

MEDIA RELEASE

SUPPORTIVE HOUSING FOR SENIORS: AN ALTERNATIVE TO PERSONAL CARE HOMES IN MANITOBA?

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As baby boomers age, Manitoba, like most other provinces in Canada, is investigating the best ways to provide care to our growing number of older adults. Between now and 2036, the number of Manitobans aged 75 years and older will double, increasing the demand for personal care homes (PCHs) unless alternative care options are developed. A new report released by the Manitoba Centre for Health Policy at the University of Manitoba investigates the capacity to expand community-based supportive housing, to help offset the growing demand on PCHs in the Winnipeg Health Region.

PCHs provide institutional care to people who can no longer remain in the community for various reasons. Supportive housing provides community-based care in a group setting and is an alternative to PCH care for some people. It is intended for those who require 24-hour support but not hands-on care.

The Manitoba Government subsidizes both PCH and supportive housing care, and determines who is eligible to live in these care environments. This differentiates supportive housing from various other retirement complexes in Manitoba, which are not part of the research. During the study period, Winnipeg had about 5,500 PCH beds and 515 supportive housing units.

The study compared people who moved into supportive housing to those who moved into a PCH between 2006 and 2011, and followed their health care use for an additional year. Scientists also looked at people's general health status, the fees they paid, and the challenges experienced by their informal caregivers (e.g., families and friends) during this time.

The results from this report provide some encouraging news. About one in 10 supportive housing tenants never had to use a PCH. Those who did had a much shorter length of PCH stay, helping to reserve PCH beds for people who need them the most. Further, about one in 10 newly admitted PCH residents were clinically very similar to most supportive housing tenants (e.g., they needed minimal help to complete basic tasks like dressing and feeding themselves).

"Based on these and other results, the report shows that decision makers have the option of expanding supportive housing substantially as opposed to only building more PCH beds," said Dr. Malcolm Doupe, Principal Investigator and Associate Professor, Department of Community Health Sciences, Max Rady College of Medicine, Rady Faculty of Health Sciences.

The report also demonstrates that reform is needed to help supportive housing reach its full potential. User fees are generally much higher for supportive housing than for PCH care. During the study period, many 'lower care' PCH residents came from the poorest neighborhoods, suggesting that they may not have been able to afford supportive housing. Supportive housing also relies heavily on informal caregivers.

For 'lower care' PCH residents, many of these friends and family members could no longer help out because of their own health challenges. These and other results emphasize the need to explore different staffing models for supportive housing, to help ensure that all types of eligible people can stay in the community.

"Manitoba has the second highest supply of personal care home beds per 85+ year olds in Canada," said Doupe. "This is a strong signal that building more PCH beds is not the only option. Supportive housing works, and has great potential as an alternative to PCH care for some people in Winnipeg. Government contributions to the operational costs of supportive housing are also currently much lower than for PCHs, providing an opportunity to add resources to implement some much needed reform strategies."

The full report: *Supportive Housing for Seniors: Reform Implications for Manitoba's Older Adult Continuum of Care,* can be downloaded from the MCHP website at: <u>umanitoba.ca/medicine/units/mchp</u>."