

Mount Saint Vincent University
Department of Family Studies and Gerontology

An Ecological Examination of Housing Situations and Preferences of Atlantic
Canadian Senior Aboriginals, Individuals with Disabilities,
and Persons of Ethnic Minority Status

by

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Abstract

There are a growing number of seniors in the general population, and a portion of those older adults are considered vulnerable. This research specifically examines housing issues of Atlantic Canadian Aboriginal Elders, seniors with a disability and older individuals of ethnic minority status whose needs differ from that of the Canadian senior population. Secondary data provided a sample of 1,702 seniors randomly selected from the Atlantic Canadian population who completed a survey and 123 focus group participants considered to be vulnerable. Using a mixed methods approach, an ecological perspective was applied to the data to determine the characteristics, situations, and preferences of vulnerable older adults in Atlantic Canada, and the linkages between housing choices and environment.

Qualitative results of the study indicated that many vulnerable seniors felt disrespected by society, and were fearful with regards to the future. Current homes were inappropriate and many vulnerable seniors desired an affordable, spacious, accessible, and energy-efficient home, in an attractive environment, and close to services. Support of family, friends and neighbours, and having adequate finances were found key to allowing seniors to age in place. Furthermore, the availability of services can positively or negatively affect the ability of vulnerable senior to remain independent and age in place. Quantitative data showed that the majority of vulnerable seniors investigated have an affordability problem since they require repairs to their home, and spend 30% or more of their income on housing costs. It was further discovered that a significant portion of Aboriginal Elders and persons with a disability spend 40% or more on housing costs.

While some findings were consistent with that of previous research, two unique findings for these susceptible groups were forced relocation and the effect of events in the exosystem such as: government regulated policies, programs, grants and fixed incomes; community organizations and services; advocacy for seniors; and safety in the community. Research findings and subsequent recommendations can be used to develop appropriate, suitable and affordable housing in future years.

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Table of Contents

Chapter 1: Introduction.....	1
<i>Problem Statement</i>	1
<i>Rationale for Study</i>	1
<i>Research Objectives</i>	4
<i>Terminology</i>	5
Chapter 2: Literature Review.....	7
<i>Housing for Seniors</i>	7
<i>Aboriginals</i>	11
<i>Aboriginals in Canada</i>	11
<i>Housing for Aboriginals in Canada</i>	12
<i>Housing for Canadian Aboriginal Elders</i>	13
<i>Persons with a Disability</i>	17
<i>People with Disabilities in Canada</i>	17
<i>Housing for People with Physical Disabilities</i>	17
<i>Housing for Individuals with Cognitive or Mental Disabilities</i>	19
<i>Supported (Assisted) Living for Older People with Physical Disabilities</i>	19
<i>Housing for Older Adults with Cognitive or Mental Disabilities</i>	20
<i>Individuals of Ethnic Minority Status</i>	21
<i>Housing for Immigrants</i>	21
<i>Individuals of Ethnic Minority Status and Housing Discrimination</i>	23
<i>Housing for Seniors of Ethnic Minority Status</i>	24
<i>Gaps in the Literature</i>	25
Chapter 3: Ecological Framework.....	26
<i>History</i>	26
<i>Assumptions</i>	27
<i>The Ecological Model as an Operational Instrument</i>	27
<i>Relevance and Empirical Application of Theory</i>	31
Chapter 4: Methodology.....	33
<i>ASHRA Survey</i>	33
<i>ASHRA Focus Groups</i>	35
<i>Survey Data Analysis</i>	37
<i>Focus Group Data Analysis</i>	38
<i>Mixed Methods Data Analysis</i>	39
<i>Ethical Considerations</i>	41

Chapter 5: Results.....	43
<i>Focus Group Demographic Characteristics</i>	43
<i>Qualitative Analysis for Aboriginal Persons</i>	44
<i>Qualitative Analysis for Persons with a Disability</i>	53
<i>Qualitative Analysis for Individuals of Ethnic Minority Status</i>	64
<i>Quantitative Analysis</i>	75
<i>Quantitative Analysis for Aboriginal Persons</i>	75
<i>Quantitative Analysis for Persons with a Disability</i>	76
Chapter 6: Discussion	83
<i>Discussion of Key Findings and Application of the Results</i>	83
<i>Limitations of the Conducted Research</i>	96
<i>Areas for Future Study</i>	98
Chapter 7: Conclusion.....	101
References.....	105
Appendices.....	113
<i>Appendix A: Ecological Model</i>	113
<i>Appendix B: ASHRA Focus Group Guide</i>	114
<i>Appendix C: Survey Questions Used for SPSS Analysis</i>	115
<i>Appendix D: Ecological Data Analysis Plan for Quantitative Analysis</i>	117
<i>Appendix E: Ecological Coding Tree for Qualitative Analysis</i>	118

List of Tables

<i>Table 1: Demographic Characteristics of Focus Group Participants.....</i>	78
<i>Table 2: Similar Qualitative Themes Identified by Level of the Ecological Model.....</i>	79
<i>Table 3: Different Qualitative Themes Identified by Level of the Ecological Model and Group</i>	80
<i>Table 4: Quantitative Results by Level of the Ecological Model.....</i>	81

Chapter 1: Introduction

Problem Statement

All of Canadian society needs to be better informed regarding specific groups of seniors who are more susceptible than the general population to hardship, inequities, and discrimination (Hayward, 2003). Vulnerable groups frequently lack appropriate, affordable and accessible housing (Weeks & LeBlanc, 2010) and since the needs of these individuals are so different, typical housing may not be appropriate. Research has indicated that there are a growing number of seniors in our population, and they prefer to remain in their own home as they age (Clark, 2005; Erickson, Krout, Ewen, & Robinson, 2006; Lindsay, 1999; Rodriguez, 1997; Shiner, 2007; Turcotte & Shellenberg, 2007; Wagnild, 2001; Wellman, 2008). However, vulnerable populations such as Aboriginal Elders, older adults with a disability, and seniors of ethnic minority status, may be less likely to own their homes than the general population, and/or may not have access to required services that permit them to remain in their homes as they get older (Hayward, 2003). There is a need to not only understand the housing situations and preferences of the general older adult population in Canada, but to understand the needs and preferences of specific groups of older adults, including vulnerable older adults.

Rationale for Study

Modern advances in technology and healthier lifestyles are permitting seniors to live longer lives than ever before (Clark, 2005; Rodriguez, 1997). For instance, in the 1920's, roughly 5% of the Canadian population was age 65 or over, growing to approximately 10% in the 1980's, and the current nationwide average of those 65 and older is just over 13% (Turcotte & Shellenberg, 2007). A dramatic increase in the growth of seniors in Canada is expected over the next 20-30 years, with the senior population rising from 4.2 million to 9.8 million, due to the

Baby Boomer population (individuals born between 1946 and 1965) turning 65 (Turcotte & Shellenberg, 2007) and people having longer lifespans. Older seniors, age 85 and over, have the fastest growth rate (Lindsay, 1999; Turcotte & Shellenberg, 2007). The current number of older adults in that age range has doubled since 1981, and is almost 20 times more than that in 1921 (Lindsay, 1999). This specific age group will include 2.5 million older seniors and is expected to make up almost 6% of the total population by the year 2056 (Turcotte & Shellenberg, 2007).

The Public Health Agency of Canada has identified a number of vulnerable groups including Aboriginal individuals, persons who are African Canadian, individuals with a disability, and people who are new immigrants (Hayward, 2003). The number of vulnerable older adults is also increasing (Rodriguez, 1997; Schiff & Gnaedinger 1997; Statistics Canada, 2010a; Statistics Canada, 2009a; Wellman, 2008). These disadvantaged individuals typically have a higher rate of poverty than those who are privileged (Hayward, 2003). When poverty exists, housing affordability concerns often result (Clark, 2005).

In addition to a high rate of poverty, members of vulnerable groups more often than not have: a poor diet; high rates of depression, suicide, injuries, smoking and premature deaths; and low levels of education, health and physical activity (Hayward, 2003). Furthermore, vulnerable groups can experience long-lasting stress, isolation or a lack of social support (Hayward, 2003). Social support is extremely important for older adults to function effectively and to evade depression (Bothell, Fischer & Hayashida, 1999). Furthermore, identifying vulnerable groups can assist in recognizing specific health issues so that the disadvantaged populations can be provided with extra needed consideration and support, since additional segregation will occur if the special needs of vulnerable groups of seniors are not addressed (Hayward, 2003).

Inequalities that vulnerable Atlantic Canadian seniors suffer affect their physical condition and general well-being, which results in a disproportionate use of health care resources (Hayward, 2003; Jenson, 2004). An additional factor is the increasing number of minority populations who have diverse cultures and traditions, and the need for addressing disabilities and changes in health often associated with age (Wellman, 2008). The combination of an aging population and an increasingly diverse population in Canada will ultimately mean a greater number of seniors with long-term disabilities (Rodriguez, 1997).

While it is important to focus on housing for the general population, it is also imperative to focus on housing for the most vulnerable older adults, as so little is known about their specific situations and requirements. Many seniors who are vulnerable, including those with disabilities, have special housing considerations, and need a home that will meet their specific needs, lifestyles, and financial circumstances (Rodriguez, 1997). Aboriginal persons and individuals of ethnic minority status may wish to have multi-generational housing, for example, while individuals with disabilities may require options that promote independent living (Rodriguez, 1997). Researching housing conditions provides a snapshot of what conditions exist for the specific population studied (Jakubec, Engeland, & Melzer, 2003).

When compared to the average Canadian, vulnerable individuals live in housing which costs more than 30% of their total income, is not appropriate or suitable in size, and/or needs major repairs (Jakubec, Engeland, & Melzer, 2003). The majority of individuals who pay more than 50% of their total gross income on housing are people who are Aboriginal, individuals who are immigrants, or persons with a visible minority (Yax-Fraser & Cottrell, 2009). Additionally, vulnerable individuals suffer housing discrimination more than the general population (Novac, Darden, Hulchanski, Seguin, & Bernèche, 2002).

It is important to educate decision-makers so that they are able to plan appropriate housing for vulnerable individuals. This thesis is a contribution to that knowledge base, and it is hoped that the information will be used to improve the quality of life for Aboriginal Elders, seniors with a disability, and older individuals of ethnic minority status.

Research Objectives

The Atlantic Seniors Housing Research Alliance (ASHRA) was formed to examine the housing desires and needs of Atlantic Canadians and is comprised of representatives of universities, seniors' organizations, housing developers, service providers, and government. The Alliance received a Community-University Research Alliance (CURA) grant from the Social Sciences and Humanities Research Council (SSHRC). The ASHRA team conducted a survey of 1,702 randomly-selected seniors to examine the future housing needs of aging Atlantic Canadians, in addition to policies, services, and housing preferences required to meet future housing needs (Shiner, 2007).

In order to examine the specific housing needs and preferences of underrepresented groups, ASHRA researchers conducted focus groups with Aboriginal Elders, those with a cognitive or physical disability, seniors from a variety of ethnic backgrounds, Francophone seniors and seniors living in rural areas. The research question guiding the focus groups was: What factors influence the housing options of underrepresented seniors in Atlantic Canada (Shiner, 2007; Weeks, Pottie, Cruttenden & Shiner, 2008)? In this study, I will examine the housing preferences of vulnerable seniors in Atlantic Canada by examining the following five research questions from an ecological perspective.

- 1) *What are the characteristics of vulnerable older adults in Atlantic Canada?*
- 2) *What are the housing situations of vulnerable older adults in Atlantic Canada?*

- 3) *What are the housing preferences of vulnerable older adults in Atlantic Canada?*
- 4) *How are the housing choices of vulnerable seniors influenced by the environment?*
- 5) *How is the environment affected by vulnerable seniors' housing needs?*

Terminology

When authors in the peer-reviewed literature use the word *senior*, they refer to an individual who is age 65 or older. However, as the life expectancy of vulnerable populations is often lower than the general population, this age restriction is unjust. Therefore, for the remainder of the thesis, the term *senior*, or older adult, refers to an older individual who identifies him or herself, or who is identified by those in the community or minority population, as a senior or older person. There is thus no age limit that corresponds to the definition of senior.

Aboriginal is a universal term that includes First Nations, Métis, Inuit, and those who self-identify as being a member of an Aboriginal group. These individuals live both on and off government reservations.

The *disability* population includes those with cognitive disabilities, physical disabilities, and those living with mental illness.

The group termed *ethnic minority* includes individuals from three different focus groups: *New Immigrant* (individuals born outside Canada, who have lived in Canada for a few years, and may or may not be Canadian citizens); *Multicultural* (individuals who may or may not be Canadian born, but are self-identified as a person of ethnic minority status and have lived in Canada for many years); and *African-Nova Scotian*.

Vulnerable individuals are those who are susceptible to adversity and are "...Especially subject to material, social, and economic inequities, and to adverse health outcomes" (Hayward, 2003, p. 37).

The definition of *core housing need* involves three standards: adequate (not be in need of major repairs), suitable (have enough bedrooms for the inhabitants), and affordable (costs related to the home should not be more than 30% of the total household income) (Jakubec, Engeland, & Melzer, 2003). If housing does not meet at least one of these standards of adequacy, suitability and affordability, and the household cannot afford to meet the standards, they are considered to be in core housing need (Jakubec, Engeland, & Melzer, 2003).

Chapter 2: Literature Review

I first review the existing literature on the housing situations and choices of the general senior population. I then review the housing situations of vulnerable seniors including Aboriginal Elders, individuals with a disability, and persons of ethnic minority status, and examine why these populations are considered to be vulnerable.

Housing for Seniors

In the literature, seniors are often defined as individuals being 65 years of age and older. In this section on senior's housing, I will discuss issues and situations for all seniors, regardless of their race, ethnicity, gender, mobility, etc. I will first review literature on current housing characteristics, aging in place and the ability to age in place. Next, I will examine affordability, potential barriers, the importance of seniors having their own place and space, and housing design. Lastly, I will discuss our aging society and possible future changes.

Over 93% of all Canadian adults over age 65 live in a private home, while the remaining approximately 7% live in a nursing home, hospital or other type of communal residence (Clark, 2005; Turcotte & Shellenberg, 2007). Most community-dwelling older adults in Canada live in single family dwellings (70%) and many also live in apartments or condominiums (29%), while a small proportion live in a mobile home (1%) (Clark, 2005). Residents of Atlantic Canada have the highest rate of home ownership with Newfoundland being the highest at almost 79% (Rea, MacKay & LeVasseur, 2008).

Researchers have found that most seniors prefer to remain in familiar surroundings, commonly referred to as aging in place (Clark, 2005; Erickson, et al., 2006; Lindsay, 1999; Rodriquez, 1997; Shiner, 2007; Turcotte & Shellenberg, 2007; Wagnild, 2001; Wellman, 2008). Aging in place is dependent upon many factors, such as changes in the seniors' health, the cost

of home repair, the cost of home maintenance, and the physical layout of the home (Wellman, 2008). An additional factor which affects the ability to age in place is the availability of formal (government organizations and agencies, and/or paid individuals) and informal (family, friends and/or neighbours) support services (Lafrenière, Carrière, Martel, & Bèlanger, 2003; Wellman, 2008).

Seniors, in general, prefer living in private family homes (Clark, 2005; Lindsay, 1999; Shiner, 2007; Turcotte & Shellenberg, 2007; Wagnild, 2001; Wellman, 2008). However, some evidence shows that seniors age 85 and older prefer to live in communal housing rather than in private homes (Clark, 2005; Spurr, 2002). Housing needs often change later in life as circumstances change, such as death of a spouse, a desire to downsize or have less maintenance, to reduce household costs, or to accommodate decreased mobility (Clark, 2005). The senior's health and ability to accomplish daily tasks often determines what housing options they choose (Clark, 2005). Fifty-four percent of seniors age 65 to 74 reside with a spouse, while 38% of men and 7% of women over age 85 live with a partner (Turcotte & Shellenberg, 2007). Almost 30% of seniors live alone while 18% live with children or grandchildren (Clark, 2005).

Aging in place is preferable for most seniors, but if the home is unaffordable, in disrepair, inaccessible, and/or the senior is dissatisfied with the residential area, a move from the home may result (Erickson, et. al, 2006; Groves & Wilson, 1992). Aging in place can increase the feeling of independence and control, permit older adults to feel protected and safe, allow them to be close to family members and friends, and enable them to stay in a community that is familiar to them (Wagnild, 2001). However, aging in place is more probable for those with adequate support from family, friends, neighbours, and community-based programs and services (Alley, Liebig, Pynoos, Banerjee & Choi, 2007). Unfortunately, many neighbourhoods are not age-

friendly and do not provide necessities such as accessible transportation, near-by amenities, assistance for home repairs/modifications, and home care (Alley et. al, 2007).

An affordability problem may exist when seniors spend more than 30% of their total income on housing costs including rent or mortgage, condominium fees or property taxes, electricity, heat, and water (Clark, 2005; Rea, MacKay & LeVasseur, 2008). Twenty-six percent of households that spend more than 30% of their total income on housing in Canada are led by older adults (Spurr, 2002). Approximately 40% of older adults who live in a private home have a mortgage payment in addition to paying for other household expenses such as the rising cost of property taxes (Chawla & Wannell, 2004). Atlantic Canadians have the highest homeownership rate, and more than 40% are located in rural areas, which is double the national average (Rea, et. al, 2008). Seniors who owned a home valued greater than \$400,000 had more affordability problems than individuals who had a lesser value home, since costs such as maintenance, heating, and taxes were greater (Clark, 2005). Something additional to consider is if a partner dies, household costs remain the same while household income decreases, often leaving the remaining spouse with housing affordability issues, as greater affordability problem exist when a senior lives alone (Clark, 2005).

Architects and planners need to be aware of a number of barriers that are characteristic in many homes such as cupboards and shelving that are too high and too deep (greater than 30cm) (Iwarsson, Nygren, Oswald, Wahl & Tomsone, 2006). Two other fairly significant barriers, particularly for older seniors, are flooring that is too slippery and not having adequate room to navigate around furniture (Iwarsson, et. al, 2006). Additionally, stairs are a huge barrier for seniors due to the risk of serious injury, or by limiting mobility and the ability to function socially (CMHC, 1999). It was further found that seniors have diverse housing concerns that can

differ as they age and as their physical functioning worsens (Iwarsson, Horstmann & Slaug, 2007).

Having a home that provides private personal space to relax and rejuvenate is a basic human need (Keigher, 1991). Living in poor quality housing, however, can negatively affect a senior's health and overall well-being, and the ability to live independently (Evans, Kantrowitz, & Eshelman, 2002). An inadequate home is a good predictor of a senior changing residence (Robison & Moen, 2000). Yet despite this, many seniors are emotionally attached to their home and will not move to a new home or environment that may be healthier for their overall well-being (Lewis, 2006).

Whether or not a community is age-friendly can positively or negatively affect the seniors' entire quality of life (Alley et. al, 2007). There is also a connection between housing design and potential isolation since seniors living in a single-family dwelling were found to socialize more than those who were living in an apartment (Kremarik, 2000). Having a social support system in place becomes especially important when the senior suffers from health concerns, as it is generally family and friends who assist the senior with daily living and household tasks (Bothell, et. al, 1999). Seniors having regular assistance were more likely to age in place than those who did not (Bothell, et. al, 1999).

Societal demographics such as family structure or urban versus rural living may be redesigned in the future due to the increasing number of seniors (Wellman, 2008). A redesigned society may include senior-preferred transportation and changes in community design to accommodate the needs and preferences of seniors (Wellman, 2008). Another factor that may redesign society is if seniors are unable to age in place, new housing will be required to satisfy their housing needs and desires (Erickson, et al., 2006). As the senior population increases over

the next few decades, it is imperative to understand where seniors are currently living and will prefer to live in the future (Rodriguez, 1997; Wagnild, 2001; Wellman, 2008).

Aboriginals

Aboriginal Elders are considered to be vulnerable in Canada. I will first provide an overall view of the general population of Aboriginals. Next, I will discuss the conditions of Canadian Aboriginal people in terms of inadequate housing, on-reserve housing shortages, identifying the need for housing pair and/or replacement, and community planning. Finally, I will review the literature on housing for Aboriginal Elders in Canada.

Aboriginals in Canada

Roughly 4% of the Canadian populace is Aboriginal. Of the total Canadian Aboriginal population, 29% live in Labrador, 10% live in Newfoundland, 4% live in the Miramichi area of New Brunswick and 4% live in Cape Breton, Nova Scotia (Hayward, 2003). Almost half of Canada's Aboriginal population lives in rural Atlantic Canada (Hayward, 2003). Roughly 70% of all Canadian Aboriginals do not live on a reserve (O'Donnell & Tait, 2004). Aboriginal individuals are susceptible to poverty more than the average Canadian due to high unemployment and low earnings, making them a particularly vulnerable population of individuals (Hayward, 2003). High suicide and premature mortality rates mean that this population has a much lower life expectancy than the general populace (Hayward, 2003; MacMillan, MacMillan, Offord, & Dingle, 1996). Many Aboriginal individuals living off-reserve report their health to be very good or excellent, but regardless of their location (on or off-reserve), Aboriginal health is worse when compared to the entire Canadian population (O'Donnell & Tait, 2004).

Housing for Aboriginals in Canada

Inadequate housing combined with insufficient water and disposal systems can create insufferable conditions and a poor quality of life (Lawrence & Walker, 1988; O'Donnell & Tait, 2004). Living in inadequate housing may lead to problems such as contracting infectious diseases, household accidents, intellectual disabilities, violence, substance abuse, crime, intimidation, seclusion and discrimination (O'Donnell & Tait, 2004; Pecarski, 1989).

