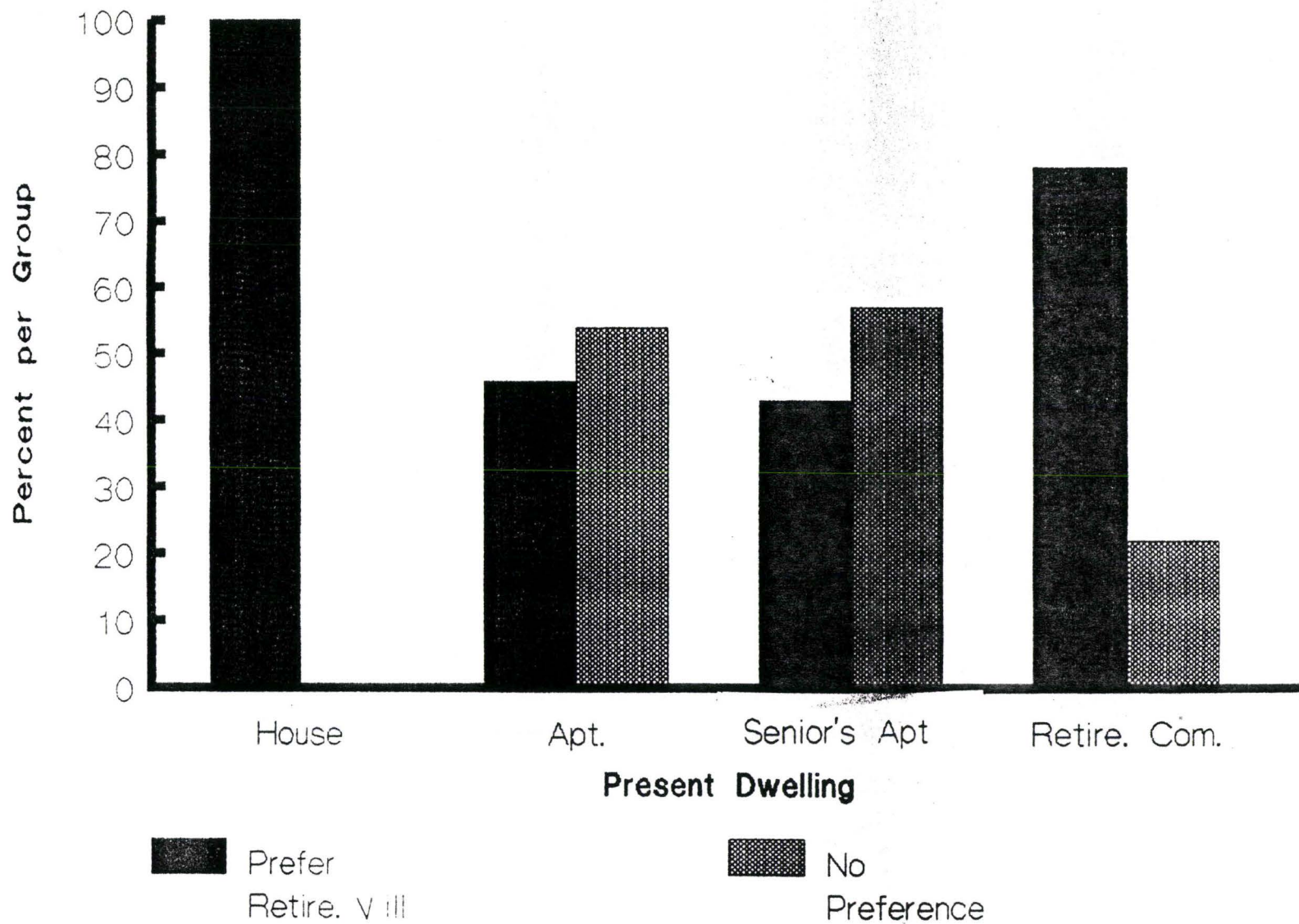
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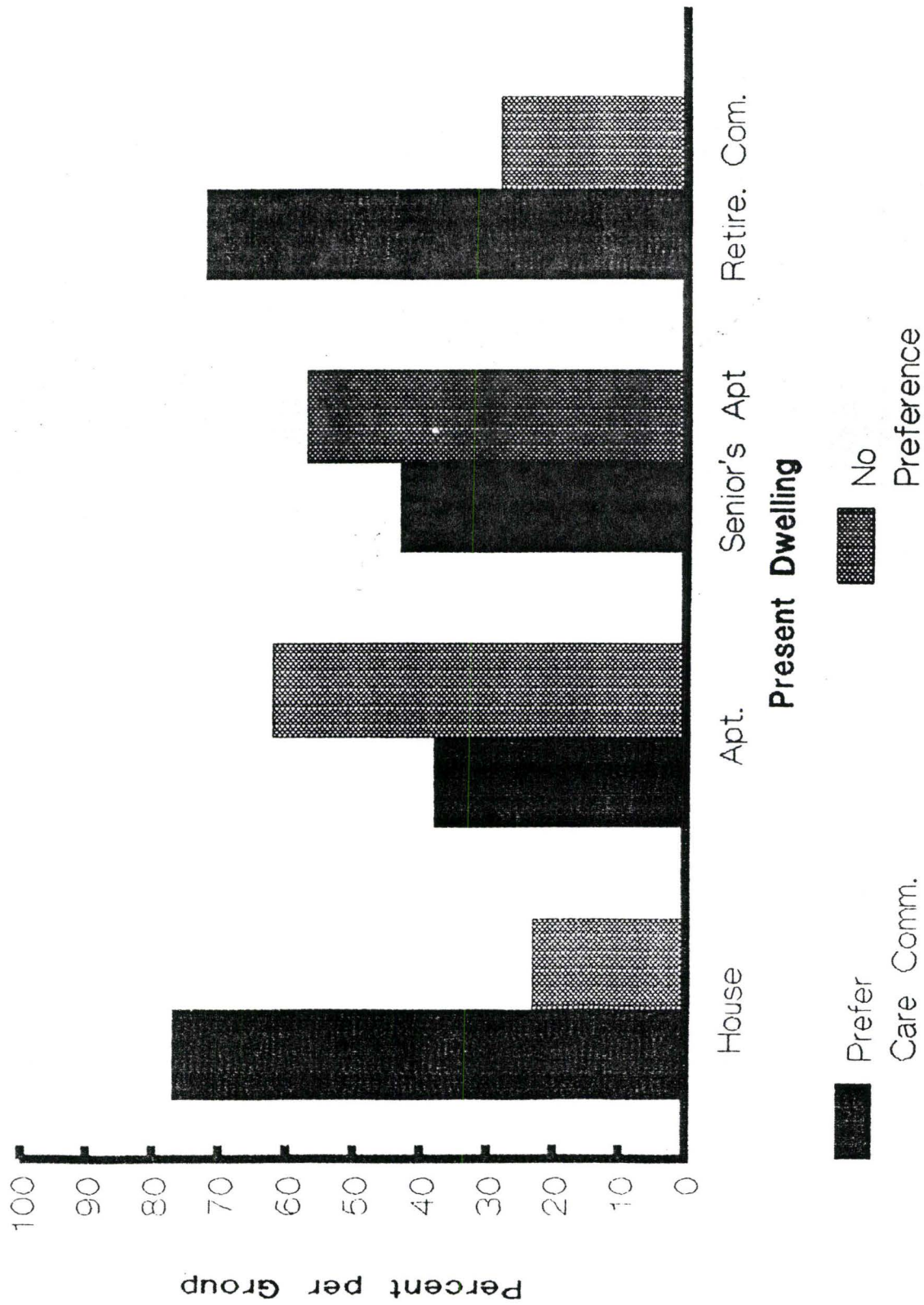
PREFERENCE FOR ABBEY FIELD



