Supportive Housing for Seniors:

An Alternative for Some Personal Care Home Residents?

A summary of the report, *Supportive Housing for Seniors: Reform Implications for Manitoba's Older Adult Continuum of Care,* by Malcolm Doupe, Gregory Finlayson, Sazzadul Khan, Marina Yogendran, Jennifer Schultz, Chelsey McDougall and Christina Kulbaba

Summary author: Amy Zierler

University of Manitoba | Faculty of Health Sciences

Manitoba Centre for Health Policy

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Aging baby boomers

Baby boomers, the group of people born between 1946 and 1964, are now rolling into their senior years, a time when many people start to face challenges living on their own. By the year 2030, the number of 75+ year-olds in Manitoba will be almost double what it was in 2010. Like every province in Canada, Manitoba has been investigating the best way to provide care to our growing population of seniors.

Traditionally, two types of publicly-funded care have been available for seniors in Canada: home care services and nursing homes (called personal care homes in Manitoba). Provincial governments pay some of the costs for this care. Currently, about 25 percent of Manitobans aged 85+ years old live in personal care homes. Previous research from the Manitoba Centre for Health Policy (MCHP) shows that the province-wide need for personal care homes could rise by 50% over the next 15 years. But Manitoba already has more personal care homes than other provinces relative to its size.

Supportive housing

Over the past decade, many provinces have started to offer a middle option — in Manitoba, it's called supportive housing. Supportive housing is a place for people who are no longer able to live on their own, even with home care, but who do not need the round-the-clock services of a personal care home.

Supportive housing offers some people the opportunity to live in the community longer

In supportive housing, seniors live in a private apartment but in a group setting. They typically get help with meals, laundry, housekeeping and personal care such as bathing and dressing. Tenants pay rent plus a fee for meals and housekeeping, and the province covers a portion of the personal care costs. At about $15,000 per person annually, the amount that government subsidizes supportive housing is much lower than for personal care homes, which runs about $45,000 per person. Other private housing options, such as assisted living or retirement residences, are not currently part of Manitoba Health's formal older adult care continuum, and are not included in this research.

As government planners prepare for the long wave of aging baby boomers, could supportive housing replace at least some of the need to create more personal care homes in Manitoba? Little in-depth research has been done to answer that question, and that's the gap that researchers at MCHP set out to address in this study.

How we did the study

Virtually every time Manitobans come into contact with the healthcare system, data is collected. The Manitoba Centre for Health Policy gets a copy of these data and stores it in the Population Health Research Data Repository. Before the data are sent to MCHP, the personal information in these files is removed or scrambled to protect the privacy of the people involved. The data in the Repository can be linked across different areas of the healthcare system. This means we can follow Manitobans as they become supportive housing and personal care home users without ever knowing "who" they are.

Using these data, researchers compared 927 people who moved into supportive housing and 5,267 people who moved into personal care homes in the Winnipeg Health Region between 2006 and 2011. To understand the differences and similarities between these two groups, the researchers used data collected in the Winnipeg Health Region about each person's health, income and their need for assistance with things like dressing and bathing at the time they moved.

The researchers also looked at data showing how people used other healthcare services over the six-year study period, and how their informal caregivers (friends or family who help out day to day) were feeling about the demands of that role. We confined this research to the Winnipeg Health Region because it is the only part of the province with all the data needed for a study like this. Better data are needed to understand the potential of supportive housing across all of Manitoba.

The potential

We found that supportive housing has the potential to offset about 10% of new admissions into personal care homes.

10% of personal care home residents look like supportive housing tenants

In other words, about one in 10 people who move to a personal care home may be able to live in supportive housing instead.

How do we know this? First, the data showed that supportive housing tenants are quite similar as a group: most of them had a fairly light need for care when they first moved there. For example, nearly all had only minor problems, if any, with memory and understanding and with bladder control. Very few had problems with behaviour, and most needed only verbal reminders to help them with personal tasks like bathing and eating.

Next, we found that about 10% of new personal care home residents were just like people who lived in supportive housing: they had the same relatively minor problems with living independently. Personal care home residents had these "lower-needs" during 8% of all personal care home days during the study period.