Overcrowding is a common concern for Aboriginal people in Canada (CMHC, 2005). Seventeen percent of Aboriginal individuals living off-reserve live in overcrowded conditions as compared to 7% of non-Aboriginal persons (O'Donnell & Tait, 2004). Overcrowding is especially prevalent in the Arctic where 53% of Inuit people live in overcrowded housing (O'Donnell & Tait, 2004). Roughly 30% of Canadian Aboriginals live on a government reserve (O'Donnell & Tait, 2004; Statistics Canada, 2003). In Canada, roughly 9,000-18,000 Aboriginal families live in overcrowded conditions due to an on-reserve housing shortage (Bruce, Weatherston, Higham, & Reid, 1998).

Approximately 50% of the housing that is currently available on-reserve is considered unacceptable, needing either major repairs (48%) or replacement (7%) (Bruce et al., 1998). Atlantic Canada follows the Canadian trend with about 41% of on-reserve homes needing renovation and 3% needing to be replaced (Bruce et al., 1998). Over the past 20 years, manufactured homes have been built to accommodate Aboriginal needs (Burns, 2004). Ten percent of all Atlantic Canadian on-reserve housing is manufactured, and the amount, age and condition of these homes differs in each area (Burns, 2004).

People who are Aboriginal consider it to be the duty of the federal government to address their housing needs, and yet little attempt has been made to do this, resulting in Aboriginal

people living in disproportionately poor housing conditions (Walker, 2006). Since federal social housing programs were terminated in 1993, attempts have been made to develop low-cost housing (Walker, 2006). However it has been found that Aboriginal individuals have specific housing requirements and aspirations (Chenew Holdings Inc., 2004; Walker, 2006).

In 1996, a new approach was implemented which gives each Aboriginal community the authority to plan the type of housing needed (Bruce, et al., 1998). Community planning can promote self-governance and healthy communities, however, many of the community housing programs are situated in specific urban neighbourhoods such as a low-cost housing community located in Winnipeg (Walker, 2006). In 2001, roughly half of people who are Aboriginal lived in metropolitan areas, and Aboriginal individuals who wish to live in community housing programs must typically move from a rural or reserve setting to an urban location, leaving individuals with many adjustment issues (Walker, 2006). Aboriginal people currently move twice as often as non-Aboriginals, and can regularly move between urban and rural areas, making it difficult to address their specific housing and service needs (Norris & Clatworthy, 2003).

Housing for Canadian Aboriginal Elders

According to the 2006 census, there were 56,460 people age 65 and over in Canada who reported they were Aboriginal, with almost 4,000 of those individuals living in the Atlantic Provinces—Newfoundland and Labrador (1,550); Prince Edward Island (70); New Brunswick (1,105) and Nova Scotia (1,225) (Statistics Canada, 2006a; 2006b). Lowering the age of Elders from 65 to 60 would best define the group when putting programs and policy into place (Pecarski, 1989) due to the lower life expectancy of Aboriginal Elders when compared to seniors in general in Canada. Nevertheless, societal emphasis has been placed on the growing number of Aboriginal youth while Elders are largely disregarded (Chenew Holdings, Inc., 2004).

The Aboriginal Elder population is quickly growing, like the general older adult population in Canada, and the need for housing and Elder services is increasing (Bruce, et. al, 1998; Chenew Holdings Inc., 2004; Pecarski, 1989). Due to physical and mental health concerns (infectious diseases, violence, substance abuse, etc) caused by inadequate housing, Elders may require extra housing assistance and services (O'Donnell & Tait, 2004; Pecarski, 1989). Individuals who are disabled and/or Elders of very advanced age face inequality since programs are complicated, finances are inadequate and they have low educational levels, making access to programs and services more difficult than the average senior (Bruce, et. al, 1998). Suitable housing is obtained primarily when building designs are unique, suitable, and consider the health of each family member (Chenew Holdings Inc., 2004).

Regardless of living in extreme poverty and having a high rate of disability, many Aboriginal Elders (roughly one-third) are raising their grandchildren without support from the children's parents (Fuller-Thomson, 2005). Additionally, 46% of Elders provide child-care for a neighbour or family friend for more than 30 hours per week (Fuller-Thomson, 2005). These families have a household income of \$2,000 per year less than the average Aboriginal household (Fuller-Thomson, 2005). A study on the needs of Métis Elders in Saskatoon (2004) found that the presence of other individuals in a household indicates that life and health circumstances can rapidly change and immediately affect the life and health of all other persons living in the home (Chenew Holdings Inc., 2004). Extra space is needed when grandchildren are living in an Elder's home and special consideration is needed regarding housing design (Pecarski, 1989).

Few models for Aboriginal-specific housing currently exist (Chenew Holdings, Inc., 2004). Elders desire housing options that address their mobility issues, specific needs, and culture and to provide the housing needed to meet specific and unique issues, Elders and their

immediate families should be fully involved when planning and designing new housing (Bruce, et. al, Burnside, 2004; 1998; Pecarski, 1989). The problem, however, is that specific housing, including accessible housing for the disabled, costs more than standard housing and thus is not a priority (Bruce, et. al, 1998).

Housing for Aboriginal Elders must be holistic, taking customs, culture, mores, traditions, and practices, etc, into consideration (Chenew Holdings Inc., 2004). “The worldview that people are part of the land translates into an understanding that the health of people and health of ecosystems are interconnected (Mackin & Nyce, 2005, p. 81).” Elders prefer to live in a residential setting rather than an institutional environment (Pecarski, 1989). Housing is not just shelter to the Aboriginal individual, but a place to do the following: share with family, friends and children; pass on traditions and culture to younger generations; bond with the environment; and pray (Chenew Holdings Inc., 2004). In the Nisga’a culture, an Aboriginal Band located in Northern British Columbia, the word used for *home* refers to the extended family (Mackin & Nyce, 2005). Sending Elders to metropolitan areas for housing, services and care weakens their culture, breaks any ties the Elders may have with youth, and separates close-knit families (Mackin & Nyce, 2005).

Permitting Elders and/or their immediate family to plan and choose future housing is the best way to secure adequate housing for this population (Pecarski, 1989). The Aboriginal view is to take from the environment only what is needed for survival (Mackin & Nyce, 2005). Architecturally speaking, this would be exhibited in the form of water-minimizing shower heads, toilets using less water to flush, and building multi-family housing (Mackin & Nyce, 2005). According to Elders, the home’s architecture should promote security and tranquility and an understanding of Aboriginal customs (Mackin & Nyce, 2005). A variety of housing options such

as wilderness camps and cultural villages need to be available to support those who wish to camp, cook food outdoors, and practice spiritual ceremonies (Chenew Holdings Inc., 2004). Additionally, better Elder health is achieved by having healthy materials, accessible bathrooms and a kitchen that supports an individual's culture (Mackin & Nyce, 2005). Loneliness and the health risks that come with living alone are minimized when housing such as caregiver suites, sub-dividable homes and one-level dwellings are available to Elders (Mackin & Nyce, 2005).

Traditional foods are preferable and healthier for Aboriginal people, but the Western-style homes built for these individuals do not accommodate items such as a smokehouse for smoking fish (Mackin & Nyce, 2005). Additionally, these homes do not allow space for cooking food outdoors, a common Aboriginal practice (Chenew Holdings Inc, 2004). Furthermore, the Aboriginal lifestyle would be preserved by designing homes that include large storage facilities for bottled and canned products, a garden, and a fireplace or wood burning stove (Chenew Holdings Inc, 2004; Pecarski, 1989). Homes that were built in rural British Columbia in 1996 were designed to contain a smokehouse, however, lending institutions would not cover the smokehouse, so the homes were built without the smokehouse and a building for community smoking was erected behind the homes at a later date (Mackin & Nyce, 2005). Not having access to a smokehouse means that younger generations are unable to learn this central custom (Mackin & Nyce, 2005). A potential solution to keep the Nisga'as tradition alive is to have a community kitchen in a local high school, where students would learn to garden, fish, cook and invite Elders to join them for a meal (Mackin & Nyce, 2005).

The literature above paints a portrait of Aboriginal Elders and their issues. Elders believe that emphasis is being placed on the youth however; many of today's Aboriginal youth are being raised by grandparents who are poor and disabled, in homes that do not promote Aboriginal

culture and cultural practices. Much research in the past has concluded that it is important to permit Aboriginal Elders and their families to have input when new housing is being built. This present research will indicate the specific housing needs for this vulnerable population.

Persons with a Disability

This section will focus on individuals and seniors with a physical disability, cognitive disability and mental illness. First, I will discuss people with disabilities followed by housing issues for people with a disability. I will then discuss supported living situations and housing for seniors with a disability.

People with Disabilities in Canada

The average Canadian disability rate for those 15 years of age and older is around 15% with the highest percentage (20.2%) living in Nova Scotia (Kreda, 2009). Disabled adults suffer slight (35.4%), modest (24.8%), or severe (39.8%) limitations and the majority, roughly 91% of Canadians with a disability are age 65 or over (Statistics Canada, 2006c). Persons age 65 and over with a cognitive or mental disability account for 12% of the total population with developmental disabilities, and this amount is expected to nearly double in the next few decades (Lenk, 2006).

Housing for People with Physical Disabilities

People with disabilities want to be included in society and therefore expect housing that is centrally located, safe, well-lit, low-maintenance, and contains the latest features and technology to assist them (Marshall, 2002). Individuals who plan and design housing should reflect these needs. Like any other human being, persons with a disability have a need for independence, self-respect and control over decision-making in their life (Heywood, 2004; Sapey, 1995). Many times, housing models do not take these basic human needs into

consideration particularly for disabled individuals who require housing barriers to be minimized and require extra space in order to gain full independence (Heywood, 2004; Novac et al., 2002).

Individuals with a disability more often rent, live alone, have an annual income of less than \$10,000, and are in greater core housing need than individuals who do not have a disability (Kreda, 2007). Persons with disabilities are more likely to be discriminated against particularly when renting a home (Novac et al., 2002). Additionally, a not in my back yard (NIMBY) attitude from neighbours and the community means disabled individuals are often unwanted (Novac et al., 2002). As a result, it has been found that individuals who are cognitively impaired, or who have mental conditions move often, which can weaken social relationships (Newman, Reschovsky, Kaneda, & Hendrick 1994).

In the last twenty five years, 'Lifetime Adaptable Housing' has been created within conventional housing neighbourhoods, and this form of housing is in twelve European countries (Nielsen & Ambrose, 1999). However, lifetime adaptable housing is still not readily available in Canada (Rodriguez, 1997). This type of housing is safe and permits people with a wide range of disabilities to live comfortably (CMHC, 2006). Barrier-free and adaptable housing is inexpensive and can easily be incorporated into new building plans (Falta & Richard, 1995). The extra cost of up to an additional 2% for this type of housing is generally incurred by the person who is disabled (Nielsen & Ambrose, 1999). Furthermore, disabled individuals agreed that the extra amount should be paid initially for lifetime adaptable housing, in order to have a larger number of homes available to them (Nocon & Pleace, 1998).

The Participation and Activity Limitation Survey (PALS) conducted in 2001 in Canada found that many individuals with physical disabilities required mobility assistance such as ramps, grab bars, wider hallways and doorways (Kreda, 2009). Adaptations restore the feeling

of independence and safety, and can range from adding a ramp for wheelchair entry to having an accessible bathroom (Heywood, 2004). An accessible shower and toilet, for example, can promote independence, create feelings of dignity, improve the condition of health, and permit a feeling of comfort (Heywood, 2004). Recent technical advances permit door openers and remote-operated household devices to assist disabled persons (CMHC, 2006; Nielsen & Ambrose, 1999). When an individual feels empowered, families and communities will experience the positive effects (Heywood, 2004).

Housing for Individuals with Cognitive or Mental Disabilities

Only one in ten individuals with a mental illness want to have a live-in staff member, and they favour living in their own home or apartment with a friend or partner, but having constant telephone or in-person help available if needed (Carling, 1990). This portion of the disabled population wants to be a part of organizing and choosing their housing and support services (Lenk, 2006). Some of the challenges of the individuals who are mentally disabled are: having a time limit when moving; having to change housing when their needs change; losing their home if they are institutionalized; and not being given any choice in housing (Carling, 1990). Individuals with a severe mental illness move more often than individuals with a physical disability, due to their need to be close to health care, particularly specialized psychiatry (Lix, Hinds, DeVerteuil, Robinson, Walker & Roos, 2006).

Supported (Assisted) Living for Older People with Physical Disabilities

Limited housing options exist at this time for older people with physical disabilities since these individuals have multifaceted requirements (Owen & Watters, 2006). A wide variety of services and supports are offered in assisted living homes to ensure that independent living is obtainable (Brown, 2005). Currently, homes with assisted living are in great demand and will be

in greater need in the future since many seniors will not have adequate income to afford private services (Bretos, 2007). Some seniors are quick to obtain supported living housing since they prefer to 'plan ahead', wish to not be a burden to family and friends, or because they elect to pay in advance for desirable and anticipated services (Wilson, 2006).

Housing for Older Adults with Cognitive or Mental Disabilities

Roughly eighty percent of seniors living with Alzheimer's disease live at home and are cared for by their partner (CMHC, 2008). When a partner or caregiver is unavailable, health care facilities have been used when seniors develop Alzheimer's disease, or become disabled due to a stroke, but higher incomes (through employment savings, investments, retirement funds, and women in the workforce) may provide some seniors with more choices (Trottier, Martel, Houle, Berthelot, & Légaré, 2000). Other seniors do not want to live with those who are cognitively impaired as their behaviour can be distressing to other residents, such as making excessive noise or entering a neighbour's home uninvited (Schiff & Gnaedinger, 1997). Simple adaptations can be made to the home environment such as marking a front door in a special way, a significant wreath for example, which indicates the door that leads to their home (CMHC, 2008). Additionally, moving furniture out of the center of a room and from hallways permits a person with Alzheimer's disease to pace or wander more freely around the home (CMHC, 2008).

Older persons with physical, mental or cognitive disabilities have comprehensive needs, and assisted living and long-term care facilities are not always available or affordable for this segment of the population, requiring them to remain in their homes and communities. Since little is known regarding this portion of the population, this research is designed to discover the situations and preferences of this growing population so that in the future, requirements can be met and a greater number of choices can be offered to these individuals.

Individuals of Ethnic Minority Status

In 2006, 19.8% of the Canadian population was born outside Canada (Statistics Canada, 2009a). This percentage is the greatest it has been for 75 years and even greater than the percentage of foreign-born individuals currently residing in the United States (Statistics Canada, 2009a). The current growth in foreign-born individuals results from constant number of immigrations each year and a low Canadian fertility rate (Statistics Canada, 2009b). The majority of new immigrants (58.3%) presently come from Asia, which includes the Middle East (Statistics Canada, 2009a).

In 2006, the total Canadian population included over 200 ethnic minorities (Statistics Canada, 2010a). The majority of ethnic origins indicated were European (i.e. English, French, Scottish, Irish, German, Italian), Chinese, First Nations, and Ukrainian, and roughly 41% of the population had two or more ethnic origins (Statistics Canada, 2010a). This number has drastically increased since 1901 when only 25 ethnic origins (mainly English, French, and Aboriginal) were found in Canada (Statistics Canada, 2010b). It is estimated that African Canadians make up 2% of the total Nova Scotian population, and the other three Atlantic Provinces each have less than 0.5% of the population comprised of African Canadians (Hayward, 2003).

In this section, I focus on housing for the entire population of persons of ethnic minority status and how these people face housing-related discrimination. Lastly, I will view housing specifically for seniors of ethnic minority status.

Housing for Immigrants

The majority (74%) of recent immigrants to Canada reside in Toronto, Montréal or Vancouver (Jakubec et al., 2003). It is believed that the expected influx of immigrants will

change the housing market, housing accessibility and community facilities (Borjas, 2002). Persons who have recently immigrated to Canada tend to rent and be in need of adequate, appropriate and affordable housing more than persons who immigrated before 1976 and own their home (Dion, 2001; Jakubec, Engeland & Melzer, 2003; Melzer, 2000). Home ownership provides immigrants with protection, a sense of belonging and displays Canadian allegiance (Agrawal, 2006). When housing is secured, immigrants who come from different environments convert the surroundings of their home into an expression of their own culture and identity, and have a need for specific ethnic businesses and religious organizations (Agrawal, 2006).

Since the 1990's, private rental rates have increased at almost double the rate of inflation which has resulted in the immigrant population, generally with inadequate finances, unable to access rental housing (Murdie, 2003). This is especially true in Toronto which is a key point of entry for immigrants (Murdie, 2003; Teixeira, 2006). More than half (52%) of immigrants living in Toronto live in housing that meets or exceeds Canada Mortgage and Housing Corporation's (CMHC) housing standards (Jakubec et al., 2003). However, 24% of immigrants live in Toronto housing that is less than CMHC's standards and are in core housing need (Jakubec et al., 2003). Due to the wide range of rental units, Toronto has both the lowest (attracting recent immigrants) and the highest (appealing to wealthy non-immigrants) rental costs (Jakubec et al., 2003). In Vancouver, where many of the new inhabitants are poverty-stricken immigrants or refugees, the housing market contains very few affordable places to rent and the wait for subsidized rental housing is lengthy (Murdie, 2003).

Gender, age and ethnicity can aid in predicting a person's preference of living arrangements, in addition to health, economic status and cultural beliefs (Lai, 2005). For example, Asian-Indians preferred not to live in South Asian communities as the areas were felt to

be insecure, underprivileged and of poor quality (Agrawal, 2006). The interior design is most important to Asian-Indians due to holding regular social and sacred events, and includes the addition of a prayer room, making more space for storing items, and adding sufficient ventilation in the kitchen since the desired open-concept permits odours to travel and linger throughout the house (Agrawal, 2006). While Asian-Indians preferred to modify the interior of their home to be more practical, Southern European's preferred homes with detailed exteriors such as iron railings, statues, flowerbeds and extensive vegetable gardens (Agrawal, 2006).

Individuals of Ethnic Minority Status and Housing Discrimination

The most common reason that individuals of ethnic minority status are denied housing is landlord discrimination based on skin colour and race (Danso & Grant, 2000; Teixeira, 2006). The successful adjustment of a family to a new country depends on whether or not sufficient housing is found and if adequate housing is denied, feelings of instability and frustration occur (Danso & Grant, 2000). Of over 20 separate studies performed between the 1950's and the 1990's, Novac and colleagues (2002) concluded that discrimination did exist for minority groups, although few studies have focused specifically on housing discrimination.

Dion (2001) discovered that Somali immigrants were discriminated against more than immigrants from Jamaica or Poland, and that women from Somalia and Poland were discriminated against the most when looking for rental housing in Toronto. Since immigration and statistical information place all 'Black' individuals into the same category, not much is known about each individual group (Danso & Grant, 2000; Hayward, 2003). The majority of Black persons find it difficult to access affordable housing and they continue to be challenged with bigotry, poverty, and difficulties accessing the same opportunities as other populations (Danso & Grant, 2000).

Housing for Seniors of Ethnic Minority Status

Clark (2005) found that immigrant seniors who are visible minorities lived with their children more often than Canadian-born seniors. Many older immigrants live with family (i.e. three or more generations) in crowded situations (Basavarajappa, 1999). Unless the senior immigrant is wealthy, they depend on their family, who is generally also their sponsor, or another Canadian resident for housing and other support (Basavarajappa, 1999). Even though senior immigrants suffer over-crowded housing conditions, they find it preferable to living alone or with non-family members (Basavarajappa, 1999).

In 2006, Chinese was the second largest visible minority of the three major visible minorities (Chinese, South Asian, and Black) in Canada, (Statistics Canada, 2010a). Chinese people believe that children should take care of the physical and financial needs of their parents because it is their custom and duty as a child (Lai, 2005). However, immigration and western influence around the globe has begun to change this (Lai, 2005). In a recent study, Lai (2005) found that 60% of immigrant Chinese seniors in Canada did not wish to live with their children, if given the choice. The longer an individual lived in Canada, the more they wanted to live independently and the less they wanted to abide by their cultural practices of living with adult children (Lai, 2005).

When regarding the above literature, seniors of ethnic minority status were found to generally live with family members, but western influence has changed cultural thought in two ways. First, children may no longer believe it is their duty to care for their older parent and second, older adults living in Canada for a number of years may want to live independently and according to their cultural practices. As with the sections on Aboriginal Elders and older persons

with a disability, this study will contribute to the understanding of seniors of ethnic minority status by observing their housing and service needs.

Gaps in the Literature

While there is a substantial body of research on housing, less is known about housing for older adults, and even less is known about housing for specific groups of seniors, such as vulnerable seniors. When narrowing the topic of seniors housing down to detailed housing needs for Aboriginal Elders, disabled older adults, and seniors of ethnic minority status, current and precise information became very sparse. There is a definite need to have a greater understanding of the housing concerns and preferences of specific groups of older adults in Canada.

Furthermore, literature that focused particularly on Atlantic Canada was atypical. Canadian statistics provide general information regarding housing for the country as a whole, but without regional information, it is difficult to understand how Atlantic Canadian housing differs from the Canadian population. I will be contributing to the knowledge of senior's housing in Atlantic Canada and addressing some of the gaps in the literature by providing precise information on the unique housing situations of vulnerable seniors who live in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador.

Chapter 3: Ecological Framework

History

Theory provides a framework that offers details on the studied subject, and gives depth that leads to the discovery of new associations (Tudge, Mokrova, Hatfield & Karnik, 2009). Theorists found themselves confronted with unusual and multifaceted problems after World War II (Bronfenbrenner, 1995a). At that time, researchers struggled to understand the formation and progress of emotion and the function it had in an individual's life (Feinman, 1992). There was inquiry as to how conviction, role characteristics, social groupings and behaviour predisposition affected the person's choices (Giarrusso, Mabry, & Bengtson, 2001). Also after World War II, societal traditions changed in that the nuclear family started to diminish as single parents raised children, couples chose not to have children, and single persons delayed marriage for a number of years or chose never to marry at all (Bronfenbrenner, 1995a).