PREFERENCE FOR RETIREMENT VILL



PREFERENCE FOR CARE COMMUNITY



APPENDIX FIVE

**QUESTIONNAIRE ON
HOUSING PREFERENCES
OF ELDERLY
IN MIDLAND, ONTARIO**

The following questionnaire has been compiled by a fourth year Honours Geography student, at McMaster University, as a thesis project. The questionnaire is intended to determine the housing preferences of elderly citizens in Midland, Ontario. The questionnaire is set up to first obtain information on your present housing choice. Then to introduce you to five CURRENT NEW HOUSING OPTIONS, followed by a question asking you to rank those options you prefer. Thirdly, the questionnaire will identify if you are presently using any in-home services, such as Meals on Wheels, and the impact that these services have on your housing choice.

Your co-operation in filling out this questionnaire would be greatly appreciated. Thank you for your time and effort.

This section will address your PRESENT RESIDENTIAL CHOICE.

1. Which of the following types of dwelling do you presently live in?

- a) House
- b) Apartment
- c) Senior's Apartment
- d) Retirement Home
- e) Nursing Home
- f) Chronic Care Facility
- Other, please specify _____

2. How long have you lived in this type of dwelling?

- a) less than 2 years
- b) 2-5 years
- c) 5-10 years
- d) 10-15 years
- e) 15-20 years
- f) 20 years and up

3. Do you rent or own your accommodation?

Own _____
Rent _____

4. Do you live in this dwelling year round?

Yes _____
No _____

if no, how many months a year do you live here?

_____ months

5. Have you been thinking of moving recently?

Yes _____
No _____

6. If yes, to question 5, Why are you thinking of moving?

- a) decline in health
- b) decline in health of a spouse
- c) to be closer to family
- d) to be closer to services
- e) financial
- f) job relocation
- g) retirement
- other, please specify _____

7. What type of accommodation are you thinking of moving to?

- a) House
- b) Apartment
- c) Senior's Apartment
- d) Retirement Home
- e) Nursing Home
- f) Chronic Care Facility

8. Why are you considering this type of accommodation?

- a) most suitable to my needs
- b) cost (economic factors)
- c) waiting lists are too long
- d) only option currently available
- other, please specify _____

The following section will introduce you to some currently available Housing Choices. Although some may be unavailable in Midland, at the present time these choices may be in Midland's future.