So, while supportive housing can't replace all of Manitoba's need to provide more personal care home spaces, this option could serve at least some of this need. Currently, the Winnipeg region has about 5,500 personal care home beds and supportive housing can accommodate about 515 people. Supportive housing in Winnipeg could be doubled, replacing the need for about 500 new personal care home beds. This alternative would allow seniors to live where they prefer — in the community rather than an institution — and at much lower cost to government.

The number of supportive housing dwellings could be doubled in Winnipeg

The challenges

At the same time, we learned that there are some important issues to address if increasing supportive housing is to be successful. The study revealed some key differences between the two groups of lower-need seniors — supportive housing tenants and the 10% of personal care home residents who had similar needs. These differences may help us understand why some people who could live in supportive housing are in a personal care home instead.

Ability to pay: Lower-need residents of personal care homes were more likely to come from Winnipeg's poorest neighbourhoods, compared to supportive housing tenants. Is this because lower-income seniors could not afford supportive housing? Although the government subsidy is much less for supportive housing compared to personal care homes, the cost for tenants is much higher. It will be important to look at ways to make sure that these higher personal costs do not limit people's ability to choose supportive housing.

Burn-out of informal caregivers: Lower-need personal care home residents were also much more likely to have an over-stressed informal caregiver. Nearly one in four caregivers of these residents felt that they were unable to continue with their caregiving tasks, versus one in 10 caregivers for new supportive housing tenants.

Reform strategies may be needed for supportive housing to play a stronger role

Caregiver burn-out may play a role in people's decisions about where to live, because personal care homes provide more support than supportive housing does. Many seniors who live in supportive housing must rely on informal caregivers to help with things like going to the doctor, picking up medication and getting a haircut. Changes to the roles of staff in supportive housing might be needed to make it a realistic option for more people.

Differences in healthcare use: When we looked at how the two groups use healthcare, we found that supportive housing tenants could benefit from better access to different types of healthcare providers. For example, it looks like many of these seniors made trips to the emergency department that might have been avoidable. In contrast, personal care homes always have a nurse on site who can help deal with health problems and quickly contact a doctor if needed. Supportive housing tenants not only had more emergency department visits, but almost half of these visits were for less-urgent or non-urgent problems, compared to about one-third of visits that personal care home residents made to an emergency department.

Supportive housing tenants also had fewer visits to primary care doctors each year and more visits to specialists, compared to residents of personal care homes. The two groups took similar types of prescription drugs, but supportive housing tenants took more of them. Seeing a primary care doctor more regularly may help to ensure that supportive housing tenants are taking only the drugs they need.

Planning for the future

In this study, our goal was not to recommend a particular path but rather to provide solid information to help the provincial government plan for the future needs of Manitoba seniors. The study shows that increasing the number of personal care home beds is not the only option in Winnipeg. Supportive housing has the potential to replace the need for some new personal care homes, providing the right level of care for certain people, and at a lower cost to government.

But there are important challenges that will have to be better understood and addressed to make sure more people can use supportive housing. Learning from the experiences of other provinces may be helpful. For example, some provinces offer various levels of supportive housing where publicly funded services can differ depending on tenants' needs. This might be an approach for Manitoba to consider.

The study also highlights the valuable role that supportive housing now plays. Supportive housing was almost full throughout the six-year study, and tenants stayed for nearly two years on average. By the end of the study, one-third of them were still living in supportive housing, a small proportion had died (14%), and just over half had moved to a personal care home. Further, people's length of stay in a personal care home tended to be much shorter if they had first lived in supportive housing. This tells us that supportive housing helps to fulfill a much needed role, by helping some people to stay in the community longer prior to moving in to a personal care home.

The Manitoba Centre for Health Policy at the University of Manitoba's College of Medicine, Faculty of Health Sciences, conducts population-based research on health services, population and public health and the social determinants of health.

For more information, contact MCHP:
Tel: (204) 789-3819; Fax: (204) 789-3910;
Email: reports@cpe.umanitoba.ca or
visit umanitoba.ca/medicine/units/mchp

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