A greater number of individuals living on their own combined with the aging population led researchers to attempt to understand the new classification of family (Cohler & Altergott, 1995). In an attempt to present a superior and well-rounded view of the new emerging situations, Bronfenbrenner (1979) proposed a theory of ecology which was at the time, an innovative philosophy that integrated an individual, the environment, and the increasing correlation between the two variables. This new theory occurred out of the work of Kurt Lewin stating $B = f(PE)$, where behavior (B) is the result of the combined functioning (f) of the person (P) and his or her surrounding environment (E) (Bronfenbrenner, 1992). The first change Bronfenbrenner made involved changing B (behavior) to D (development) with the final equation reading " $D_t = f(t-p)(PE)(t-p)$ " (Bronfenbrenner, 1992, p. 190). In this newly developed equation, the variable of t

(time) and $t-p$ (the period of time when the individual and environment work together), generate an observable result (Bronfenbrenner, 1992).

Translating the entire equation into wording, it can be interpreted as the development of the interaction between the individual and the environment and the result of transformation and reliability in the individual's characteristics throughout the person's existence (Bronfenbrenner, 1992). Since the model investigates the progression of life, more value and meaning is achieved since there is an expansive viewing region as compared to the narrow viewing area used in other social or psychological research (Eamon, 2001; Giarrusso, Mabry, & Bengtson, 2001)

Assumptions

The model $Dt = f(t-p) (PE)(t-p)$ was unique upon conception since it assumed that the individual and the environment were dependent on each other and that the result of development was an estimation of the relationship between individual function, environmental function and time (Bronfenbrenner, 1992; 1995b). There are two working assumptions of this model: the first is that the person's forming characteristics are created and depend upon past growth and second, that the concentration be on individual mental and emotional characteristics that are separately, effects of development (Bronfenbrenner, 1992; 1995b). The newly transformed equation queries the exact relationship and the interaction between the two variables of individual and environment and comprehends that each is both the creator and the creation, since there is interaction between them (Bronfenbrenner 1979; 1992; 1995b).

The Ecological Model as an Operational Instrument

Bronfenbrenner described the ecological model as "like a set of Russian dolls" (1979, p. 3). Likened to a set of blocks, canisters, or cylinders that neatly fit inside each other, the ecological model can be viewed from just one perspective (one block, one canister or one

cylinder), or placed together to give a fuller, richer depiction of the research topic or area of interest (Berry, 1995; Bronfenbrenner, 1979).

The ecological model (Appendix A) examines the relationship between the individual and the immediate surroundings as well as the outside environment including shared culture, social organization, public policies and other environmental intricacies that affect the person's daily life (Ribeyre, 2003). The first and innermost layer of the ecological paradigm is referred to as the *microsystem* (Bronfenbrenner, 1992). In this layer or level, the person interacts with other individuals that are emotionally close to them (Bronfenbrenner, 1979). This level of the ecological model views the quality personal interactions of the individual in their direct or natural environment (Bronfenbrenner, 1974; Eamon, 2001). This could be a home, school, recreational facility, or within a group of family or friends (Bronfenbrenner, 1974; Eamon, 2001).

The observed individual participates in "molar activities" (Bronfenbrenner, 1979, p. 45), which are continuous and ongoing activities. The ecological theory was constantly being developed by Bronfenbrenner, and the idea of molar activities was from his earlier work more so than his later papers (Tudge, Mokrova, Hatfield & Karnik, 2009). Rather than a single act such as knocking on the door or asking one question, molar activities have a greater time span (Bronfenbrenner, 1979). Such activities would include reading a book, talking on the telephone, driving a car, or asking a series of questions of someone (Bronfenbrenner, 1979). During times when an individual may be limited or restricted in their physical activity, the microsystem can become more complex by adding the component of a personal relationship (Bronfenbrenner, 1979). In a constrained situation, an individual may come to visit, there may be a telephone

conversation for example (Bronfenbrenner, 1979). Furthermore, it is possible for an individual to have more than one molar activity occurring at the same time (Bronfenbrenner, 1979).

The next layer, the *mesosystem*, views the close single settings mentioned above, in relation to each other, and each event is not necessarily independent (Berry, 1995; Bronfenbrenner, 1992). With school children, events that occur in the child's home can affect how the student learns and what the child's behavior is (Bronfenbrenner, 1974; 1979). At the same time, this is reciprocal in that if an event or occurrence took place at school, the negative or positive effects may be viewed in the home atmosphere (Bronfenbrenner, 1979). A child doing extremely well in school may not be a result of the classroom environment or the teacher but may be more of a result of the parent giving the child one-on-one support and teachings in the home environment (Bronfenbrenner, 1979).

The mesosystem then, is a dyad of molar activities, roles and responsibilities and complex relationships which are emotional, reciprocal, and somewhat equal in authority (Bronfenbrenner, 1979; 1992). According to Bronfenbrenner (1979), there are four levels of relationship settings. The first is a multi-setting involvement, the most elementary event, where the individual is involved in two settings (Bronfenbrenner, 1979). A dyad is still present, but the areas may be home and a recreational hall, or workplace and the gym. The second relationship setting is referred to as an indirect linkage (Bronfenbrenner, 1979). In this case, the individual only participates in one of the settings, home or gym but not the recreational hall or workplace, but a third person acts as a link between the two places. The individual no longer goes to the recreation hall or workplace, but gets information about that setting from another party (Bronfenbrenner, 1979).

Bronfenbrenner's (1979), third relationship setting in the mesosystem is where messages are transmitted from one of the locations to another through personal contact, telephone, socialization, written message, or another method of communication. The message is received by an individual but this may be one-sided as opposed to reciprocal (Bronfenbrenner, 1986). The fourth and final part to the mesosystem is where awareness or knowledge is transmitted from one setting regarding the other setting (Bronfenbrenner, 1979). The information may come through messages as described above, or it may come from an outside source such as a library book (Bronfenbrenner, 1979).

The *exosystem* or third layer of the ecological paradigm consists of events which occur in surroundings where the individual is only in one of the settings, but nevertheless is affected (Bronfenbrenner, 1979; 1992; Eamon, 2001). Consider the example of a stay-at-home mother and her partner who supports the family where the microsystems are home and the workplace: actions and events that occur in the partner's workplace can have a great effect on the family such as a loss of job, transfer of location, change in hours or a variation of wages (Bronfenbrenner, 1986). The woman is not directly at the place of employment, but nevertheless is affected by the work modifications (Bronfenbrenner, 1986).

The final layer or *macrosystem* consists of an interaction between the first three layers and cultural or sub-cultural situations (Bronfenbrenner, 1979; 1992). Elements of the macrosystem can be social makeup, resources, accessible occasion, standard of living, traditions, and collective facts and convictions (Eamon, 2001). Using Bronfenbrenner's definition (1979; 1992), an example of the macrosystem is parenting styles used in child-rearing. What are the parent's resources and experiences as a parent? What is the expectation as far as the end result – a young adult who is now prepared to enter adulthood and be independent? It is fairly obvious

that the end result, a child about to enter adulthood, would be affected by many and almost all things that were present in that individual's life. Resources, economical advantages or disadvantages, health, culture and opportunities are just a few of the elements that will affect the conclusion (Bronfenbrenner, 1992).

The *chronosystem* is where a life event or untimely incident can change the relationship between the individual and the environment prompting developmental moderation or transformation (Bronfenbrenner, 1992; Eamon, 2001). The change can be initiated either by the individual or the environment, be long or short-term, or be a negative or a positive experience for the individual (Bronfenbrenner, 1992). These major life events, divorce, death of a partner, or poverty for example, will structure an individual and in some cases promote transformation (Eamon, 2001).

Relevance and Empirical Application of Theory

Urie Bronfenbrenner (1917-2005) conducted the majority of his research on children, and created this ecological view to observe how child/youth development and the environment interacted (Brendtro, 2006). His model has been used in child research studies to observe the effect of destitution on the socio-emotional progress (Eamon, 2001).

Berry (1995) used the ecological model to study families who had a developmentally disabled family member transitioning from an institutional setting back into society. The chronosystem examines when an untimely incident induces change within a person, and views what that change is as a result of the incident (Eamon, 2001). For example, the chronosystem can assist researchers in understanding the mind-set, desires and concerns of the family members who were supporting their disabled family member. Looking at the topic in a broader sense provides more details and gives explanation to such things as why a family member with a

mental disability was institutionalized, what the perceptions of mental disability are and what is believed to be the stereotype of a human being who is mentally disabled (Berry, 1995).

One can envision how this same model could easily be applied to persons of other ages, including older adults. The model demonstrates flexibility by examining the interaction between the two issues of individual and environment and determining how one affects the other. There are many instances where the ecological theory is used with specific sub-populations. For example, Bronfenbrenner's (1979) model, was successfully used to examine the lives of individuals other than children/young adults. Kulik and Rayyan (2006) investigated Jewish women (M=36.5) and Arab-Muslim women (M=33.2); Scopelliti and Giuliani (2005) studied both men and women using a qualitative (M=70.5) and a quantitative (M=68.2) approach; and lastly Teaster, Roberto and Dugar (2006) examined women from the ages of 50 to 69 who had experienced intimate partner violence.

It is apparent that this theory has been applied to groups of individuals of different ages and with varying characteristics. Thus, I selected this model for examining the various influences on seniors' housing and for comparing results within and between specific groups of vulnerable older adults.

Chapter 4: Methodology

A research alliance was formed to discover the housing desires and needs of Atlantic Canadians. The federally-funded alliance included universities, seniors' organizations, housing developers, service providers, and government agencies. From this group, the Atlantic Seniors Housing Research Alliance (ASHRA) was formed, and the research team received funding from a Community-University Research Alliance (CURA) grant from the Social Sciences and Humanities Research Council of Canada (SSHRC). In this mixed methods study, I analyzed secondary quantitative data from an ASHRA survey and secondary qualitative data from ASHRA focus groups.

ASHRA Survey

In 2006-2007, the ASHRA research team conducted a survey. ASHRA was granted permission from the Canada Mortgage and Housing Corporation (CMHC) to use and adapt its questionnaire (1998), "Seniors' Housing and Support Services Survey." ASHRA researchers, along with the assistance from stakeholders in each of the four Atlantic Canadian provinces, adapted the survey to ASHRA's interests using a determinants-of-health approach, in order to address the unique issues, languages, and cultures in Atlantic Canada; and be conducive to a mail-out survey where seniors would complete the questionnaire on their own. The research team piloted the survey with 42 seniors and then made revisions. The final survey contained sections concerning current housing and living arrangements, feelings about various housing options, transportation needs, difficulties with personal care and daily living activities, support services, future housing plans and needs, and demographic information, including detailed financial questions (Shiner, 2007).

Criteria for participation included being age 65 years of age and over and living independently in the community (i.e., not living in an institutional setting such as a nursing home, prison, or hospital). The research team used random procedures of selecting participants in each of the four provinces. In New Brunswick, Newfoundland and Labrador, and Prince Edward Island, the Department of Health randomly selected participants from the provincial Medicare database. In Nova Scotia, ASHRA researchers were unable to obtain a random sample from the provincial Medicare database, so random digit dialing was used to attain a random sample. Researchers mailed each potential participant an information letter explaining the project and inviting them to participate, along with a reply form and a postage-paid envelope. Several weeks after the initial mailing, a follow-up letter was sent to those seniors on the list who had not returned reply forms. A package that included a survey, a cover letter, and a postage-paid envelope was sent to every person who returned a reply form. Of the 8,880 surveys that were distributed, 1,702 seniors returned usable surveys, which resulted in a response rate of 19.2%. The data was then cleaned and entered into SPSS 13.0 (Shiner, 2007).

Participants from the Atlantic Provinces completed the survey in the following proportions: Newfoundland and Labrador 24%, New Brunswick 31%, Nova Scotia 22%, and Prince Edward Island 23%. Of the 1,678 individuals who elected to divulge personal information, the majority of participants (58.2%) were female and the remainder (41.8%) were male. Over 60% of the participants were aged 65-74, with about 37% being 75 and over and the remaining few were under the age of 65. Even though only those 65 and over were approached to fill in the survey, ASHRA had no control over who actually completed the survey. Additional details on the survey and descriptive results are found in a report by Shiner (2007).

ASHRA Focus Groups

Following the completion of the survey, the next phase of this research involved providing additional insight into seniors' housing issues through completing focus groups in each Atlantic province, in both urban and rural areas. Focus group moderators were from the province where the focus group was to be held and in some way associated with the focus group population, and they assisted with recruiting participants for the focus groups. For example, Aboriginal Elders were recruited by Aboriginal individuals and new immigrants were found through the head of an agency that provided information to that population. Participation in the survey was not required for participation in the focus groups. Additional information on the focus groups is found in a report by Weeks and colleagues (2008).

Researchers conducted a total of 15 focus groups (see Appendix B) with the following groups of seniors: Aboriginal, African Nova Scotian, Francophone, Rural, new immigrant, multicultural, cognitively disabled, physically disabled, and those with a mental illness. For the focus groups, the individual needed to identify with the term senior, or be viewed in the community as being senior, as opposed to being a specific age. Demographic information provided basic information such as age, gender, marital status, languages spoken now and in childhood, ethnicity, number of occupants in the household, participation in paid work, level of education, overall health condition, income, and whether or not income satisfies the household's needs.

Once the focus groups were completed, the tape recordings were transcribed by the focus group's two graduate student facilitators and an additional four transcribers. Three of the groups were initially transcribed in French, as the groups had been conducted in the French language. Once these transcriptions were fully completed, they were sent to a professional translator who

converted them into the English language. One focus group was not tape recorded due to the group's cultural belief regarding capturing voices on tape. In this case, an additional note taker was hired and transcription was completed by compiling the detailed notes provided by the facilitator and the outside note taker.

In accordance with Krueger (1998), the transcripts typed by a hired person were thoroughly reviewed and compared to the audio tape for accuracy by the student facilitator who was present at each focus group. By recording pauses, overlaps, and the exact way each participant spoke at the focus group and including this information in the transcripts, analysis is bolstered and data reliability is strengthened. Comparing the transcripts to the field notes strengthens reliability further (Silverman, 2005). The facilitators gathered their observations and field notes along with the notes taken from end-of-discussion notes with the moderator. The original transcripts, observations, field notes and end-of-discussion notes were stored in a locked cabinet, and will be destroyed within five years of the project completion date. Electronic copies of the documents were password protected on a computer.

In the case of the Aboriginal group in Labrador, the research was conducted by outside researchers from the Lichen group. This group was conducting research regarding homelessness, in the same geographic area that ASHRA was proposing to complete research on seniors' housing. Since it was agreed by all researchers that this particular population in Goose Bay is over-studied and the two projects were very similar, ASHRA partnered with the Lichen group. Once the focus group was completed, Lichen group researchers provided demographic information and transcripts to the ASHRA researchers. This information was then passed on to the ASHRA co-investigators for analysis.

In the focus groups, there was a total of 84 participants from the Aboriginal, disability and ethnic minority focus groups and the age range was 48-90 ($M = 68$). From those participants who chose to answer that particular question, 77% identified themselves as female and 23% were male. The breakdown for the groups is as follows: *Aboriginal*: Labrador (9 participants), Nova Scotia (6 participants), PEI (10 participants); *Disability*: New Brunswick (8 participants), Nova Scotia (2 groups with a total of 16 participants), PEI (10 participants); and *ethnic minority*: New Brunswick (6 participants), Newfoundland (11 participants), Nova Scotia (8 participants).

Survey Data Analysis

Quantitative data from the survey was analyzed to enrich the qualitative data analysis. Answers to the survey questions: 'What language do you speak most often at home?' and 'To which ethnic or cultural group(s) do your ancestors belong?' were used to help identify whether or not the person is of ethnic minority status (see Appendix C). The question regarding ethnicity is a string variable and was recoded separately to retrieve specific information on ethnicity.

None of the survey questions asked specifically if the participant was considered disabled. However, there were questions regarding difficulties with personal care and daily living activities, and the ability to remember, think, and problem-solve. This information was assumed to be a fairly accurate predictor of those individuals who have a physical, mental or cognitive disability.

Of the 1,702 survey participants, 26 people were found to be Aboriginal Elders, 335 individuals had a disability, and the number of persons who were of ethnic minority status was too small to report and therefore not included in the qualitative data. The ecological model was used to guide the identification of variables from the survey in each level of the model (see Appendix D). Filtered information for the specific groups of Aboriginal and disability from the

survey data was analyzed to discover things such as: length of time in the community, type of dwelling currently residing in, current safety and design issues, needed repairs or modifications, plans to move, number of occupants in the home, health and income of the participant, and affordability of the home. This information was then coded according to the levels in the ecological model.

Focus Group Data Analysis

The resulting data from 10 of the 15 focus groups was used for this current research, omitting the data from the Francophone and rural groups. The focus of the completed focus group analysis was on three populations with a total of 84 participants: Aboriginal Elders (n=25), persons with a disability (n=34) and individuals of ethnic minority status (n=25). These groups of individuals were felt to be the most vulnerable of an already existing highly vulnerable population.

After entering the focus group transcripts in NVivo8, I coded the data according to the ecological levels (see Appendix E). Thematic analysis techniques were used for the qualitative data analysis. This process is a search for significant emerging themes that describe the observable facts (Fereday & Muir-Cochrane, 2006). By reading and re-reading the focus group transcripts, patterns were recognized within the data, and the emerging topics became the key findings (Fereday & Muir-Cochrane, 2006). The key findings were then placed into the definitions of the ecological model.

Using the ecological model for the analysis permitted the results to be very specific while touching on broad areas from individual to global. The definitions for each system were precise, facilitating decisions about how information should be categorized. The thesis supervisor was involved in the beginning stage of the coding to assist the researcher with questions that she had,

and to be definite as to what data was contained in each code. Code clarifications were modified when necessary during the initial stage of coding, and previously coded material was re-coded to match the new coding definitions.

When doing the final analysis on the data, Krueger's (1998) methods were a consideration where I did my best not to have preconceived expectations or opinions. As one of the two research assistants who collected the original data, I put aside thoughts, themes and conclusions from the previous research and permitted the data to naturally unfold into the ecological model for this present research. Manufacturing facts is often a problem while deducing the data but if the researcher takes great care to make certain that sub-themes are representative of the codes, this error will be avoided (Fereday & Muir-Cochrane, 2006).

At the time the focus groups were conducted, demographic information was collected through a short survey and entered into SPSS 13.0. While the collected demographic information provided a vast amount of data, only the following information was analyzed: age, gender, ethnicity, number of people living in the dwelling, health condition, and whether or not the household income exceeded household expenditure.

Mixed Methods Data Analysis

Using both qualitative and quantitative data from the two different sources permitted a richer data source and provided greater insight. The objective was to report as complete a picture as possible for the three vulnerable groups by using both qualitative and quantitative data sets.

The following steps were followed:

Step #1: Data Organization

- a) The qualitative data was organized by group and level of the ecological model.

Data was then placed into each of the 18 cells, and reports were generated for each cell.

- b) The quantitative variables were identified and the results presented using descriptive variables and measure of central tendency (i.e. ranges, means, modes, standard deviations) in tabular format.

Step #2: Key Theme and Key Message Identification

- a) Key themes were identified through content analysis in the qualitative data, for each of the cells. Each key theme was labeled and described, along with illustrative quotes.
- b) Key messages were identified in the quantitative data. Each key message was labeled, described, and corresponding data was included to illustrate it.

Step #3: Data Synthesis

- a) The key themes and messages for each of the 18 cells were synthesized to present the key issues arising in each of the 18 cells. The data for each cell included a title for each issue, a short description, and illustrative quantitative and/or qualitative data. These key issues are included in the results section of the thesis.
- b) For each of the sub-groups of older adults, the key issues that arose across the 6 levels in the ecological model were explored further to identify what was the most important key issue for each sub-group. These key issues were identified through various means such as frequency for quantitative data and the meaning ascribed to the text for the qualitative data (i.e. described as a crucial issue for people with disabilities). These key issues were used to create a depiction of each subgroup in the thesis.

Ethical Considerations

The proposed research was conducted using secondary data that was collected by ASHRA researchers and previously approved by the Research Ethics Boards from five different universities: Dalhousie University, Mount Saint Vincent University, Memorial University of Newfoundland, University of New Brunswick and University of Prince Edward Island.

Survey participants were assured of anonymity and confidentiality as the survey contained no identifying information, and participants were instructed not to put their name on the survey. For the focus group participants, there was a potential loss of anonymity and confidentiality due to the small number of participants (i.e. tight-knit rural communities or close connections to a minority group). The potential loss of anonymity was minimized by not using last names within the focus group discussion, and not recruiting family and close friends for the same focus group. The potential loss of confidentiality was minimized by asking participants to keep discussed information private. Researchers were not able to guarantee confidentiality and anonymity if reports of elder abuse were exposed in any of the focus groups. Neither the survey nor the focus groups exceeded the ethical standard of minimal risk.

All participants signed a consent form and were notified that their participation was voluntary, and that they were only to answer the questions that they were comfortable answering (survey), or to participate as much or as little as they wished (focus groups). Additionally, focus group participants received an honorarium of \$25 and travel expenses were reimbursed. These amounts were paid at the beginning of the focus groups permitting participants to leave anytime they wished.

Consistent with the original ASHRA research ethical application, consent forms, focus group transcripts and demographic information was kept confidential and in a locked drawer

and/or password protected on a computer. Once the thesis proposal was approved and the appropriate signed documentation received, I applied to Mount Saint Vincent University to access the data to complete my thesis, and received ethics approval for secondary data analysis.

Chapter 5: Results

This chapter will begin with a summary of the focus group demographic characteristics which can be found in Table 1 at the end of the section. Results from data collected from Aboriginal Elders will then be examined using the first five levels of the ecological model (Appendix A) and followed by a similar examination of the disability and ethnic minority groups. In Tables 2 and 3, I included a summary of the qualitative themes identified by level of the ecological model for all three groups. Since the chronosystem had few results for each individual section, the key themes for this level are presented for all three groups combined (Table 2). The final part of this section includes a synopsis of quantitative results by level of the ecological model (Table 4).