You will be given a brief description of 5 new Housing Options, then asked to rank your most preferred options. This will help identify what the elderly of the future would prefer as living accommodations.

HOMESHARING

Homesharing means that a person opens his/her home to another person wishing to share that accommodation. This provides both companionship and an additional source of income for elderly who want to continue to live in their own homes. Many sharing agreements include provisions for the home seeker to undertake services, such as cooking, housekeeping, or gardening, in exchange for a reduction in rent.

If this type of housing became available would you consider using it?

Yes _____
No _____

Why or Why not? _____

GARDEN SUITES

Garden Suites are small self-contained houses that are usually placed on the same lot as the home of a close family member. Garden Suites are designed to enable elderly people to live close to relatives or friends, while maintaining their independence and privacy.

Most suites are designed with a bedroom, living room, kitchen, and bathroom, as well as, storage and laundry facilities. All the amenities of a home are found here.

If this type of housing became available would you consider using it?

Yes _____
No _____

Why or Why not? _____

ABBNEYFIELD CONCEPT HOUSING

Abbeyfield Concept Housing usually comprises of a large house in which seven to ten people are accommodated , all with their own private living quarters.

Residents share the two main meals of the day in a communal dining room. A live-in housekeeper attends to the daily running of the house, the shopping, and preparing and serving meals.

The housing is acquired and operated by a voluntary board.

If this type of housing became available would you consider using it?

Yes _____
No _____

Why or Why not? _____

RETIREMENT VILLAGES

Retirement villages are developments that include between 100 and 200 self-contained dwelling units and a variety of recreational facilities. All villages offer emergency response systems and a range of limited care facilities, such as meals, homecare and transportation.

Larger villages are now offering hostel accommodations and continuing-care services for residents have become to frail to live independently.

If this type of housing became available would you consider using it?

Yes _____
No _____

Why or Why not? _____

LIFE CARE COMMUNITY

Life Care communities are designed to enable older people to maintain independent lifestyles for as long as possible, while at the same time guaranteeing increasing levels of service and medical care as and when required.

Life care communities usually have between 100 to 500 dwellings. Independent living units make up the majority of dwellings, and communities are designed to emphasize the residential environment. Most developments include recreational facilities and accommodation for social activities and hobbies.

If this type of housing became available would you consider using it?

Yes _____

No _____

Why or Why not? _____

9. a) Please rank the following HOUSING OPTIONS in order of your PREFERENCE.

1 being least preferred 5 being most preferred

Homesharing	_____
Garden Suites	_____
Abbeyfield Concept Housing	_____
Retirement Villages	_____
Life Care Communities	_____

9. b) Considering the new options given above, would you reconsider your answer to question 7, on page 3

What type of accomodation are you thinking of moving to?

- a) House
- b) Apartment
- c) Senior's Apartment
- d) Retirement Home
- e) Nursing Home
- f) Chronic Care Facility

Yes _____

No _____

Why or Why Not? _____

10. Please rank the following categories in ORDER OF IMPORTANCE. Your top five choices only.

1 being least preferred 5 being most preferred

Standard of Living	_____
Family Life	_____
Job	_____
Marriage	_____
Housing	_____
Friends	_____
Law and Order	_____
Spare Time	_____
Neighborhood and Town	_____
Community Services	_____
Religion	_____

The following section will address your awareness of COME-TO-HOME SERVICES and your current use of such services. As well, some health issues will be addressed.

12. How would you describe your current health status?

- a) excellent
- b) good
- c) fair
- d) poor

13. If you live with a companion, what is his/her health status?

- a) excellent
- b) good
- c) fair
- d) poor

14. Do you have any special housing needs arising from health care factors?

Yes _____
No _____

15. If yes, what special housing feature do you require?
Please specify _____

16. Please indicate if you use the following COME-TO-HOME SERVICES, and the importance you place on each.

- 1 being very important
- 2 being important
- 3 not important
- 4 no opinion

SERVICE	AWARE (Y/N)	IMPORTANCE RATING	USE (Y/N)	COMMENT
Homemakers				
Meals on Wheels				
Home Care Nursing (VON)				
Public Health Nurse				
Occupational/Physiotherapist				
Home Support Services				
Friendly/Pastoral visits				
Other, please specify				

17. What is the frequency of use of Come-To-Home Services?

- a) several times a week
- b) once per week
- c) several times a month
- d) once per month
- e) several times a year
- f) once a year
- g) never

18. Why do you not use the come-to-home services mentioned above?

- a) were unaware of them
 - b) too expensive
 - c) poor quality
 - d) inappropriate
 - e) no need
- other, please specify _____

19. Would the availability of come-to-home services influence your choice of housing?

Yes _____
No _____

If yes, why? _____

PERSONAL INFORMATION

Year of Birth _____

Gender

Male _____
Female _____

Marital Status

- a) single
- b) married
- c) divorced/separated
- d) widowed

Present Occupation (Past, if now retired)

The following question is optional

Please Indicate your Annual Income

- a) under \$8000
- b) \$8100 - 15000
- c) \$15100 - 22000
- d) \$22100 - 29000
- e) over \$30000

THE END

THANK YOU FOR YOUR TIME AND COOPERATION

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