Focus Group Demographic Characteristics (N=84)

The focus group participants ranged from 48 to 90 years of age and the mean age of all three groups was 68 years. A total of 77% were female and 23% were male. Most Aboriginal Elders reported being of Mi'kmaq (44%) descent, people with disabilities had European (53%) ancestry, while the majority of individuals of ethnic minority status (52%) were from a variety of cultures. Individuals lived alone (36%), with one other person (38%), or with more than two individuals (21%). Most participants reported their health as being good (40%) or fair (23%). In addition, focus group participants reported income as adequately meeting needs (26%), meeting needs well (14%), having difficulty meeting needs (23%) or not meeting needs well (13%). A few individuals of ethnic minority status indicated that their income was completely inadequate (12%).

Qualitative Analysis for Aboriginal Persons (N=25)

"The housing situation is harder for Natives."

Person Level

The participants lived in their present home from 3.5 years to 53 years. The majority of the 25 Aboriginal participants have lived in their home for over 30 years and most of the participants lived in their own private home, but others rented a mini-home, or lived in a boarding house. Feelings of apprehension was the main theme emerging in this section and will be discussed immediately below.

Experienced feelings.

The participants expressed concern and fear regarding situations which were out of their control, such as paying for necessary housing repairs while they were on a fixed income. *"You're on a pension; you're on a fixed income, so those things are frightening sometimes. It may not seem like much to you people who are so much younger, but to a person my age, you know it is frightening sometimes."* Downsizing, renting, and/or having to move to a different area can also be very upsetting to many individuals, and some find it difficult to adjust to a change. *"Sometimes elders don't want to tell anyone about their problems because someone might change their situation against their will."*

Microsystem Level

"People have the right to secure, accessible, and acceptable housing."

Having a warm, comfortable and wheelchair accessible home in an appropriate external setting was imperative to seniors. An additional theme in this system was concerns raised regarding physical health.

Appropriate in-home environment.

In addressing what Elders wanted in housing, one participant stated *“They don’t want big fancy houses, they just want a comfortable place to live with all the necessities that they need.”*

Many Elders reported living in older homes that are not energy efficient and find that they need more heat to stay warm as they age. *“Right now it’s not energy efficient, and I supplement the heat with a woodstove while I can still get wood.”*

There were many conversations regarding the need for sufficient ramps, wider doorways, grab bars, railings, etc to accommodate wheelchairs not only in the Elder’s home, but in the community. *“Wider doors are \$15, what’s \$15? They should go in every home.”* Many participants also expressed their need to have a one-level home, making the washer and dryer accessible. Falling up and down stairs was a concern for seniors, emphasizing the necessity of handrails and ramps.

In addition, some participants preferred to have a landlord care for regular maintenance. *“We chose to rent when we came up here because if we need the roof fixed, if we need some painting, if the water freezes we have the landlord and he’ll come fix it, but the rent is not cheap either, we pay \$600.00 a month...”* The majority of participants enjoyed their home even though the size of some homes was inappropriate (i.e. too big or too small), but despite some less than ideal situations and/or needed repairs, most participants did not want to move.

Appropriate external environment.

Accessible units either were not available in the community or the Elder was unable to access the needed funding to renovate the current home to include appropriate safety features. Even though many Elders were still independent and very active, the mobility issues mentioned were walking, driving and wheelchair accessibility. If the mobility problems were currently not a

concern, Elders recognized that realistically, they would be in the future, but wanted to remain independent as long as possible. Most participants lived in the area of their choice, but some moved to be close to amenities. *“I moved here because I really needed to be closer to the hospital ... medical reasons, so I’m not really here by choice.”* Viewing a natural environment from their window, water in particular, was an important issue to numerous Elders.

Physical health concerns.

Even though many seniors participating in the focus group reported being in good general health, the reality is that eyesight changes with age, mobility decreases, and the risk of falling is greater than before. *“I’m still falling though, especially going in and out of the house. I’ve broken ribs. My legs went out from out of me; I fell on a doll carriage and broke my ribs.”*

Mesosystem Level

Elders who presently needed assistance required many different types of support, and independent Elders recognized that they would need a greater amount of assistance in future years. Apart from assistance, promoting relationships and socialization was important to many Elders.

Required assistance.

Some Elders expressed that they presently received help from family and friends for drives, daily living tasks, and yard maintenance, but also expressed their yearning to continue to help their adult children. Even though help was received, Elders did not want to rely on, impose on, or bother relatives and friends for help. *“I will not impose myself on my children or grandchildren unless it’s absolutely necessary...”*

A changed housing situation was often interrelated with receiving assistance such as renting to get repairs done by a landlord, or moving closer to family members/friends to get help.

For some Elders, living with family members was the only option. Additionally, one participant desired a skill bank so that individuals could draw on each others gifts and abilities. *“I had eye surgery three times...and you can't see to do anything and then you get older, you can't bend over, you can't lift. You need help. You need someone to do things for you...”*

Relationships and socialization.

Family was important to Elders, and some participants relied on relatives to provide required transportation services. One participant expressed the desire to move to a reserve so that friends and family were in close proximity. *“I want to be around people so that means...when I do take senior housing, I will be around people.”* Some Elders preferred multi-generational living and others desired an extra bedroom for when family members or guests wished to spend the night. It was felt that accessible common areas should be incorporated in all seniors' buildings as they promote much-needed socialization with other seniors and youth. *“So sometimes I don't see anybody for three or four days.”* A relationship with a pet was of great importance to a number of Elders. *“The heck with the china cabinet, I won't leave my dog behind.”*

Exosystem Level

There were four main themes that emerged in the exosystem for Aboriginal Elders: community supports, safety, financial concerns and policies. Supports covered three topics: housing, transportation, and needed advocacy. Additionally, there were two sub-topics covered in the area of policy: seniors having a say in new housing and concerns regarding the government and government officials. Generally, Elders felt unsafe in their community and were worried about the ever-rising cost of living in relation to their fixed income.

Community supports.

Affordable and accessible housing, adequate transportation, and senior advocacy are imperative in supporting Elders and promoting their long-term independence. Numerous participants mentioned senior and accessible housing as being important but unavailable in many communities. Many rural communities do not have a transit system, or do not have adequate transportation on the weekends.

...It costs a lot if you go in a taxi, and we have no transit system, no bus system in the town, so we're really at a disadvantage if you don't drive or if you can't drive...If you don't have a large extended family to help you get where you need to go, what do you do?

If the Elder does not have someone to drive them, the result is a diminished social life, since many social events occur on the weekends. For the seniors who are able to drive themselves and others, driving related costs such as the driver's license fee, medical certificates, and eye exams are high and difficult for seniors to find the money for. Some seniors are intimidated to stand up to authorities, but having available advocacy from other Elders, or those who support Elders and their issues, can make real change in getting supports for Elders.

Safety.

Elders were concerned about security in their community regarding bikes/4-wheelers (noise and personal safety), lack of secure doors (housing renovation), and not having someone to check up on them, particularly at night. *"The fact that if you call the RCMP, the call goes into [name of place] or [name of place] and that can be a long wait when you have an issue that needs to be dealt with right away. Things can happen fast you know."*

Financial concerns.

Elders spoke of paying for tasks and services that they used to provide for themselves, costs were rising at a much faster rate than the established fixed income, and there was a continuous need for funding yard-work.

If your roof leaks not to a point where you have to replace the shingles or put on a metal roof, you're looking at anywhere from 5 to 7 or \$8,000. It's not every day seniors can come up with that kind of money.

Some Elders found it helpful to reside with another person/other people in order to share living expenses. When costs were referred to in a specific manner, the expenses named were: maintenance, repairs, or renovations needed for the home; modifying the home to be more energy efficient; the rising cost of food; and the high cost of wheelchairs and walkers. Some Elders mentioned that they needed financial assistance to afford their home and housing-related costs. *"I worked long enough to be lucky enough to get a reasonably good pension but my wife naturally doesn't. She gets her old age pension and that's it and we know what that amounts to."*

Rules, policies and grants.

There were two main topics in the area of policy. The first was that Elders need to have a say in new housing construction since these individuals know what is required and desired in Elder housing. Secondly, issues with the government were concerning. Participants discussed that the Indian Act is discriminatory based on race and geography, Veterans are not duly compensated, there is not proper response from government officials, self-government is not desired, and that past experience has taught Elders to be doubtful that anything can be done for native communities. *"With the self-government, that scares the heck out of me because the rich will still keep on getting richer and the little people, the Elders, will get forgotten."*

Macrosystem Level

The macrosystem is the presence of a condition in addition to all three previous systems the microsystem, mesosystem, and exosystem. The three additional conditions identified in the macrosystem for Aboriginal Elders were social standards, culture, and discrimination.

Social standards.

This theme includes societal regulations, policies, and decisions that compel the Elder to behave in a particular way, to make specific decisions, or to be indecisive. The lack of accessible and/or senior housing, no newly built homes for decades, and no available land resulted in the Elder moving to a home outside the desired community, having no choice in residence, or living with relatives. *“Since I left the reserve...it seems like you’re just moving from house to house...There’s nothing stable for me anymore, because I’m moving from one child to another.”* Many elders felt helpless with their housing situation as making repeated requests to the Chief and Council was ineffectual, and petitions were often given to leaders who did not successfully lead.

All you have to do is go to your Chief and Council and bring in a request saying that these Elders need this. This is the type of place they need, it’s time that they start considering Elders, and build Elders homes to their satisfaction. Other than that, I don’t see anything I can influence on my end. You just send a request.

Many Elders who attended the focus groups expressed that they did not want self-government, and they were ‘surveyed out’ since needs and desires have been expressed for years, and government officials have not listened or responded to the requests.

Culture.

One of the most important themes in the macrosystem for Aboriginal Elders was the desire to live a traditional lifestyle of hunting, fishing, berry picking, boat building, and camping. Equally as important to Elders was the desire to pass this tradition on to younger generations.

Now I'm over 70 years old and I lived a traditional lifestyle and I like to carry on that tradition. Not only me but a lot of people feel the same way, especially older people think we need to get our young people out on the land.

For these individuals, 'home' is the place where they were born and if they have since moved away from 'home', they felt the need to return there as often as possible. However, returning 'home' was difficult for many Elders due to distance, decreased mobility and sometimes the loss of a driver's license. *"I can see the change in my Dad when he goes home in the summer. He's like shedding ten or twenty years. He feels rejuvenated, renewed again..."*

Living off the land was believed by Elders to have a healing effect on problems and was therefore a daily practice for many Elders, for example, collecting and chopping wood to use for home heating. Preserving the environment was also a huge cultural practice for Elders, and many of them talked of their need to be around nature to feel comfortable. Even though Elders wanted to live off the land, some expressed concern regarding the difficulty in accessing land and/or a home on a reserve.

Even though preserving culture was important, it was acknowledged that many practices and traditions have changed for Aboriginal individuals. Participants stated that there were current limitations on disciplining youth, many children were raising themselves with no guidance, children no longer had appropriate role models, and general respect for Elders was no longer observed. Some participants felt that adult children were not compelled to care for their aging parents, and they still needed to receive assistance from their older relatives. *"It's not the same as it was sixty, seventy year ago when one looked after the other, you know, that don't happen. Everyone is looking after themselves now and got a battle even doing that."* Due to the fact that homes are in short supply, a vast amount of homelessness was reported, and multiple generations were living in homes too small to accommodate their needs. Some Elders had no housing choices

due to the lack of senior-specific housing. Furthermore, it was felt that non-traditional, self-centered attitudes were the cause of societal breakdown and disrespect of Elders.

Discrimination.

Many Elders reported being generally disrespected and felt that the tradition of reverence has not been passed on to youth as it was in the past. It was believed that older people used to have more control over the young, but now Elders sense they no longer have a place in society.

I've noticed a lot though that seniors are not respected by young people...They look at you and talk to you as if to say, you've lived your day and we don't want you around anymore. It's time you get the blazes out of here."

Elders felt insecure in their communities because of younger individuals, and it was believed by some participants that older adults needed to be educated on safety issues.

Participants further felt that youth should be educated regarding Elder issues, and that there ought to be stronger support for Elders from the justice system.

I think it would be nice if younger people showed a little more respect for seniors because I've been walking by the side of the road and some young person came along on a pedal bike, or even a motor bike, and it seems like they aim straight for you.

Elders were not only disrespected by society but also by the government when their requests for mobility aids were denied due to their advanced age. *"I think the government is saying, well let's just stall long enough, they'll all die anyway. We won't have to worry about that."*

While many Elders discussed the issue of ageism, only a few expressed that they experienced racism. It was felt by this small number of participants that the Indian Act discriminated based on race, Aboriginal Veterans were not equally treated, and some people in the community were intolerant. *"...There's so many of my neighbours that are still racist, they're very racist. If you go to them for help, you know, they want nothing to do with you."*

*Qualitative Analysis for Persons with a Disability (N=34)**Person Level*

The focus group participants with a physical, mental or cognitive disability lived in their present home anywhere from a few months to 57 years. They lived in various housing forms including group homes, residential care facilities, small options homes, seniors' complexes, apartment buildings and private homes (rented or owned). Many participants in this group preferred to live with others and resided with room-mates and/or live-in caregivers. There were two main themes at the person level of the ecological model: feelings of fear and isolation and housing history.

Experienced feelings.

Many participants found their health to be unstable and worried about the future and potential future needs. *"I always say that if you ain't got your health, ya got nothin'."* Having money was found to be an asset as needed services could be purchased, but many did not have the extra resources. Lack of money often contributed to isolation as participants were unable to live a desired active lifestyle. Individuals who had people in their lives appreciated that they had a confidant, but those who did not felt fearful and lonely, and wanted to have a relationship with others. *"We don't have any issues because we're privileged right now, we can afford what we need..."*

Housing history.

It was felt mandatory by many of the physically disabled members of this group to plan ahead in regards to housing, but they realized that modifications were continually necessary as their illness or disease progressed. Many of the seniors with physical disabilities also were living in inaccessible housing and therefore found the size of their dwelling inappropriate for their

mobility needs. Seniors with a disability found apartments were too expensive in relation to income, and many seniors expressed that they had a difficult time finding a suitable/desirable home. *“It was the only apartment available and anything was better than a group home...”* The majority of participants loved their homes, were content with their living environment, and did not want to move. *“This is my home. It’s not a place to live, it’s a home.”* Other participants found their homes unsuitable and/or isolating and desired to relocate.

Each year your challenges are changing and therefore your needs are changing...if you plan ahead and think in terms of the worst case scenario and sort of be prepared for that...Sometimes you’re not too sure what your needs are going to be down the road.

Microsystem Level

There were three main themes identified at the microsystem level for participants with disabilities. Participants discussed their ideal internal and external home environments and emphasized the importance of independence and mobility. Mobility and autonomy were frequently related since decreased mobility often resulted in greater dependence.

Appropriate in-home environment.

Many homes were too small to accommodate mobility aids such as walkers, scooters, and wheelchairs. *“...Also the scooter... I have to have a place to park that. And it has to be indoors and it has to be accessible and easy to get out and in.”* A number of seniors stated that the bathroom was a problem and a larger bathroom with a walk-in shower was preferable. Two bedrooms was also desirable so that overnight guests and/or caregivers could be accommodated, or to have the extra space for hobbies and/or storage.

Appropriate external environment.

“Accessible housing and suitable housing and affordable housing is I think, really, really important.” This comment echoed what many seniors believed, and participants stated that it

was difficult to find such housing on a fixed and limited income. The main issue in this section was living or needing to reside close to amenities such as drug stores, grocery stores, health facilities, and public transportation. Those who lived close to services were happy and content with their living environment, and seniors who were rural or remote considered a move inevitable. In addition to services and facilities, seniors expressed their desire to go outside and enjoy natural settings, however, many senior's apartment buildings were found to have neither balconies nor scenic views.

Independence.

Seniors clearly stated that they wanted to keep their independence but preferred to have help available should they require it. *"I would never want to change where I live. I always like to be independent and be free."* Mobility was a key to independence and stairs was the most significant barrier. In addition to stairways within the home environment, lack of elevators, non-accessible accommodations and hilly surroundings were a challenge and restricted mobility. Some participants experienced falls in their homes. *"I have had a couple of really significant falls and um, not in the bathroom, but because of trying to maneuver the walker. And it's just surprising how much space that takes up."* Concerns with mobility often resulted in a move or contemplated move to keep or regain independence. *"I can't get out. I have to stay in the house all the time."*

Mesosystem Level

Although many seniors with a disability had live-in or regular caregivers, they realized that needed assistance would increase in future years. While the assistance needed was diverse, it was agreed that relationships and socialization were as important as receiving care.

Required assistance.

Many participants with a disability already had someone to offer help but much of the assistance was provided by relatives, friends and neighbours. While numerous participants talked of wanting or needing to move in the future to receive extra care, they did not want to leave their neighbourhood, community members, family and/or friends, and were appreciative of the help they currently received from the aforementioned individuals. *"...The most important factor as I age is being sure and being blessed by having persons around who care, with extended family on both sides and the church family which is, which in the 50 years I've been there is very good."*

Very few housing options were available in the participant's immediate area but they felt it necessary to know the facilities, services, and accessible housing units that were available in the event their health suddenly deteriorated. Mixed generational housing was preferred so that additional assistance could be accessed. A few participants pointed out that seniors want to both offer assistance to others and receive needed help, but a list of neighbour's needs and skills would be required. A final concern was *"...A lot of added cost to aging"* by having to pay individuals to do chores and provide services that the seniors used to carry out, yard maintenance for instance.

Relationships and socialization.

Seniors reported that they wanted to be busy and stay active as much as possible, and a lot of individuals either volunteered regularly or worked a small part-time job in order to remain active. For those who lived in apartments or senior's buildings, it was important to have an area such as a lounge or common area where activities were encouraged and socialization could occur. Socialization was seen equally as important and went hand-in-hand with activity. Some

talked of moving to areas where they would be able to communicate with others more easily and often, and transportation was often a barrier to visiting family and friends.

Sometimes I think when I'm sitting down alone in the evening, and there's not a sound of anybody coming and going, I think 'am I crazy'? I should be in an apartment, there should be some people around. You go to bed and forget about it. I think I will move eventually for the companionship, because you can't expect your family to be sitting on your doorstep, they have family too.

On the other hand, many seniors had great relationships with people in their community and knew that leaving the neighbourhood to receive required assistance would mean the loss of camaraderie. *"They don't want to leave there, how do you start over and move in where there are a bunch of strangers ya know, and try to make friends again when your 80 years old lets say or 75?"*

According to focus group participants, a relationship with a pet enhanced their lives significantly. *"And research, study after study has shown that we live longer, we're more caring, that pets are really valuable to humans."* Many seniors cherished their pet and felt as if they had limited housing options as long as they were pet-owners, but individuals were unwilling to move without their beloved companions. One participant with a disability worked a small part-time job so that he had the extra funds needed to care for his cat.

The other thing is pets and I think we are insane not to have more buildings who let in pets...It would break [name's] heart and mine if we had to leave our little dog behind. And we would rather die with our dog somewhere than to move to a place where they wouldn't have him.

Exosystem Level

There was a great deal of information in the exosystem section for the persons with disabilities. Housing support was required, and financial aid was totally inadequate for this specific group of individuals. Safety was a concern for a small number of participants, but lack of adequate transportation was a predicament for many. Changing building codes to improve

accessibility was one of the main key factors in addition to other rules, policies and grants that affect the senior's daily life.

Community supports.

Insufficient affordable and accessible housing was reported to be the norm in the Atlantic Provinces. Subsidized housing, much of which was not wheelchair accessible, was reported not to have been built in approximately twenty years. Wait times for subsidized housing ranged from 3 to over 10 years, an unreasonable timeframe for most seniors, and many regular units were considered far too small to accommodate a walker or wheelchair. New private housing is accessible but not affordable for the average senior. *“And when you look at what's being built, it's all high-end housing and we just can't afford, most of us can't afford to live in high end. Even what they're starting to call middle end is pretty high too.”* Although many participants were currently living in their homes, the realization was that they may have to move to an accessible home if their mobility decreased.

Seniors also believed that care providers should be paid more than they presently are and some individuals were paying care providers privately but experiencing the financial consequence of that action. Financial support would alleviate seniors of out-of-pocket expenses for needed home-care.

I'd really like to see caregivers paid at a decent wage and we perhaps, we'd have more of them if we'd paid at least for their gas...So I'm going to be hiring somebody, but I want good people and I think we should be subsidized anyway or at least on means-test-basis be able to pay people who would like to do this, what they're worth.

Additionally, there was a great deal of reliance on community caregivers and programs that provided not only services, but food to seniors. *“What's really important to me is that I have the homemakers come in and [name of service provider] come in and Meals-on-Wheels and my workers come in and help me and do what I can do.”*

Safety.

There was not a great deal of talk regarding safety in the community but those that mentioned the topic were evenly split-either feeling that their neighbourhood was safe, or that it was unsafe, particularly at night. *"I would say I know what places are safe, but I have to go that way to get home. In those woods, someone could come out and attack you."*

Well, there's been a lot of shooting and everything else just up around the block up from where I live at, but [hesitates] I feel safe. You know, I'm pretty big and everything else, not too many people would want to attack me.

It was believed by one participant that a community watch program would improve safety in the area, while another senior required the landlord to clean broken glass from the area encircling the apartment building in order for the neighbourhood to be less dangerous.

Financial concerns.

Participants who had a mental or cognitive disability stated that they did not have adequate funding for daily living expenses. Increased rental amounts meant obtaining permission for the increase from the government and participants were often told by a government worker, to move to a cheaper location rather than pay the increased amount. *"...The rent amount needs to go up as rents go up too. Sometimes you have to move just because your rent went up."* Many participants stated that after housing costs, they had roughly \$100/month for additional expenses such as food, laundry, personal care, clothing and miscellaneous. Hot meals provided by community agencies supplemented the limited amount of purchased food. This group was unique in that some of the participants had the opportunity to work for extra funding although the amount was limited to either \$50 or \$60 per month, depending upon where the senior lived. Many individuals had difficulty finding homes within the tight budget set by the government and felt trapped as they were extremely limited in housing and all other choices.

I would like to see housing and all other goods indexed to what a person that's on disability pension has. That means instead of [power company] jumping the rate 10% now and 15% in the fall, if they were capped at 3% per year, the same way I am. Then that would make my heating, lighting a lot more affordable and that goes for groceries, gasoline, household needs, furniture etc. etc., go right down the line.

While there was only a small amount of talk regarding specific expenses for those who had a physical disability, some of the expenses mentioned were significant: \$5,376 per month for nursing home care for a family member and \$1,500-\$1,600 per month for medication. While the participants received partial subsidies for these amounts, they were responsible for the remainder of these significant costs.

Rules, policies and grants.

Rules, policies and grants can affect seniors in many ways. When new grocery stores are designed for individuals who drive, or a store makes the decision to sell large family-sized portions rather than smaller individual sizes, seniors can be negatively impacted. *"They're taking our malls away from us and giving us box stores. So you got to go further from one store than you do now. I'm mean that's not addressing the aging or accessibility."* Policies regarding housing, nursing homes, granny suites, and seniors programs are often regulated by the government with little or no input from seniors. Participants stated that grants were not always accessible, particularly for those who were middle class, and that many individuals would not take advantage of home modification grants due to the fact that funding was offered through family and community services—a benefit still viewed by many as social welfare.

I think I'd like to see the government take some initiative to ensure that seniors can stay in their own homes. Provide some sort of loans or grants to make modifications that their homes are accessible and, probably have those assisted living aids for people.

A step towards progress is to change the building codes so that all homes and buildings are accessible. This would mean that doorways be wider (at least 36"), washrooms accommodate

a wheelchair, stairs be non-existent and there be no lip at the top of a ramp. *“It's just the same for washrooms and stuff. The Canadian building codes should be changed to accommodate the people in wheelchairs.”* Designing new homes as the ‘homes for life’ in the United Kingdom means a senior can live on one level in an accessible area, even if more than one floor exists in the home. Participants found in their community that automatic doors sometimes had the control button on the wrong side which could result in injury, buildings were not truly accessible even though marked as such, and that ramps were often built too steep for wheelchair users. It was suggested by many participants that individuals with physical disabilities and/or using wheelchairs need to be consulted by planners, designers and builders to find out what the actual needs are. *“That's why they need consumers to be part of the planning so they can bring those things up. Because if it's not something that you have to deal with, you don't really know about it.”*

Transportation.

Transportation was a huge issue for participants with disabilities, particularly for those who no longer could drive themselves, and transportation was a key to independence and socialization.

What I am hearing from seniors, and some of them are over in [name of place], it's not the medical appointments they worry about because someone will make sure they get to those, it's how do I get to visit my family and friends. I just don't and, as soon as I ask the question, all of a sudden they become very sad and they say “I haven't seen my aunt so and so since I don't know when,” or another lady said you know, “I'd love to go to the funeral but I have no way to go,”. And another one said “Well you know it would be lovely, to just go to the store one day and be able to browse and not have somebody waiting for you.”

Numerous participants stated that they could walk 1-2 blocks to catch public transportation, but they also found that most bus stops were generally a 3-4 block walk from their home and not manageable even in the best weather conditions. A few seniors suggested subsidized taxi service

or some other doorstep to doorstep transportation that was affordable. There were two participants who discussed Access-a-Bus service with one declaring they did not qualify and the other stating that two weeks advance notice was required to use this service.

Macrosystem Level

The first key theme for the macrosystem was the standard of living where individuals with a disability were often living at a considerably lower standard than an average senior. The second key theme was that of culture loss where societal transformation occurred over the years and traditions may continue to change as the population ages.

Social standards.

Individuals with disabilities had little or no control over their living situation. Social workers or government employees often told them to move when a rental increase was issued, but they then had to rely on agency workers to find them a home within their meager budget, and this task was not considered high priority by staff members. Individuals with a mental or cognitive disability were frequently at the mercy of the system and were placed in living situations that were less than ideal. Participants who lived independently experienced food, housing, and financial insecurity far more than individuals who were placed in small options or group homes.

I think that's one thing where apartment people see a problem, is that people living in small option and group homes have large TVs, have DVDs, have cable, have three square meals a day, and we don't. And it causes a lot of frustration and anger.

Many seniors with a disability were treated as second class citizens and lived in unsafe and/or undesirable housing and did not have the funds for many necessities including hearing aids, dental appointments, glasses, or specialty items to assist with mobility.

Having raised my children in low-income housing I feel that even the seniors' housing has become ghettoized, I think we see that in the housing on [name of street] and just

down the corner where the drug lords and prostitutes have taken over and threatened the residents.

Most of these seniors felt powerless and unable to make the changes needed to increase their poor standard of living.

Culture.

Society is such now that you tend to turn a blind eye to who your neighbors are. Our new neighbors are moving in and there is not any community spirit like there used to be. With my new neighbours, I'd just as soon not knock on the door, thank you.

Seniors acknowledged that people live longer today than ever before, and that societal changes have occurred in their lifetime. As the population gets older, wheelchair accessible homes become less available, but most participants wished to remain active and independent and realized they may require a small amount of assistance to achieve that goal. As the baby boomer generation reaches the age requiring nursing home care, needs and desires could change from previous generations. Some focus group participants thought that society was not presently addressing the issues of the aging population. A second issue was that of a self-centered society where the younger generation acts like adults but does not face the consequences of adults. For example, a young adult expecting their older parent to raise a grandchild without the adult (the child's parent) providing the financial support necessary for this obligation. A further issue for seniors was their changing community. For example, a once rural home may now be in an urban area, or a once 'modern' home may currently be considered a heritage property or historical site.

Participant 1: "Now that's why, like [name] said, that's why I built my home where I am today because when I built it, it was on the outskirts of [name of place], and the taxes were low and it was affordable. But as time goes on, like you said, it's getting less and less affordable because the increases in taxes and the cost of fuel, and so forth."

Participant 2: "The city encroaching on you."

Participant 1: "Yeah, that's right."

*Qualitative Analysis for Individuals of Ethnic Minority Status (N=25)**Person Level*

Seniors of ethnic minority status lived in their present home ranging from a few months to their entire lives. The living situations also varied a great deal and included living in an owned or rented private home, a rented apartment either in a building or a private home, a senior's home, and a rented room with shared kitchen and bathroom. One of the private homes discussed was an inherited home and was greatly in need of renovation due to its advanced age. Some of the participants lived alone, while many lived with sons and daughters in a home owned by the family members, and one participant lived in an apartment with a dependent child. The numerous topics discussed in this section are related to feelings of fear and isolation.

Experienced feelings.

While a few participants were very happy with their living situation, the vast majority had many worries regarding the future, and the four main concerns were work, money, health and physical insecurity. The work anxieties were potential job loss and/or the inability to work the required ten years to qualify for the Canada Pension program. There was a great deal of concern over having enough money in the future for needed medications, personal care, necessary home maintenance, home renovations, small luxuries such as a vacation, and to provide choice in living arrangements.

Health worries centered on three topics: no longer having the physical ability to complete renovations, needing personal care, and difficulty finding accessible and appropriate housing as health declined. There also was worry regarding being alone and feeling physically insecure, and seniors desired to feel secure in both the home and the community. *"...Because I am afraid from ground floor because it's big windows and sometimes one guy, one time try to look in my*

windows and I call police but I'm still afraid when I am alone." While the participants of ethnic minority status expressed a great deal of fears, one participant summed up what influenced the ability to make changes by stating *"Health and money, that's about it."*

Isolation.

The participants in the ethnic minority groups were often unable to communicate in English and translators were required for one focus group. *"So of course the people who do not know English, it's very difficult for them."* Inability to communicate often led to isolation since there was either no network of family and friends, or no network members outside the immediate family. Seniors wanted to be productive and contributing members of society, and being so would reduce feelings of isolation. Having mobility issues (i.e. not being able to walk to neighbouring homes), and not having an extra bedroom for over-night guests, further fostered isolation. *"My hand broke three months ago. Right now it's not so good. I live alone. I can't cook. I can't wash dishes. I can't go somewhere."*

Microsystem Level

The microsystem for seniors of ethnic minority status was very diverse. Participants discussed their internal and external home environment. Stairs and lack of an extra bedroom were the main concerns in the home, while a varied number of issues were found in the outside setting. Independence was a central theme, and exercise was viewed vital for optimal physical and mental health.

Appropriate in-home environment.

One senior needed comfortable furniture for the home, and several discussed the importance of the Internet since it permitted the persons of ethnic minority status to communicate and connect with individuals of the same culture. A more prominent topic was that

of cold homes with chilly and/or damp floorboards. The two topics that were most apparent and discussed frequently was the need for at least two bedrooms in the home, and the detestation of stairs leading to and within the home. The second bedroom was desired for overnight family members, guests and/or caregivers. *“There is nobody who can come and be with you because you have one bedroom.”* Stairs were said to be the greatest obstacle that seniors faced in their home setting, as stairways drastically reduced mobility. *“Usually if I come downstairs in the morning I stay downstairs until bedtime. I don’t like to walk the stairs.”* Elevators were not always available in apartment buildings leaving no other choice than to climb numerous stairs. Two-story homes were categorically undesirable.

Appropriate external environment.

Wheelchair accessible apartments were not readily available for those with poor and/or declining health, and the option of affordable housing was limited but required, particularly for those not eligible for the Canada Pension program. Many seniors stated how important it was for their home to be centrally located—close to bus stops, amenities and services such as home-care—and to have a picturesque view of a garden, park and/or trees. *“What is really very, very important to me and really makes me feel good is to be able to look out the kitchen and be able to see green, trees and bushes.”* Other issues regarding the senior’s environment was the need to replace roofing, windows and doors; and being unable to walk outside of the home due to mobility issues and hilly surroundings.

Independence.

Translator: “...But I can work. I can do stuff by myself. So I want to be useful. He says that.” Other participants stated that it was important to remain independent and live close to their family but not with them. Even though these seniors may receive some help from their family,

getting drives for example, they prefer to do things themselves, not be a burden to loved ones, and be productive members of society. “...*We should have a house where we can get all the facilities...And we can live independently, but not be a burden to our children.*”

Physical health concerns.

Seniors in the ethnic minority population recognized the need to stay healthy and were concerned about the possibility of declining health and decreased mobility. A small number of participants discussed how their present home negatively affected their physical health since their environment was cold and damp. To support optimal physical and mental health, participants stated that exercise was a main factor. There was a need for community support groups for activities, crafts, and exercise programs, and that exercising with younger people could help with momentum and motivation.

We do need a community, like a support group...So there has to be some activities, maybe the films facilities or craft facilities or some exercise rooms. That is important. So, I think these facilities are not kind of a luxury but become a necessity. And certain age where we are not able to go out.

Mesosystem Level

While there was a great deal of discussion in the mesosystem section, all of the thoughts were placed into two categories—required assistance, and relationships and socialization. While some seniors received the care they needed, the vast majority did not, and furthermore, individuals did not know where they would get the help that they currently needed or would need in the future as many did not have family members to provide care. This group of seniors also expressed the importance of socializing and having relationships both inside and outside the family unit.

Required assistance.

Very few participants stated they had someone to care for them and provide assistance when required. "...Earlier we were talking about extended family which [name] had mentioned right. It's a good thing. Get help. Physical help, mental help and spiritual help, all of these combined. You get support." The type of help mentioned was mainly receiving drives or living with family members which undoubtedly assisted with living expenses. Participants wanted to be independent, but it was thought important to have access to help when they needed it. Some seniors were having difficulty within the home with cleaning and cooking and many mentioned that yard care (gardening, snow shoveling, etc.) was especially difficult to do. A number of seniors were considering a move or had moved to a rented building or condominium where yard work was included. The majority of participants of ethnic minority status were concerned and worried about who would look after them when they could no longer manage. Many did not have extended family, or family members were unable to help due to their old age, diminished health, work commitments, lack of money, or obligations to their immediate family members.

Translator: Yeah, she says that some of the people have no relative here. Some have but some are really alone here...And sometimes she needs some help but has no access to anyone, any relatives, so she needs to have someone to take care of her. To be aware of her, what she's doing and what does she need.

Relationships and socialization.

Housing that accommodated pets was imperative for those who were pet owners since this type of relationship was often significant.

My house is on sale so, one day a lovely girl and man just showed up on my door...He said I had gone to all seniors places, no where they will allow me to have my dog and I can't go anywhere without my dog.

Living in a housing complex or senior village was thought by some to be a solution to loneliness, since living with others was considered better than living alone, and mixed

generational living was favored. One participant was very happy with his community and knew all of his neighbours and some seniors expressed how much they enjoyed communicating with younger people. *Translator: "Communication with the children is so important because...as a Mom, she wants to help...and at least enjoy the grandchildren."* Family, however, was often the only source of socialization for participants of ethnic minority status.

Exosystem Level

Seniors required community support with hiring help, obtaining affordable housing in a timely manner, and accessing a senior's representative offering advocacy. In addition to requiring support, seniors felt unsafe in their communities due to a variety of reasons, could not afford the high cost of living and often had no access to transportation. 'Policies and grants' was another theme that affected seniors, with governments being viewed as inactive and non-supportive.

Community supports.

The participants in this group talked of now having to hire individuals to do tasks that they once did themselves. Hiring members of the community was found to be a problem mainly due to lack of money, but seniors explained that even if money was not an issue, it was difficult to acquire dependable, reliable, and trustworthy individuals to provide assistance. *"Even if you can afford, still, especially the service, it's very difficult to get it."*

Accessing affordable housing was a key sub-theme in community supports. There was much talk of long wait times for government housing. *Translator: "So this is the example, she applied seven years and there is no answer."* One participant stated that after waiting four years she received a one-bedroom home instead of the requested two-bedroom to accommodate a family member.

An additional theme was advocacy. *“Everybody should have that option to own a home.”*

Other participants echoed this participant's statement stating that wait times for government subsidized housing should be shorter and housing made available to those in the greatest need first, and that guidance was needed to find available affordable housing. An Ombudsman would help represent seniors in their housing needs, and seniors felt they had to fight for everything they required, believing that seniors needed to band together in order to witness action. *“And so I'm finding now, that if you really want anything, you really have to fight for it. [Multiple participants agreed]. And you shouldn't have to fight that much.”*

Safety.

Safety was a huge concern for seniors of ethnic minority status.

But one thing that I would like to see is police protection...there's always a bunch of children around, not even children, they're adults, they're out there smoking and loud music in the night time...You don't feel safe anymore, you just don't feel safe.”

Poor lighting in communities caused distress, in addition to uneven, poorly maintained or absent sidewalks. The most stressful situation was having no phone service and the length of time that seniors must wait for this essential service to be restored. Without a phone, seniors are left without access to 911 and emergency alert services and unable to contact anyone regarding general assistance via the phone or internet (if dial-up service is used).

...Yesterday my phone line was down, so I had to go outside and phone them. I was told that 24 hours it would take to do anything about our line...When I am living alone, 24 hours, anything happens, I can't call 911. I can't do anything...I can't use my internet because it's down because of the phone line.

A number of participants stated that there should be someone to regularly check on seniors, even if it was the landlord or a neighbour.

Financial concerns.

“I'm a senior citizen and no more money is coming in, but it sure is going out!”

Due to this stark fact, many participants of ethnic minority status found that Old Age Security plus the Guaranteed Income Supplement (GIS) is not enough to live on, work is not easy to obtain, and that increasing expenses are becoming unbearable. *Translator: "They're paying three hundred dollars for medicine per month right. So, that's like half rent. It's a big issue."* The predicament was not enough income combined with the rising costs of heat, property taxes, insurance, and home-maintenance. *"We should be wearing sweaters so that we don't have to spend too much on heat."* Assisted living was thought not to be an option either in the present or the future due to the excessive cost.

Rules, policies and grants.

It was felt that the government did not listen to seniors in general but above all, seniors believed they were not being consulted regarding their housing needs. Many participants stated that they were unaware of existing grants, did not know how to apply for or obtain available grants, and furthermore did not know where to acquire assistance regarding grants.

And I think that sometimes those things are made complicated for seniors. If you don't have a younger person living in your home that's willing to do some of this for you, you may have it on your agenda for years and years, that yes, you know you need repairs to this or repairs to the other thing. But you don't have the finances, you don't have the services, you don't have the person or individual available to do the work for you.

The government was not seen as action-oriented and many participants wanted to see broad-spectrum development such as government accountability and societal progression.

Transportation.

For many seniors, transportation continued to be a difficulty and a concern. *"Right now we have special rates for transportation on buses and this type of thing, but there's no special rate for gas...If you wish to maintain your own vehicle, it costs a lot."* Amenities such as medical facilities and grocery stores were not always close by, and buses and senior's vans were either

non-existent, or did not have regular pick-up days. Bus stops were found inconvenient, often being outside of walking distance from the senior's home, and many seniors were isolated unless they had family members or neighbours to drive them. *“Even if we're not that far away from the bus stop, in the winter it gets icy. Because the roads are icy, snow piles are high, bus stops are snowed in.”* One senior pointed out that flights to her community were infrequent and very expensive and the participant was anxious regarding a possible emergency situation.

Macrosystem Level

Desired societal support, cultural differences and ageism were the three main themes for this level. Societal support was viewed essential to foster long-term self sufficiency, seniors struggled with changing traditions and cultural differences, and community members appeared indifferent towards the aged.

Societal support.

Having societal support was crucial to individuals of ethnic minority status. Assisting seniors to be independent and self-sufficient could be accomplished by incorporating 'wheel chair accessible' standards into building codes, so that all new buildings are accessible and renovations are not required at a later date. *“There's something called universal access where if we have that, then all these buildings will be built to certain standards. They would have wide doors and grab bars and low plugs...”* Moreover, senior's living space should be all on one floor, and elevators should be an option if the home is higher than ground level. Nursing homes in close proximity would offer seniors a place to receive assistance when ill, but when able they could return to their home. Many preferred a village concept as model housing where physical activity, transportation, a multicultural restaurant and a multi-faith prayer room were available. It

was further mentioned that subsidizing people instead of units offered housing choice. *“First of all, I would suggest that people should be subsidized instead of units.”*

Culture.

Many participants reported that multi-generational living which is an accepted cultural practice in much of the world is not accepted in Canadian culture. *Translator: “...When they tell people they all live together, there are people here that find it weird. It's less common. In Europe it's fine.”* It was important for this segment of the population to be in close proximity to family and extended family, but to have their own individual space. However, a lack of resources often resulted in communal living being the only option. Shared arrangements and building regulations frequently did not accommodate overnight visitors, or promote desired open communication with family members.

I've got families that left for that reason because they had a big family, four or five children. They couldn't find a place more than three bedroom and they say “No, you have four children, you cannot live in three bedroom because you have to have that many number of bedroom” and who can afford that?...They're pushing peer culture on us.

Many participants had not mastered the English language and relied on family members to provide information, companionship, and assistance, particularly when filling out required government forms or job applications. Cultural differences with regards to food was another concern since hospitals and ‘Meals on Wheels’ only offered food traditional to the immediate region.

Discrimination.

Seniors of ethnic minority status considered society uncaring regarding their generation. *“At my age, I would like to see seniors getting more attention than they are getting...I don't think the youth care about us, if we live anymore...”* Many were unable to find work due to their advanced age and without an income, they were powerless to secure permanent housing or

needed help. If they were unable to work for 10 years, they did not qualify for the Canada Pension plan which added to their financial insecurity and increased the feeling of not being wanted by society. The majority felt they were lost in a population that was quickly growing older, with no real solutions in sight. *“Because the population is growing, and the senior population is really growing very fast, and we don’t see much solution for our province.”*

Chronosystem Level for All Groups

At this level, the main themes across the three groups were sudden relocation and unexpected disability.

Sudden Relocation.

There were four participants who quickly and unexpectedly moved in their lifetime. One senior was viewed as incompetent by her family and fled from relatives and a potential nursing home life to retain independence. One participant of ethnic minority status came to Canada from a war torn country. *“...We have a house there but I lost everything. I lost two jobs. I lost money. I lost everything. I came here almost naked.”* This person had lost everything, was unable to obtain a job in this country, and was *“Here with no options.”* The final two individuals were African-Nova Scotian and Aboriginal and were forced from their homes, *“I got relocated from Africville”*, as part of a government mandate and relocated to different communities. *“I was born in Hebron. That’s my home place there, I was baptized there and we had to leave, 1959. Everybody had to leave, everyone had to go and that was sad.”*

Unexpected Disability.

There were two scenarios where an unforeseen disability affected and suddenly transformed the individual. The first situation was regarding a new immigrant who moved to Canada and was successful at finding work despite knowing little English. Shortly after however,

the individual required surgery resulting in disability, and was no longer able to work. In the second situation, a married couple had built their home to retire in and expected the typical age related disabilities of old-age but health declined for them in unpredictable ways. One person developed Alzheimer's disease and the second person became the caregiver, but then the caregiver was diagnosed with cancer. Due to the sudden illness of cancer, alternative plans were hurriedly put in place so that care giving continued. *"...But life is unpredictable isn't it."*

The qualitative analysis helped to understand issues that older adults face, but by also providing quantitative data, additional information is obtained resulting in data that is richer in quality. The following section will discuss the quantitative data and analysis.

Quantitative Analysis

Since the number of individuals of ethnic minority status was too small to be reported, this section focuses on quantitative data analysis for the Aboriginal Elders and individuals with disabilities. There were 26 Aboriginal Elders (.01% of the survey population) and 335 people with a disability (20% of the survey population). Even though the percentage of identified Aboriginal Elders was small when compared to the total population, 26 individuals was considered to be a significant number and therefore included in the data.

Quantitative Analysis for Aboriginal Persons (N=26) by Level of the Ecological Model

In the person level of the ecological model (Appendix D) it was found that the average Elder was 72 years of age, female (58%), married or common-law (65%), lived with one other person (73%), in good health (54%), and lived in a single family home (85%) for an average of 35 years. The majority of this group had a household income of less than \$24,999 (39%), with 34% stating an annual income of \$25,000-\$39,999. In the microsystem level—windows (38%), entrance (31%), bathroom (27%), and storage (23%) were the main problems within the home.

Half the participants required home repairs, 54% required home modifications, and 19% of Elders planned a move—12% with the intent to downsize. With regards to the mesosystem: participants mainly lived with either a partner (65%), or a child/grandchild (23%). The exosystem views the affordability of the home and while 38% of the participants spent less than 30% of their total income on shelter costs, the same number (38%) spent more than 40% on shelter costs. While there was no data to report in the macrosystem, the chronosystem examination found that 12% of Elders had a change in health over the last year, and 46% stated they had a significant health change in the past 5 years. Also included in the chronosystem is the fact that one participant (4%) planned to move due to the death of a partner. No participants planned a move due to a decline in their own health or a decline in their partner's health.

Quantitative Analysis for Persons with a Disability (N=335) by Level of the Ecological Model

The average person with a disability was 77 years old, female (60%), married or common law (55%), lived with one other person (55%), in fair health (45%), and lived in a single family dwelling (66%) for 39 years. While 42% reported a household income of less than \$24,999, the majority (48%) of participants reported an income of \$25,000 or more. In the microsystem level—windows (33%), storage (29%), entrance (27%), and bathroom (27%), were the main problems within the home. The majority of participants with a disability (57%) required home repairs, while 50% needed their home modified. Sixteen percent of survey participants planned to move and the main reason for the move was a decline in the individual's health (11%). In the mesosystem level, the majority of participants lived with their partner (54%), while a few (14%) lived with a child or grandchild. With regards to affordability in the exosystem, participants either spent less than 30% (32%), 30-39% (28%), or more than 40% (26%) of household income on shelter costs. As in the previous section, there was no data for the macrosystem but the

chronosystem observed that 39% of persons with a disability had a significant change in health over the last year, 69% had a health change in the past 5 years, and 4% planned a move due to the death of a partner. While it has previously been noted that 11% of individuals planned to move due to a decline in their own health, 5% planned to move due to a decline in their partner's health.

Table 1: Demographic Characteristics of Focus Group Participants

Variable	Group of Older Adults		
	Aboriginal Elders N=25	People with Disabilities N=34	People who are Ethnic Minorities N=25
Age			
Range	51-84	51-90	48-84
Mean	66	66	71
Gender			
Female	19 (76%)	25 (74%)	20 (80%)
Male	6 (24%)	9 (26%)	5 (20%)
Main ethnic groups reported	Mi'kmaq 11(44%) Metis 6(24%) Other 8(32%)	European 18(53%) Canadian 8(24%) Other 8(24%)	East Indian 6(24%) African 6(24%) Other 13(52%)
Number of occupants in the home			
1	7 (28%)	14 (41%)	10 (40%)
2	11 (44%)	14 (41%)	7 (28%)
3 or more	5 (20%)	6 (18%)	6 (24%)
Missing	2 (8%)	-	2 (8%)
Self-reported health status			
Excellent	2 (8%)	7 (20%)	1 (4%)
Good	8 (32%)	16 (47%)	10 (40%)
Fair	3 (12%)	6 (18%)	10 (40%)
Poor	-	4 (12%)	1 (4%)
Very Poor	2 (8%)	-	1 (4%)
Missing	10 (40%)	1 (3%)	2 (8%)
Income satisfaction			
Adequate	4 (16%)	10 (29%)	8 (32%)
Very well	3 (12%)	6 (18%)	3 (12%)
Difficulty	5 (20%)	10 (29%)	5 (20%)
Not well	2 (8%)	6 (18%)	3 (12%)
Inadequate	-	-	3 (12%)
Missing	11 (44%)	2 (6%)	3 (12%)

Table 2: Similar Qualitative Themes Identified by Level of the Ecological Model

Description of Levels in the Ecological Model	Groups of Older Adults: Aboriginal Elders, Disabilities and Ethnic Minority Status
Person: results regarding the individual and demographic information.	Experienced feelings
Microsystem: results related to the personal impact of housing experiences.	Appropriate in-home environment Appropriate external environment
Mesosystem: results related to how social networks influence housing.	Required assistance Relationships and socialization
Exosystem: results related to community-based services and housing.	Community supports Safety Financial concerns Rules, policies and grants
Macrosystem: results on broad ideologies and mores that have an impact on older individuals and housing.	Social standards Culture
Chronosystem: results related to a life event or untimely incident.	Sudden relocation Unexpected disability

Table 3: Different Qualitative Themes Identified by Level of the Ecological Model and Group

Description of Levels in the Ecological Model	Group of Older Adults		
	Aboriginal Elders	Disabilities	Ethnic Minority Status
Person: results regarding the individual and demographic information.		Housing history	Isolation
Microsystem: results related to the personal impact of housing experiences.	Physical health concerns	Independence	Independence Physical health concerns
Exosystem: results related to community-based services and housing.		Transportation	Transportation
Macrosystem: results on broad ideologies and mores that have an impact on older individuals and housing.	Discrimination		Discrimination

Table 4: Quantitative Results by Level of the Ecological Model

Level in the Ecological Model and Variables in Each Level	Group of Older Adults	
	Aboriginal Elders N=26	Disabilities N=335
Person Level		
Age		
Range	63-87	54-102
Mean	72	77
Gender		
Female	15 (58%)	202 (60%)
Male	11 (42%)	127 (38%)
No response	-	6 (2%)
Marital status		
Married/common law	17 (65%)	183 (55%)
Separated/divorced	-	22 (7%)
Widowed	9 (35%)	116 (35%)
Never Married	-	9 (3%)
No response	-	5 (2%)
Number of occupants in the home		
One	3 (12%)	106 (32%)
Two	19 (73%)	183 (55%)
Three or more	3 (11%)	42 (12%)
No response	1 (4%)	4 (1%)
Health status		
Excellent	5 (19%)	9 (3%)
Good	14 (54%)	96 (29%)
Fair	5 (19%)	150 (45%)
Poor	1 (4%)	51 (15%)
Very Poor	1 (4%)	18 (5%)
No Response	-	11 (3%)
Years in community		
Range	4 months-75 years	1 year-92 years
Mean	35 years	39 years
Type of dwelling		
Single family home	22 (85%)	221 (66%)
Semi-detached	2 (7%)	14 (4%)
Multi-complex	1 (4%)	66 (20%)
Mobile home	1 (4%)	11 (3%)
Other	-	22 (7%)
Household income		
Less than \$14,999	3 (12%)	51 (15%)
\$15,000-\$24,999	7 (27%)	90 (27%)
\$25,000-\$39,999	9 (34%)	80 (24%)

\$40,000+	4 (15%)	80 (24%)
No response	3 (12%)	34 (10%)
Microsystem Level		
Current safety and design issues		
Stairs are problem	4 (15%)	75 (22%)
Kitchen is a problem	4 (15%)	36 (11%)
Bathroom is a problem	7 (27%)	91 (27%)
Bedroom is a problem	5 (19%)	53 (16%)
Storage is a problem	6 (23%)	96 (29%)
Windows are a problem	10 (38%)	109 (33%)
The entrance is a problem	8 (31%)	92 (27%)
The dwelling design is a problem	2 (8%)	67 (20%)
Home requires repairs	13 (50%)	191 (57%)
Home requires modifications	14 (54%)	169 (50%)
Have plans to move	5 (19%)	52 (16%)
Reasons why a move is planned		
Decline in participant's health	-	36 (11%)
Decline in partner's health	-	15 (5%)
Difficult to maintain home/yard	1 (4%)	23 (7%)
Difficult to get around	1 (4%)	19 (6%)
Access more suitable housing	2 (8%)	19 (6%)
Downsize to a smaller home	3 (12%)	19 (6%)
High cost of living	2 (8%)	13 (4%)
Closer to family and friends	2 (8%)	12 (4%)
Mesosystem Level		
Living with others		
Partner	17 (65%)	181 (54%)
Child/grandchild	6 (23%)	47 (14%)
Brother/sister	1 (4%)	4 (1%)
Parent(s)	1 (4%)	2 (1%)
Housekeeper or helper	-	4 (1%)
Other person	-	17 (5%)
Exosystem Level		
Portion of household income paying for shelter costs		
Less than 30%	10 (38%)	109 (32%)
30-39%	3 (12%)	95 (28%)
40% or more	10 (38%)	86 (26%)
No response	3 (12%)	45 (13%)
Chronosystem Level		
Experienced significant health change in the past year	3 (12%)	131 (39%)
Experienced significant health change in the past 5 years	12 (46%)	230 (69%)
Planned to move due to partner's death	1 (4%)	4 (1%)

Chapter 6: Discussion

In this chapter, I first discuss the key findings in relation to prior research and suggest how the results can be applied to policy and practice. The remaining topics covered in this section are limitations of this study and topics for future research.

Discussion of Key Findings and Application of the Results

The key findings in this section are: the importance of the exosystem, the way in which the levels of the ecological model intertwine, the in-home and external environment, culture, forced relocation, core housing need, and financial challenges for participants with disabilities. Where applicable, policy recommendations will follow each key finding.

Importance of the Exosystem

The most important key finding in this study was how much the exosystem, events where the individual is absent but affected, influenced these vulnerable populations. The individuals in all three groups (Tables 2 and 3) were influenced by governmental policies and services yet they had little or no control in the regulations that affected their life. The main issues in the exosystem that affected vulnerable seniors were transportation, increasing costs, grants, subsidized housing, and housing construction.

It was discussed in the literature review section that without social support, seniors may not be able to function effectively (Bothell, et. al, 1999). Participants in this study expressed how the lack of adequate public transportation in the community affected their independence and ability to socialize, and even though the seniors did not indicate that they could not properly function, there seemed to be a connection between lack of transportation and loneliness.

Financial support was imperative for daily survival and those without this assistance were greatly affected by the exosystem. While Aboriginal Elders needed financial support for yard

work, maintenance, repairs and renovations, the other two groups needed funding for daily living expenses. Grants for home renovation and/or modification were not available, available but not easily accessible, or available and associated with an agency considered to be social welfare. If the senior required subsidized housing, the wait time was unnecessarily long, and vulnerable seniors had no advocate to speak on their behalf or offer assistance.

The quantitative data (Table 4) supports the qualitative data in that 38% of Aboriginal Elders and 26% of those with a disability paid 40% or more of their total household income on shelter costs. Additionally, 12% of Aboriginal Elders and 28% of seniors with a disability paid 30-39% of their total income on housing and related expenses. Spending more than 30% of the total household income on housing and being unable to financially meet that standard means there is a core housing need, and that financial support is necessary.

In the focus group data, it was felt by all three vulnerable groups that susceptible seniors needed to have a say in housing construction as their housing needs were unique and unknown to many individuals who plan and build homes. This finding is consistent with previous research that each vulnerable group has specific and unique needs and that design needs to reflect those requirements (Bruce, et. al, 1998; Marshall, 2002; Pecarski, 1989).

The exosystem issues listed above greatly affect the housing choices of vulnerable seniors. With an immense lack of adequate, affordable and accessible housing, and few housing and service options, it is recommended that existing policies affecting seniors be examined and evaluated, priority for services and programs be given to those with the greatest financial need, and that vulnerable seniors have some control over the policies that affect their daily lives. For example, seniors have little or no control over the types of housing or the location of new housing built, but seniors in this research were clear in what they wanted regarding housing.

Permitting seniors to have input in new housing will allow them to have choice, permit independence if the housing is centrally located, and potentially be cost efficient since the newly built housing would be appropriate.

Intertwining of the Levels of the Ecological Model

The second key finding from viewing the research data was how much the levels of the ecological model intertwined. The model used for this analysis assumes that the individual and the environment depend on each other, and that either one perspective can be viewed, or the perspectives can be placed together to give a broader point of view (Berry, 1995; Bronfenbrenner, 1979; 1992; 1995b). For example, housing choice was affected the most by social support and finances, and these two issues were apparent in many of the levels of the ecological model. In regard to finances, seniors worried about money and how they will financially manage in the future (person); experienced inappropriate housing because they could not afford home modifications (microsystem); relied on family, friends, and neighbours to perform costly yard maintenance (mesosystem); received fixed incomes that were rising at a much slower rate than expenses (exosystem); and endured poorer social standards due to the lack of finances (macrosystem). The chronosystem was also affected by finances since a sudden relocation or unexpected disability would certainly require additional funds.

In addition to finances, social support also flowed throughout the levels the model. Aging in place was found to be more prevalent where formal and/or informal support services are available (Alley et. al, 2007; Bothell, et. al, 1999; Lafrenière, et. al, 2003; Wellman, 2008). This research also found that the ability to age in place depends on the availability of individuals at each level of the ecological model. Seniors worried about their future more if informal assistance was not available (person); desired to remain independent particularly if they did not have social

support (microsystem); relied on neighbours mainly for yard work (mesosystem); depended on Meals and Wheels and financial support from Veteran's Affairs (exosystem), and occasionally resided with relatives (macrosystem).

The In-home Environment

The appropriateness of the in-home environment was the third key finding from this research. The quantitative data (Table 4) shows that many older individuals are living in homes that have different safety and design issues, and 50% or more of the homes require repairs or modifications. Small numbers of individuals found it difficult to maintain the home and/or yard, and found mobility in and around the home difficult. While 12% (3) of Aboriginal Elders and 6% (19) of individuals with a disability were planning to move to access more suitable housing, it is unknown how difficult it was to obtain this type of housing.

It was apparent from the quantitative information that most seniors are not living in adequate housing since at least half of the participants were living in housing that had safety and design issues and/or required repair. Additionally, a home is not fully accessible if mobility within the home is limited. This finding concurs with the findings of Weeks and LeBlanc (2010), who found that vulnerable individuals often lack suitable and accessible housing.

Furthermore, the vulnerable seniors in the focus groups described their homes as two-story, cold, damp, uncomfortable, inadequate in size (too big or small), and not accessible with a mobility aid. Stairs within the home was a huge challenge to many participants and an undesirable feature of the home. Stairs are a barrier for the elderly and can limit the ability to socialize (CMHC, 1999). The participants in this research certainly agreed that stairways were a massive barrier, greatly limited their mobility, and threatened their health. Additionally, many homes described in the qualitative data required repairs, renovations or modifications, but in

spite of this, older adults wanted to remain living there. This finding is consistent with Lewis' (2006) research that found seniors to be emotionally attached to their homes and unwilling to move, even if the move was to a healthier environment.

Participants were specific regarding what type of home they desired—two bedrooms; one-level with no stairs either inside or leading to the home; energy efficiency (providing warmth); and necessities such as sufficient ramps, large rooms to accommodate a wheelchair, a large bathroom with a walk-in shower, wide doorways, grab bars and adequate railings. Moreover, all three groups of vulnerable individuals stressed how important it was for them to have a view of nature from their window—water, trees, bushes, or green grass.

Independence is a basic human need and often gained through accessible housing, but most housing does not allow for independence (Heywood, 2004; Novac et al., 2002). This was also found in the present study as participants were clear that they desired and required accessible housing. It was found in a previous study (1997) that life-long adaptable housing supports independence and the ability to age in place but is generally not available in Canada (Rodriguez, 1997). Participants in this study also mentioned that 'homes for life' were not available and that even some 'accessible housing', was not truly accessible. Additionally, they felt their specific and sometimes unique housing needs were not being met, and even though some individuals were not disabled or mobility limited, they realized and appreciated that they may one day require an accessible home.

A recommendation from this study is to amend building codes so that ramps, homes and all public buildings are accessible. More accessible housing is needed in most communities and if funding is available for renovations, the public needs to be informed as to how funding is accessed. Additionally, grant applications for all available funding should be designed with

seniors in mind so these individuals can easily access needed financial support. Most importantly, planners and builders need to have input from the specific population the housing is being built for. I suggest that 'Lifetime' type housing be investigated by policy makers and planners, as these homes can suit a variety of individuals throughout the life course.

External Environment

An appropriate external environment was the fourth key finding from the research findings. It is common for circumstances to change later in life, a reduction in mobility for example, and housing should accommodate these situations (Clark, 2005). It was found, however, that affordable accessible housing was often not available in the immediate community. Kreda (2009) reported that individuals with mobility problems relied on ramps, grab bars, wide hallways, and wide doorways in the community. Many participants in this study reported that community buildings did not have wide doorways, appropriately sized bathrooms, ramps, railings, etc, and were therefore inaccessible to a great number seniors.

Having amenities and services close by promoted senior independence as public transportation to amenities was not always convenient, affordable, or available. If the senior had transportation to amenities, they were more content with their home and community. In addition to amenities and services, a natural, scenic environment was preferred in the senior's neighbourhood, with water and greenery within view.

An age-friendly community can positively affect a senior's quality of life while an unfriendly environment can have the opposite affect (Alley et. al, 2007). This was found true for this research project. If the senior could navigate their community without much difficulty, they were generally satisfied. Hilly locations within the community were found undesirable and a dilemma for those with mobility issues. Furthermore, inaccessibility, bus stops placed outside

walking distance, spread out amenities, or essential services located in hilly areas all resulted in senior dissatisfaction.

It is suggested by this researcher that public education be provided so that the general population is aware of senior's issues, and that the building codes be changed so that all new community buildings are built to a standard of accessibility. Many rural areas do not have public transportation but perhaps a cost-efficient door-to-door service could be developed. Even if communities have bus service, the seniors in this study often found that bus stops were too far apart. Having community legislation regarding a shorter distance between stops would mean more seniors obtaining the independence they desire.

Culture

Culture was a fifth key finding across the three populations however, the experiences for each group were somewhat different. Aboriginal Elders desired to live a traditional way of life—receiving the healing properties of the land, and wished to pass this lifestyle on to future generations. This finding strengthened the belief that Elder health correlated with the land and environment (Mackin & Nyce, 2005). The findings of this present study were also consistent with previous findings that Elder housing is more than just a shelter, but a place to share with others, pass on traditions and culture to youth, and to pray or bond with the environment (Chenew Holdings Inc., 2004). Moreover, this study found that Elders would always consider their birthplace to be 'home' and Elders desired to return 'home' as often as possible.

Even though Elders desired to carry on traditions, they acknowledged that the present generation carried a self-centered attitude which brought problems such as homelessness, crowded living, and Elder disrespect. This is consistent with previous findings of Aboriginal youth being respected more than Elders (Chenew Holdings, Inc., 2004).

Though Aboriginal Elders talked of past culture, persons with a disability discussed culture of the present society. A vast number of older persons have disabilities, and this results in a great demand for accessible housing. This finding is consistent with a study that found minority populations who have diverse cultures and traditions often have disabilities, and age associated changes in health (Wellman, 2008). The ability to obtain accessible housing results in a greater independence for this group of vulnerable seniors. As with Aboriginal Elders, people with a disability also felt they lived in a self-centered society, and they had difficulty adjusting to these attitudes.

Culture was ingrained in persons of ethnic minority status who preferred multi-generational living with their own space and privacy. It was found, however, that the cultural practice of multigenerational living was generally not acceptable in Canada. Unless the senior has monetary wealth, they depend on family members for all support including housing (Basavarajappa, 1999). Even though the seniors in this group wanted to live with their family, financial restrictions often dictated that the senior live in cramped situations with family, regardless of desired space and privacy. If the senior lived apart from their family, they often did not have an extra bedroom to accommodate overnight guests; could not receive 'ethnic' foods from community organizations such as Meals on Wheels; and did not receive essential assistance, information, and socialization due to language issues.

Forced Relocation

The sixth key finding was that of sudden and forced relocation, and these events can be classified as events occurring in the chronosystem. While there were four cases of sudden relocation, there were two individuals whose relocation was forced due to a result of different government mandates that affected Aboriginal and black Nova Scotian individuals. According to

Green (1998), fifty eight Hebron Labrador families were abruptly relocated to unfamiliar neighbouring locations. Relocation made hunting, fishing and trapping extremely difficult since the individuals did not know the new area, and because most of the land had been previously claimed (Green, 1998). This resulted in poverty for many of the residents who had no choice other than to turn to social welfare for assistance (Green, 1998).

Residents of Africville were also suddenly ordered by the government to relocate. In the 1960's, residents of an exclusively black community were evicted from their homes and relocated (Clairmont & Magill, 1999; Nelson, 2001). The removal of over 400 black residents was a result of a government decision to revitalize the city of Halifax and eliminate a city slum (Nelson, 2001). These Halifax residents were relocated to other parts of the city and it's outskirts with little or no compensation and the government strategy was based on racism and a display of 'white authority' (Nelson, 2001).

There was one person who experienced forced relocation in Labrador, and one individual who was suddenly moved from Africville. While the focus group participant provided no particulars on each event, further research on Hebron and Africville provided details on each life-changing incident. These specific incidents were a unique finding of the current housing research and worth detailing as minorities are often denied housing due to discrimination (Danso & Grant, 2000; Novac et. al, 2002; Teixeira, 2006). Even though it was an extremely small number of participants in this study who suffered sudden and forced relocation, the actions are no less significant or unworthy of mention. It would be beneficial to conduct further research on these events, and investigate further how residents were affected.

Core Housing Need

Another key finding from the present research was the possible presence of core housing need. In Canada, individuals are identified as being in core housing need if they do not meet at least one of the following standards and cannot afford to meet the standard: their home requires major repairs, their home is unsuitable in size, and costs related to the home are more than 30% of the total household income (Jakubec, Engeland, & Melzer, 2003).

The quantitative data shows that 50% of Aboriginal Elders and 57% of those with a disability required home repairs. Furthermore, seniors in both groups reported that at least half the homes required modifications, and that the main current safety and design issue was with windows. While no quantitative data was available in this study for individuals of ethnic minority status, qualitative data showed that most of these individuals could not afford their own home.

With regards to home suitability, participants were very clear that they desired an additional bedroom. While this may be true, the housing standard currently being used to have enough bedrooms for the inhabitants, not for others who are visiting. Housing is considered suitable if there are enough bedrooms available for each: adult couple, household member 18 years of age or older, pair of same-sex children (under 18), or children who are the opposite sex and age 5 or older (CMHC, 2010). Children under the age of 5 or same-sex children are expected to share the same room, and it is suitable for one adult to live in a bachelor unit that contains no bedroom (CMHC, 2010). The quantitative data (Table 4) and the demographic characteristics of focus group participants (Table 1) showed that there were a total of 49 individuals with three or more occupants living in the home. Something to consider though, is that the CMHC standard for suitable housing listed above is not necessarily typical when discussing Aboriginal Elders or

individuals of ethnic minority status whose customs and traditions may differ. For example, an entire family may visit for an extended period of time, perhaps to provide care to the senior individual, making more than one extra bedroom necessary.

The final standard is that of housing-related costs being more than 30% of the household income. Regarding Table 4, some participants (15% Aboriginal, 24% disability) reported an income of \$40,000 or more, and other individuals (12% Aboriginal, 15% disability) reported earning less than \$15,000, however, it is essentially important to look at income in relation to costs. The focus group characteristics (Table 1) show that seniors in all three groups had a fairly adequate income (26%), or were financially doing well (14%); but 48% of individuals either had financial difficulty (23%), were not doing financially well (13%), or had inadequate income (12%). This is considered to be a fairly significant percentage of individuals who do not have adequate finances. Furthermore, the quantitative data showed that Aboriginal Elders (50%) and persons with a disability (54%) spent 30% or greater on shelter costs.

While it is difficult to determine if core housing need exists based on qualitative data, the participants certainly discussed concerns they had with affordability, adequacy, and suitability. If one of the three standards were not met, it is unknown whether or not the participant could afford to meet that specific standard. Furthermore, while at least 50% of Aboriginal Elders and individuals with a disability require home repairs, it is not known from the present data whether or not the repairs are major or minor, and the suitability of the home is also unknown. At least half of survey participants did spend 30% or more on shelter costs but the true amount of individuals who spent more than 30% is unknown.

When seniors spend more than 30% of their income on housing and housing related expenses, there is an affordability problem (Clark, 2005; Rea, MacKay & LeVasseur, 2008).

While the qualitative data was unable to provide the exact number of individuals who spend more than 30% on housing, the quantitative data showed that 50% of Aboriginal Elders and 54% of individuals with a disability spend 30% or more on shelter costs, which would mean that a severe affordability problem exists. Previous researchers found that Elders, immigrants and individuals with a visible minority pay more than 50% of their income on housing (Yax-Fraser & Cottrell, 2009). The quantitative data stated that 38% of Aboriginal Elders and 26% of individuals with a disability spend 40% or more on housing expenses, but no figures were available to determine the percentage of seniors who pay more than 50%.

Many focus group participants from vulnerable populations clearly stated that they either did not have enough money to provide basic necessities or worried that if expenses increased (i.e. through cost of living increases or unexpected expenses), they would not have enough to live on. It seems apparent from the current research that even though there may not be a core housing need, a housing affordability problem often exists.

It is suggested from this research that a clarification of core housing need and affordability are needed. With regards to core housing need, many minor repairs could be more costly than one major repair, but minor repairs are not addressed in the core housing need definition. The description of home suitability may not apply to vulnerable populations due to cultural differences in regards to number of bedrooms desired. Finally, are participants who spend 30% or slightly less (28 or 29%) of their income on housing living in more affordable housing than individuals who spend just over 30% of their income on housing? Since vulnerable populations may have higher expenses, due to disability, for example, spending 28% of the total income on housing may be more challenging due to additional expenses, such as medical costs. In contrast, an average senior who is not vulnerable may pay a greater amount for housing (31%)

but spend less on additional expenses. It may be essential to support vulnerable individuals who are just below the CMHC recommendations.

Financial Challenges for Participants with Disabilities

The final, but not trivial, finding from the research was the financial challenges that seniors with a disability face with regards to their housing. While Aboriginal Elders lived in crowded situations, and persons of ethnic minority status often had no choice other than to live with relatives; many participants with a physical, mental or cognitive disability had great difficulty finding housing that fit with their meager budgets and were often required to move when they received a rental increase. Furthermore, they struggled more than the other vulnerable groups to obtain adequate funds for everyday living expenses. While 181 participants (54%) with a disability from the survey data (Table 4) spent 30% or more of their income on shelter costs, the focus group participants with a disability stated that they had very little left each month (as little as \$100) for expenses other than shelter. I conclude that the shelter costs were far greater than 30%. While hot meals from Meals on Wheels and other agencies, were found to help this segment of the population by reducing the cost for food and expenses associated with purchasing food, there is no doubt that individuals in rural or remote areas would not have access to such a service, and could financially struggle greater than those in urban areas.

It was mentioned by some participants with a disability that they had the opportunity to work for extra funding (either \$50 or \$60 a month). First of all, this opportunity was only an option for social assistance recipients of a metropolitan area in one of the four Atlantic Provinces, not to all individuals with a disability. Secondly, while these seniors had a slightly higher income, they had to provide labor in exchange for the funds limiting this option to those who were physically, mentally and cognitively capable of working. Thirdly, after transportation

and other expenses, it is unknown what the net income per month would truly be. Lastly, many participants mentioned that they used these extra funds to feed their cat. To those of us who are pet owners, we would argue that pet food is a necessity and should be included in the basic budget rather than considered an extra expenditure.

Individuals with a mental disability often are required to move when their housing needs change, have a rigid time limit in which to move, lose their home when placed in institutional care, and have no housing choice (Carling, 1990). Although there was no mention of institutionalized care or tight time limits when moving, there was data in this study to concur with previous research that persons with a disability must move when their needs change; and that due to lack of money for housing, and the need for a social worker to acquire housing on behalf of the individual, they realistically have no housing choice. While Carling (1990) researched those with a mental disability, this researcher established the two findings above to be true for participants with all kinds of disability.

These individuals were extremely limited in all life choices, but particularly in housing. The policy recommendation made for this situation was mentioned by one of the focus group participants, who suggested that housing and all other goods and services that seniors with a disability use be capped at 3% per year to match the rise in the disability pension. Making housing more affordable would result in extra funds available for other expenses such as food, clothing, laundry, personal care and miscellaneous items.

Limitations of the Conducted Research

Four limitations have been identified for this secondary data analysis. The first being that even though I participated as a Research Assistant for a portion of the focus groups, I had no

input into what questions were asked, how the questions were asked, or how long participants were given to answer a question.

The second limitation is that I did not analyze the focus group data collected from Francophone and rural older adults. While this data is significant and rich in quality, it was felt that Aboriginal, disabled and ethnic minority populations had many of the same challenges as the Francophone and rural individuals, but also had unique and overwhelming trials which made these populations marginalized and much more vulnerable than the latter two groups. The desire in this study was to focus on the most vulnerable groups of seniors in Atlantic Canada, and narrowing the data provided for a more comprehensive analysis of the three chosen groups of individuals.

The third limitation is the diversity of people participating within the 3 categories of focus groups. The 'Aboriginal group' is made up of identified and self-identified Native Americans living both on and off reservations. The 'disability group' includes individuals with a physical disability, persons with a cognitive disability, caregivers of those cognitively disabled and individuals suffering from a mental illness. Likewise, the 'ethnic minority group' contains participants from new immigrant, multicultural and black Nova Scotian focus groups. Combining information from a variety of specific groups into a common grouping does not permit in-depth analysis on that exact group of individuals and specific information was lost through assimilation into the allotted larger group. Keeping the groups separate however, was not feasible due to the small number of participants.

The fourth and final limitation is that the ethnic minority group was eliminated from the quantitative analysis. It was expected that the survey questions regarding language and culture

would result in being able to determine ethnicity, but this was not the case. Although some ethnicities were identified, the numbers were too small to report.

Even though limitations exist, it is felt that the information is reasonably accurate regarding these three specific populations. Presently, very little is known about housing and support needs of the Aboriginal, disabled and ethnic minority groups in Atlantic Canada. Researching housing for these individuals is imperative as Atlantic Canadian governmental and non-governmental agencies, organizations and programs strive to address the needs of all older residents, particularly seniors who are the most vulnerable.

Areas for Future Study

There were five main areas where future research could benefit Canadian society. First of all, there is little understanding of Atlantic Canadian housing for disadvantaged seniors, and how this specific population differs from the rest of Canada. Even though this research has shed some light on the topic of vulnerable seniors' housing in Atlantic Canada, no comparison was done with the housing needs of vulnerable seniors in the entire Canadian population. Investigating how Atlantic Canada housing measures with typical Canadian housing will allow individuals who create federal policies to make decisions accordingly, and further our knowledge of the housing needs of seniors.

Secondly, further research should be conducted on the housing needs of the three vulnerable populations; Aboriginal Elders, persons with a disability, and individuals of ethnic minority status. We still know very little regarding these populations and their specific needs, particularly in Atlantic Canada, but also in Canada. Three areas of further research are suggested:

1. Investigate the type and location of housing that is currently being built in Atlantic Canada to either confirm or contradict the finding that affordable and appropriate housing is currently

unavailable. 2. Discover if it would be beneficial to vulnerable seniors to change the definition of 'senior' so that housing and services designed for older adults can be accessed by these vulnerable individuals sooner. 3. Examine the smaller groups that were compiled in this study to make the larger groups of Aboriginal Elders, persons with a disability, and individuals of ethnic minority status. The smaller groups included individuals: from a specific Native American Band; living on a reservation; residing outside a reserve; with a physical disability; with a cognitive disability; suffering from mental illness; providing care to cognitively disabled people; new to Canada; born in another country but long-term Canadian residents or Canadian citizens; or who were of African descent. If governments are aware of housing needs for these small segments of the population on a provincial and national level, the appropriate decisions can be made.

Additional analysis should also be conducted on the two groups not included in this study, Francophone and rural individuals. The similarities and differences to the three groups presently studied should be made in addition to comparing Francophone individuals and rural-living people to the general senior population.

Results of this research project showed that events in the chronosystem, namely sudden relocation, affected a small number of Aboriginal Elders and Black Nova Scotians. While there were some books and articles written on the events of Africville, I was only able to find one source that discussed the incident of Hebron, Labrador. It would be interesting and beneficial to affected groups and individuals to learn more of these events and discover how individuals were impacted by government mandated relocation.

Lastly, it is suggested that the definition of core housing need and affordability be clarified with regards to vulnerable populations. Research that is specifically designed to discover the housing needs of vulnerable seniors would assist government officials and those

investigating core housing need, and help to establish a more specific definition for vulnerable populations. With regards to affordable housing, the current definition of affordable is spending less than 30% of total income on housing and housing related expenses. It is suggested that research be conducted to discover if spending 30% or even slightly less (28% or 29%) on housing could be a challenge for vulnerable seniors, and if so, the definition of affordable should be redefined.

Chapter 7: Conclusion

Canadian society needs to be better informed regarding specific groups of seniors who are more susceptible than the general population to discrimination, injustice and adversity (Hayward, 2003). Not unlike the general population, there are a growing number of vulnerable seniors who also prefer to remain in their own homes as they age (Clark, 2005; Erickson, Krout, Ewen, & Robinson, 2006; Shiner, 2007; Lindsay, 1999; Rodriguez, 1997; Turcotte & Shellenberg, 2007; Wagnild, 2001; Wellman, 2008). However, vulnerable populations such as Aboriginal Elders, older adults with a disability, and seniors of ethnic minority status may be less likely than the general senior population to own their own home, and/or they may not have access to required services that permit them to remain in their home as they get older. The extra support often needed is housing that will meet the specific need, standard of living, and financial situation of the vulnerable individual (Rodriguez, 1997). Investigating current housing conditions provides an examination of the existing conditions for each specific vulnerable population (Jakubec, Engeland, & Melzer, 2003).

The combination of an aging society, and an increasingly diverse population in Canada, warrants a focus on housing for the most vulnerable older adults. The goal of this present research was to use secondary data to view the housing situation and preferences of three groups of vulnerable seniors in Atlantic Canada: Aboriginal Elders, individuals with disabilities, and persons of ethnic minority status. Using an ecological perspective, the characteristics, situations, and preferences of vulnerable older adults in Atlantic Canada; and the possible correlation between housing choices and environment were examined.

Results of the study indicated that many vulnerable seniors feel unappreciated and disrespected by society. Furthermore, they were fearful regarding their future since finances were

fixed and all costs, including housing, were on the rise. The majority of vulnerable seniors owned their homes and described them as two-story with stairs, cold, damp, uncomfortable, inadequate in size, and with rooms not spacious enough to accommodate a mobility aid. Many neighbourhoods did not have affordable housing available, or funding for renovations to incorporate needed safety features into the home.

Further examination found that Atlantic Canadian vulnerable seniors had realistic desires with regards to their housing. An extra bedroom to accommodate overnight guests and caregivers was found to be a basic necessity for many older individuals whose health will possibly decline, and whose culture and tradition may differ. For example, an individuals' custom may be to care for the sick and elderly at home, but this would not be possible without extra space for family members and/or caregivers to sleep, and undesired hospital or institutional care could be the only available option. Vulnerable seniors further wanted a home that was energy efficient, wheelchair accessible, in a natural scenic environment, and close to amenities. Having an ideal home promoted senior independence and facilitated aging in place, but most participants did not wish to relocate, even though their current housing was inappropriate.

The main way that seniors' housing choice was influenced by their surroundings was the presence of support and socialization from family, friends, and neighbours who resided in the area. Seniors were more likely to stay in the community if they had individuals who provided socialization, yard work, transportation, and daily checks to make sure emergency assistance was not required.

Having available funds through grants, renovation support, subsidized housing, higher disability incomes, tax shelters, lower senior rates, or programs (i.e. yard assistance) also

permitted vulnerable seniors to stay in their home and community longer, as financial challenges for vulnerable groups were great. Affordability was certainly an issue for many participants.

Seniors desire housing in central and scenic locations, and would like their cultural differences to be accepted. Although this study was unable to completely demonstrate how the environment was affected by vulnerable seniors' housing needs, it is possible to visualize that future communities can be defined by their residents. For example, a greater number of vulnerable older adults could mean communities have additional ethnic restaurants, accessible multicultural events, the addition of parks or small scenic rest areas, and/or more non-traditional places of worship. A senior's life quality can be affected by whether or not a community is age-friendly (Alley et. al, 2007). The above community characteristics were desired by focus group participants, and the presence or absence of the neighbourhood traits, and whether or not they are centrally located, can positively or negatively affect senior's independence and ability to age in place.

While many findings were consistent with previous research, there were two distinct findings: the issue of forced relocation and the importance of the exosystem. The situation of government-mandated relocation was found to affect Aboriginal and Black Nova Scotian people. This issue is believed to be unique to susceptible individuals and an incident that the average population would not endure, making further research on how older residents were affected by this situation imperative.

The second distinctive finding was how events in the exosystem affected vulnerable individuals and they usually had no control over governing regulations. The issues of transportation, financial support, affordable housing and appropriately designed new housing all affected vulnerable senior's housing choices.

Since the Baby Boomer population is now starting to retire, and older seniors (over the age of 85) have the fastest growth rate, our future society will be constructed with a greater number of seniors than in previous years (Turcotte & Shellenberg, 2007). Many seniors have definite ideas of what they want, including to remain independent and to age in place. As exemplified through this research, vulnerable seniors: Aboriginal Elders, individuals with a disability and persons of ethnic minority status, are particularly susceptible. Vulnerable older adults have expressed distinct needs, and the results of this study can be used to inform the development of appropriate housing and communities. Vulnerable individuals deserve, as much anyone else, to live with dignity and independence for as long as they can in comfortable, suitable, accessible, and affordable homes. It is time that society recognizes these individuals and provides them with the support they desire and deserve.

References

- Agrawal, S. K. (2006). Housing adaptations: A study of Asian Indian immigrant homes in Toronto. *Canadian Ethnic Studies*, 38(1), 117-130.
- Alley, D., Liebig, P., Pynoos, J., & Banerjee, T. (2007) Creating elder-friendly communities: Preparations for an aging society. *Journal of Gerontological Social Work*, 49(1-2), 1-18. Haworth Press Inc.
- Basavarajappa, K. G. (1999). Distribution, inequality and concentration of income among older immigrants in Canada, 1990. A revised version of the paper presented at the Annual Meetings of the Population Association of America, March 1997, Washington, D.C.
- Berry, J. O. (1995). Families and deinstitutionalization: An application of Bronfenbrenner's social ecological model. *Journal of Counseling & Development*, 73, 379-383.
- Borjas, G. (2002). Homeownership in the immigrant population. Retrieved January 2, 2008 from *Research Institute for Housing America* Web site: http://www.housingamerica.org/Publications/48510_HomeownershipintheImmigrantPopulation.pdf
- Bothell, W. L., Fischer, J., & Hayashida, C. (1999). Social support and depression among low income elderly. *Journal of Housing for the Elderly*, 13(1/2), 51-63. Hayworth Press Inc.
- Brendtro, L. K. (2006). The vision of Urie Bronfenbrenner: Adults who are crazy about kids. *Reclaiming Children and Youth*, 15(3), 162-166.
- Bretos, C. T. (2007). A world of options for all: The evolution of affordable assisted living and how to get started. *Journal of Housing and Community Development*, 64(3), 34-37.
- Bronfenbrenner, U. (1995a). The bioecological model from a life course perspective: Reflections of a participant observer. In P. Moen, G. H. Elder, & K. Lüscher, *Examining lives in context* (pp. 599-618). Washington, US: American Psychological Association.
- Bronfenbrenner, U. (1995b). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, & K. Lüscher. *Examining lives in context* (pp. 619-647). Washington, US: American Psychological Association.
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development* (pp. 187-249). UK: Jessica Kingsley Publishers.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723-742.

- Bronfenbrenner, U. (1979). *The ecology of human development*. United States: Harvard University Press.
- Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development*, 45, 1-5.
- Brown, S. L. (2005). The history of housing and treatment services for people with serious psychiatric disabilities: Models of residential service delivery. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 66(10B), 5676.
- Bruce, D., Weatherston, T., Higham, J., & Reid, J., (1998). *Addressing Special Housing Needs in First Nation Communities*. Canada Mortgage and Housing Corporation.
- Burns, A. (2004). *Acceptance of Manufactured Housing in First Nations Communities of the Atlantic Region*. Research Report. Canada Mortgage and Housing Corporation.
- Burnside, N. (2004). Comprehensive Community Planning: Experiences in Aboriginal Communities. *Research Highlight Socio-economic Series 04-029* Canada Mortgage and Housing Corporation.
- Carling, P. (1990). Major mental illness, housing, and supports. *American Psychologist*, 45(8), 969-975.
- Chawla, R. K., & Wannell, T. (2004). Housing costs of elderly families. *Perspectives*. Statistics Canada—Catalogue 75-001-XIE.
- Chenew Holdings Inc. (2004). A Study to Determine Respectful Sustainable Housing Options for Metis Elders in Saskatoon. Metis Elders: Circle Housing Research Project. Retrieved March 24, 2010 from <http://www.bridgesandfoundations.usask.ca/.../MetisEldersCircleHousingResearchProject.pdf>
- Clairmont, D. H. J., & Magill, D. W. (1999). *Africville: The life and death of a Canadian Black Community: Third Edition*. Toronto: Canadian Scholars' Press.
- Clark, W. (2005). What do seniors spend on housing? *Canadian Social Trends, Statistics Canada—Catalogue 11-008*, 2-7. Ottawa.
- CMHC, (2010). Housing in Canada Online: Definitions of Variables. Retrieved June 21, 2011 from http://cmhc.beyond2020.com/HiCODefinitions_EN.html#_Suitable_dwellings
- CMHC, (2008). At Home with Alzheimer's Disease – Useful Adaptations to the Home Environment. Canada Mortgage and Housing Corporation.
- CMHC, (2006). Accessible housing by design—Appliances. Canada Mortgage and Housing Corporation.

- CMHC, (2005). Focus on Aboriginal housing. *Canadian Housing Observer*, 2005. Canada Mortgage and Housing Corporation.
- CMHC, (1999). *Housing for Older Canadians: The Definitive Guide to the over-55 Market*. Canada Mortgage and Housing Corporation.
- Cohler B. J., & Altergott, K. (1995). The family of the second half of life: Connecting theories and findings. In R. Blieszner and V. H. Bedford (Eds.), *Handbook of aging and the family* (pp. 59-94). US: Greenwood Press.
- Danso, R. K., & Grant, M. K. (2000). Access to housing as an adaptive strategy for immigrant groups: Africans in Calgary. *Canadian Ethnic Studies*, 32(3), 19-43.
- Dion, K. (2001). Immigrants' perceptions of housing discrimination in Toronto: the housing new Canadians project. *Journal of Social Issues*, 57(3), 523-539.
- Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work*, 46(3), 256-266.
- Erickson M. A., Krout, J., Ewen, H., & Robinson, J. (2006). Should I stay or should I go? Moving plans of older adults. *Journal of Housing for the Elderly*, 20(3), 5-22.
- Evans, G. W., Kantrowitz, E., & Eshelman, P. (2002). Housing quality and psychological well-being among the elderly population. *Journal of Gerontology: Psychological Sciences*, 57B(4), 381-383.
- Falta, P. L & Richard, P., (1995). *Design options for barrier-free and adaptable housing. Design Guide for Developers of Residential Projects*. Canada Mortgage and Housing Corporation.
- Feinman, S. (1992). *Social referencing & the social construction of reality in infancy*. New York: Plenum Press.
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstration rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1).
- Fuller-Thomson, E. (2005). Canadian First Nations grandparents raising grandchildren: A portrait in resilience. *International Journal of Aging and Human Development*, 60(4), 331-342.
- Giarrusso, R., Mabry, J. B., & Bengtson, V. L. (2001). The aging self in social contexts. In R. H. Binstock and L. K. George (Eds.), *Handbook of aging and the social sciences: Fifth Edition* (pp. 295-312). US: Academic Press.

- Green, J. (1998). The dispossession of the Hebronimiut. *Nunavut Edition Headline News*. Retrieved March 10, 2011 from http://www.nunatsiaqonline.ca/archives/nunavut980930/nvt80904_04.html
- Groves, M. A., & Wilson, V. F. (1992). To move or not to move? Factors influencing the housing choice of Elderly persons. *Journal of Housing for the Elderly*, 10(1/2), 33-45. Haworth Press Inc.
- Hayward, K. (2003). *The Tides of Change: Addressing Inequality and Chronic Disease in Atlantic Canada – A discussion paper*. Health Canada.
- Heywood, F. (2004). Understanding needs: a starting point for quality. *Housing Studies*, 19(5), 709-726.
- Iwarsson S., Horstmann V., & Slaug B. (2007). Housing matters in very old age – yet differently due to ADL dependence level differences. *Scandinavian Journal of Occupational Therapy*, 14(1), 3-15.
- Iwarsson, S., Nygren, C., Oswald, F., Wahl, H.-W., & Tomsone, S. (2006). Environmental barriers and housing accessibility problems over a one-year period in later life in three European Countries. *Journal of Housing for the Elderly*, 20(3) 23-43.
- Jakubec, L., Engeland, J., & Melzer, I. (2003). Special studies on 1996 census data: Housing Conditions of Immigrants in the Toronto census metropolitan area. *Research Highlight Socio-economic Series 55-12*. Canada Mortgage and Housing Corporation.
- Jenson, J. (2004). Canada's new social risks: Directions for a new social architecture. *Canadian Policy Research Network's Social Architecture Papers*. Ottawa: Canadian Policy Research Networks Inc.
- Keigher, S. M. (1991). Needs of older persons at risk of housing loss: Some conclusions and recommendations. *Journal of Housing for the Elderly*, 8(1), 127-143.
- Kreda, J. (2009). 2001 participation and activity limitation survey: Issue I—Profile of the housing conditions of Canadians aged 15 years and older with a mobility and/or an agility disability. *Research Highlight, Socio-economic Series Issue 09-014*. Canada Mortgage and Housing Corporation.
- Kreda, J. (2007). 2001 census housing series: Issue II—Profile of the housing conditions of persons with disabilities. *Research Highlight, Socio-economic Series Issue 07-022*. Canada Mortgage and Housing Corporation.
- Kremarik, F. (2000). The other side of the fence. *Canadian Social Trends*. Statistics Canada—Catalogue 11-008.

- Krueger, R. A. (1998). Analyzing and reporting focus group results. In D. L. Morgan, & R. A. Krueger, *The focus group kit, Volume 6*, California, US: Sage Publications.
- Kulik, L., & Rayyan F. (2006). Relationships between dual-earner spouses, strategies for coping with home-work demands and emotional well-being: Jewish and Arab-Muslim women in Israel. *Community, Work and Family*, 9(4), 457-477.
- Lafrenière, S. A., Carrière, Y., Martel, L., & Bèlanger, A. (2003). Dependent seniors at home—formal and informal help. *Health Reports, Statistics Canada— Catalogue 82-003*. 14, 4, 31-40. Ottawa.
- Lai, D. W. L. (2005). Cultural factors and preferred living arrangement of aging Chinese Canadians. *Journal of Housing for the Elderly*, 19(2), 71-85.
- Lawrence, R., & Walker, F. G. (1988). Community profiles/Indian housing in Yukon Territory. *Arctic Medical Research*, 47(1), 149-154.
- Lenk, A. (2006). Housing for adults with intellectual disabilities. *Research Highlight, Socio-economic Series Issue 06-008*. Canada Mortgage and Housing Corporation.
- Lewis, R. (2006). 2001 Census housing series: Issue 10—Aging, residential mobility and housing choices. *Research Highlight, Socio-economic Series Issue 06-001*. Canada Mortgage and Housing Corporation.
- Lindsay, C. (1999). A Portrait of Seniors in Canada, Third Edition, Catalogue no. 89-519-XPE. Ottawa: Statistics Canada.
- Lix, L.M., Hinds, A., DeVerteuil, G., Robinson, J.R., Walker, J., & Roos, L.L. (2006). Residential mobility and severe mental illness: A population-based analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, 33(2), 160-171.
- Mackin, N. & Nyce, D. (2005). *Architecture for Elder Health in Remote British Columbia: A Nisga'a-led Research*. Canada Mortgage and Housing Corporation.
- MacMillan, H. L., MacMillan, A. B., Offord, D. R., & Dingle, J. L. (1996). Aboriginal health. *Canadian Medical Association Journal*, 155(11), 1569-1578.
- Marshall, S. (2002). Healthy high-rise: A guide to innovation in the design and construction of high-rise residential buildings. Research Highlight, Technical Series Issue 02-101. Canada Mortgage and Housing Corporation.
- Melzer, I. (2000). Housing conditions of immigrants. *Paper presented at the Fourth National Metropolis Conference*, Toronto, Ontario Canada. Canadian Mortgage and Housing Corporation, Ottawa.

- Murdie, R. A. (2003). Housing affordability and Toronto's rental market: Perspectives from the housing careers of Jamaican, Polish and Somali newcomers. *Housing, Theory and Society*, 20(4), 183-196.
- Nelson, J., J. (2001). *The Operation of Whiteness and Forgetting in Africville: A Geography of Racism*. University of Toronto.
- Newman, S., Reschovsky, J., Kaneda, K., Hendrick A. M. (1994). The effects of independent living on persons with chronic mental illness: An assessment of the section 8 certificate program. *The Milbank Quarterly*, 72(1), 171-198.
- Nielsen, C. W., & Ambrose, I. (1999). Lifetime adaptable housing in Europe. *Technology and Disability*, 10, 11-19.
- Nocon, A., & Pleace, N. (1998). The housing needs of disabled people. *Health and Social Care in the Community*, 6(5), 361-369.
- Norris, M. J. & Clatworthy, S. (2003). Aboriginal Mobility and Migration within Urban Canada: Outcomes, Factors and Implications, in: D. Newhouse & E. Peters (Eds.) *Not Strangers in These Parts: Urban Aboriginal Peoples*. Ottawa: Policy Research Initiative.
- Novac, S., Darden, J., Hulchanski, D., Seguin, A., & Bernèche, F. (2002). *Housing Discrimination in Canada: The State of Knowledge*. Canada Mortgage and Housing Corporation.
- O'Donnell, V., & Tait, H. (2004). Well-being of the non-Reserve Aboriginal population. *Canadian Social Trends*, Statistics Canada—Catalogue 11-008, 72, 19-23.
- Owen, M., & Watters, C. (2006). Housing for assisted living in inner-city Winnipeg: A social analysis of housing options for people with disabilities. *Canadian Journal of Urban Research*, 15(1), 1-18.
- Pecarski, R. (1989). *Housing Indian Elders On-Reserve*. Canada Mortgage and Housing Corporation.
- Rea, W. MacKay, D., & LeVasseur, S. (2008). Changing patterns in Canadian homeownership and shelter costs, 2006 Census. *Statistics Canada—Catalogue 97-554X*. Ottawa.
- Ribeyre, F. (2003). Towards a family ecology. Fundamentals and aims. *Matures Sciences Societies*, 11(2), 169-173.
- Robison, J. T., & Moen, P. (2000). A life-course perspective on housing expectations and shifts in late midlife. *Research on Aging*, 22(5). Sage Publications Inc.
- Rodriguez, L. (1997). Canada's response to the housing needs of its aging population. *Research Report*. Ottawa: Canada Mortgage and Housing Corporation.

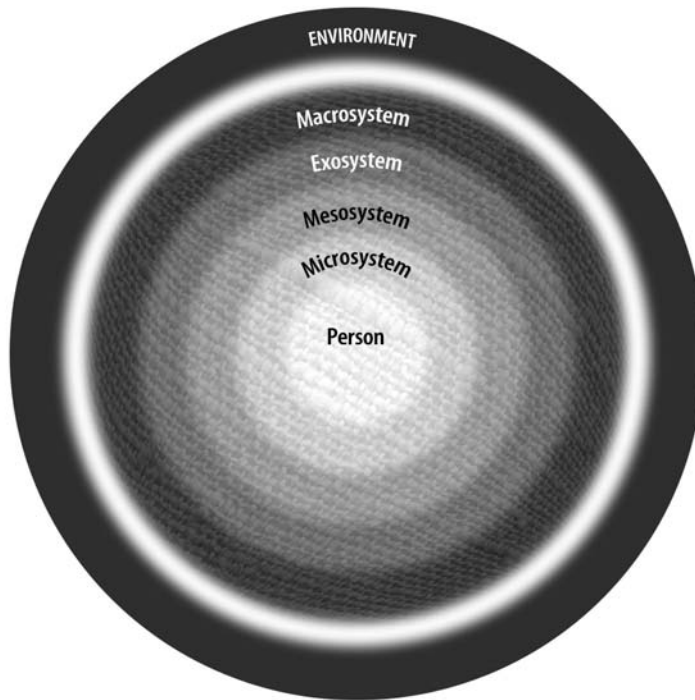
- Sapey, B. (1995). Disabling homes: a study of the housing needs of disabled people in Cornwall. *Disability & Society*, 10(1), 71-85.
- Schiff, M., & Gnaedinger, M. (1997). *Adapting Municipal Housing to Meet the Needs of Older Tenants with Dementia*. Canada Mortgage and Housing Corporation.
- Scopelliti, M., & Giuliani, M. V. (2005). Restorative environments in later life: An approach to well-being from the perspective of environmental psychology. *Journal of Housing for the Elderly*, 19(3/4), 203-226.
- Shiner, D. (2007). *Report on the Atlantic Seniors' Housing and Support Services Survey*. Halifax: Atlantic Seniors Housing Research Alliance.
- Silverman, D. (2005). *Doing Qualitative Research, Second Edition*. Sage: London.
- Spurr, P. (2002). Special studies on 1996 Census Data: Seniors' Housing Conditions. *Research Highlight, Socio-economic Series Issue 55-8*, 62841. Canada Mortgage and Housing Corporation.
- Statistics Canada, (2010a). Canada's Ethnocultural Mosaic, 2006 Census: Highlights. Retrieved May 5, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/p1-eng.cfm>
- Statistics Canada, (2010b). Canada's Ethnocultural Mosaic, 2006 Census: National picture. Retrieved May 5, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-562/p2-eng.cfm>
- Statistics Canada, (2009a). 2006 Census: Immigration in Canada: A portrait of the foreign-born population, 2006 Census: Highlights. Retrieved May 4, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-557/p1-eng.cfm>
- Statistics Canada, (2009b). 2006 Census: Immigration in Canada: A portrait of the foreign-born population, 2006 Census: Immigration: Driver of population growth. Retrieved May 4, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/as-sa/97-557/p2-eng.cfm>
- Statistics Canada, (2006a). Population reporting an Aboriginal identity, by age group, by province and territory (2006 Census) - Newfoundland and Labrador, Prince Edward Island, Nova Scotia. Retrieved April 30, 2010 from <http://www40.statcan.gc.ca/l01/cst01/demo40a-eng.htm>
- Statistics Canada, (2006b). Population reporting an Aboriginal identity, by age group, by province and territory (2006 Census) - New Brunswick, Quebec, Ontario. Retrieved April 30, 2010 from <http://www40.statcan.gc.ca/l01/cst01/demo40b-eng.htm>

- Statistics Canada, (2006c). Participation and Activity Limitation Survey. Retrieved May 21, 2010 from <http://www.statcan.gc.ca/daily-quotidien/071203/dq071203a-eng.htm>
- Statistics Canada, (2003). Aboriginal peoples of Canada: A demographic profile. *2001 Census: Analysis Series-Catalogue no. 96F0030XIE2001007*. Minister of Industry, Ottawa.
- Teaster, P. B., Roberto, K. A., & Dugar, T. A. (2006). Intimate partner violence of rural aging women. *Family Relations*, *55*, 636-648.
- Teixeira, C. (2006). Housing experiences of Black Africans in Toronto's rental market: A case study of Angolan and Mozambican immigrants. *Canadian Ethnic Studies*, *38*(3), 1-21.
- Trottier, H., Martel, L., Houle, C., Berthelot, J.-M., & Légaré, J. (2000). Living at home or in an institution: What makes the difference for seniors. *Health Reports*, Statistics Canada—Catalogue 82-003. *11*(4), 49-61. Ottawa.
- Tudge, J. R. H., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, *1*, 198-210.
- Turcotte, M., & Shellenberg, G. (2007). *A portrait of Seniors In Canada 2006*. Catalogue 89-519-XIE. Statistics Canada. ISBN 978-0-662-45047-4
- Wagnild, G. (2001). Growing old at home. *Journal of Housing for the Elderly*, *14*(1/2), 71-84. Haworth Press Inc.
- Walker, R. C. (2006). Interweaving Aboriginal/Indigenous rights with urban citizenship: A view from the Winnipeg low-cost housing sector, Canada. *Citizenship Studies*, *10*(4), 391-411.
- Weeks, L. E., & LeBlanc, K. (2010). Housing concerns of vulnerable older Canadians. *Canadian Journal on Aging*, *29*(3), 333-347.
- Weeks, L. E., Pottie, S., Cruttenden, K., & Shiner, D. (2008). *Senior's Housing in Atlantic Canada: Results of Focus Groups with Aboriginals, Disabled, Francophone, Multicultural and Rural Seniors*. Halifax: Atlantic Seniors' Housing Research Alliance.
- Wellman, T. (2008). Impacts of the aging of the Canadian population on housing and communities. *Research Highlight, Socio-economic Series Issue 08-003*, 65913. Canada Mortgage and Housing Corporation.
- Wilson, K. B. (2006). Introduction. *Generations*, *29*(4), 5-8.
- Yax-Fraser, M. J., & Cottrell, B. (2009). *Testing an Integrated Housing Policy Approach to Address Homelessness Among Newcomer Women*. YWCA Halifax.

Appendices

Appendix A

The Ecological Model



- **Person**
Background, demographic information and wellness
- **Microsystem**
Interactions with others, daily activities in natural milieu – one setting, one event
- **Mesosystem**
Close single setting in relation to each other and/or individuals
- **Exosystem**
Events where the individual is absent but affected
- **Macrosystem**
Interaction of the three inner layers and cultural conditions (people, social atmosphere and policies)
- **CHRONOSYSTEM**
Untimely incident which causes transformation, represented here by the woven texture crossing among all the other systems
- **ENVIRONMENT**
The entire social and physical surroundings of the events in the systems

Graphic by: Nancy Roberts Design

Appendix B

ASHRA FOCUS GROUP GUIDE

1. Please tell us your name, where you live, and how long you've lived there.
2. As you age, what is becoming more important to you?
3. How does where you live impact your well-being?

Topics to cover:

- Affordability
- Accessibility
- Appropriateness/Suitability (i.e. Crowding, Maintenance, etc.)
- Availability
- Discrimination

4. Tell us why you live where you live now.

Depending on what answers you get to this question you may also ask:

“When you decided to move where you live now, were there other options? If yes, what were the reasons for your choice, including difficulties you faced?”

REFRESHMENT BREAK

5. Earlier we discussed the impact your housing situation has on your well-being/how you feel. Now we'd like to ask about the future. In the future, what would you like to change about your housing situation/where you live?

Topics to cover:

- Condition of home/repairs needed
- Social/cultural aspects
- Location in community
- Community/region

6. What influences your ability to make the changes you mentioned above?
7. If you could make a recommendation to the government and others responsible for housing and other services, what would you like to see done to improve housing for aging adults in your community?
8. Is there anything else you'd like to add?

Appendix C

SURVEY QUESTIONS USED FOR SPSS ANALYSIS

FILTER	SURVEY QUESTION
Aboriginal & Ethnic Minority	G5 What language do you speak most often at home?
	G6 What is the language that you first learned at home in childhood and can still understand?
	G7 To which ethnic or cultural group(s) do your ancestors belong?
Physical, Mental or Cognitive Disability	Section D1-Difficulty with Personal Care and Daily Living Activities: fairly serious problem, or very serious problem
	A. Seeing
	B. Hearing
	C. Going up or down stairs
	D. Getting in or out of bed or a chair
	E. Getting on and off the toilet
	F. Taking a bath or shower
	G. Doing chores around your dwelling
	H. Moving about your dwelling
	I. Getting around outside your dwelling
	D2 How would you describe your usual ability to remember things? (Unable to remember anything at all, or very forgetful)
D3. How would you describe your usual ability to think and solve day-to-day problems? (unable to think or solve problems, or having a great deal of difficulty)	
Length of time in community	A4 How many years have you lived in this community?
Type of dwelling	A7 What type of dwelling do you live in now?
Current safety and design issues	A20 Do your inside stairs or steps pose and safety problems?
	A21 Does the layout of the kitchen pose any safety problems?
	A22 Does the layout of your bathroom pose any safety problems?
	A23 Does your bedroom pose any safety problems?
	A24 Do the storage spaces pose any safety or accessibility problems?
	A25 Do the windows of your dwelling pose any problems?
	A26 Does the entrance to your dwelling pose any problems?
A27 Do you have any other problems with the design of your dwelling?	
Needed repairs or modifications	A28 Is your dwelling in need of any repairs? (regular maintenance, minor repairs, or major repairs).
	A29 Is your dwelling in need of improvements to make it more energy efficient? (minor repairs, or major repairs).
Plans to move	F1 Do you have any plans to move from your present dwelling?
	F3 Why are you planning to move?
Number of occupants in the home	A18 Including yourself, how many persons live in your dwelling?
	G8 Who lives with you In your dwelling?

Health of participant	G12 How would you rate your overall health at the present time? (very poor, or poor)
	G13 Has there been a significant change in your health status in the last year?
	G14 Has your health status changed in the past 5 years?
Income of participant	G20 What was your household's total income last year?
Affordability of the home	G21 About what proportion of your household income is spent on your total shelter costs? (30-39%, or 40% or more)
Demographic information	G1 Are you male or female?
	G2 What is your current marital status?

Appendix D

ECOLOGICAL DATA ANALYSIS PLAN FOR QUANTITATIVE ANALYSIS

1. ABORIGINALS

2. DISABILITY

3. ETHNIC MINORITY

1. PERSON – background, demographic information and wellness.

- Length of time in community.
- Type of dwelling currently living in.
- Number of occupants living in the home.
- Health of the participant.
- Income of the participant.

2. MICROSYSTEM – interactions with others, daily activities in natural environment-one setting, one event.

- Current safety and design issues.
- Home repairs and modifications needed.
- Plans to move.

3. MESOSYSTEM – close single settings in relation to each other and/or individual. More than one setting/event interacting with another.

- Plans to move in addition to safety and design issues.
- Plans to move in addition to needed home repairs/modifications.
- Who the participant lives with.

4. EXOSYSTEM – events where the individual is absent but affected.

- Affordability of the home.

5. MACROSYSTEM – interaction of first three layers and cultural conditions (people, environment, & policies)

- Aging process (participants 65 and over), home unaffordable, home repairs needed and no plans to move.

6. CHRONOSYSTEM – untimely incident which causes transformation.

- Significant change in the participant's health.
- Plan to move due to decline in health condition or death of partner.

Appendix E

ECOLOGICAL CODING TREE FOR QUALITATIVE ANALYSIS

1. PERSON – background, demographic information and wellness.

- Individual and family background.
- Housing history.
- Individual's feelings, emotions, fear, frustration, loneliness.
- Physical health of senior-how the senior feels (i.e. I like my home)
- Safety and physical health of family members/friends.

2. MICROSYSTEM – interactions with others, daily activities in natural environment-one setting, one event.

- Home environment-description, accessibility, comfort, affordability.
- Physical health concerns and safety-falls, injuries, ailments, stairs.
- Independence-wanting to do for self, want to stay at home.
- Mobility, walking/driving/wheelchair access.
- Non-social hobbies.
- Single event costs-repairs or yard work or heating oil or taxes.
- Environmental issues-water/mold/dampness.

3. MESOSYSTEM – close single settings in relation to each other and/or individual. More than one setting/event interacting with another.

- Multiple event costs-combination of repairs, yard work, taxes, etc.
- Multiple relationships-more than one person/interaction/setting-church, recreational hall, family function.
- Individuals providing support-aiding the senior to stay at home.
- Relationship with pet(s).
- Socialization-hobbies/activities/volunteer/providing care to others.
- Assistance required to care for self/personal care/physical care.
- Assistance required to maintain the home-repairs/yard work/snow removal.
- Future plans to move to receive help from others.

4. EXOSYSTEM – events where the individual is absent but affected.

- Community members/organizations helping with safety/well-being of senior.
- Increasing specific costs/expenses that are out of the participant's control-medications, home renovation, food, increased rent and lack of money.
- Transportation, health care and other services used/needed in community.
- Safety in the community-senior is not present but notes social changes in environment.
- Rules, policies, studies, programs, grants that affect the senior.
- Reports and concerns of seniors not taken seriously.

5. MACROSYSTEM – interaction of first three layers and cultural conditions (people, environment, & policies)

- Gender roles, culture, religious beliefs, standard of living, etc. held by community.
- Financial insecurity
- Language barriers, discrimination, racism.
- Religion, spirituality, death, freedom.
- Baby Boomers, aging population, ageism.
- Social support standards and social power that controls patterns of behaviour.

6. CHRONOSYSTEM – untimely incident which causes transformation.

- Transformation and change due to an unexpected event-divorce/death.
- Poverty, deprivation and shortages.
- Societal conflicts and struggles.