

*Supporting Older People at Home
and the Balance of Care*

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Background

- United Way study comparing proximate supportive and social housing showed that the issue was not simply the availability of services but the capacity to access and coordinate services
- If people needed assistance, they needed help mostly with instrumental activities of daily living

What is Supportive Housing?

- No single definition
 - Different terminologies and multiple models
 - Assisted living
 - Supportive living
 - Supported independent residences
 - Sheltered housing
 - Transitional living
 - Independent living
- Delinked model
 - Cluster care

... *But Common Components*

- Housing (according to CMHC)
 - Affordable
 - Secure and safe
 - Enabling and home-like
 - Private
- Services and programs
 - PADL –eating, personal care –dressing, bathing, toileting, taking medications
 - IADL –preparing meals, laundry, vacuuming, cleaning bathroom and kitchen, changing bed linens, shopping, transportation

Common Components

- Care coordination
 - Access to planned and coordinated care packages including linguistically and culturally appropriate care for diverse groups (race, religion, LGBT)
- Ongoing assessment and monitoring
 - Services can go “up” or “down” to match changing needs
 - Critical in transition periods (e.g., acute, post acute episodes)

Supporting Older People at Home and the BoC

- Is supportive housing contributing to the sustainability of the broader health system by supporting at home people who are at risk of institutionalization?
- Have people who are living in supportive housing been diverted from long term care facilities?
- To what extent do people who live in supportive housing resemble those on the LTC wait list?

Background: Balance of Care

- Personal Social Services Research Unit (PSSRU), University of Manchester
- Balance of Care (BoC) aims to determine most appropriate mix of institutional and community resources at the local level to meet the needs of an aging population
 - Source: Dr. David Challis --go to www.CRNCC.ca

Balance of Care Key Question

- Why can many older persons with high needs age successfully at home while others require residential long-term care (LTC)?
- Demand side: individual characteristics
 - Physical, mental and social needs
 - Caregivers
- Supply side: system configuration
 - Access to safe, appropriate, cost-effective home and community care

Categorize Individuals By Level of Need

- Use RAI-HC data to group individuals on LTC wait lists into 36 relatively homogeneous needs groups
- Based on four composite variables (cognition, ADL, IADL, presence of care provider)

Hypothesis

- People currently living in supportive housing resemble those on the Toronto Central CCAC LTC wait list and have therefore been “diverted” from the TC CCAC LTC wait list.

Selection Criteria: Buildings

- Partnered with all providers with existing supportive housing programs in the TC LHIN which received new funding under the Aging at Home program
 - Except Toronto Homes for the Aged
- Added Alexandra Park --Carefirst Seniors & Community Services Association
 - Enhance diversity component
- Partners provided list of supportive housing sites

Selection Criteria: Seniors

- Two staged screening process
- Tenants asked:
 - age
 - whether they receive services such as homemaking, medication reminders, personal care
 - who delivers services

Interview Design

- Balance of Care RAI-HC variables
- When Home is Community questions
 - Social connectedness, crisis management, physical and mental health status
- Questions related to diversity-specific issues
 - Language, culture
- General demographic information
 - Sex, age, language, visible minority status

Key BoC Variables

- Cognitive Performance Scale:
 - Short -term memory
 - Cognitive skills for decision-making
 - Expressive communication
 - Eating self-performance

- Living with a care provider

Key BoC Variables

- Self-Performance Hierarchy Scale (ADL):
 - Eating
 - Personal hygiene
 - Locomotion
 - Toilet use
- IADL Difficulty Scale:
 - Meal preparation
 - Housekeeping
 - Phone use
 - Medication management

Response Rate

- Total number of supportive housing residents served: N ~400
- Total number of interviews conducted: N 284
- 72% response rate –excluding those who could not participate due to cognitive issues, frailty, hospitalization

Ethics Approval From Ryerson Research Ethics Board

- Letters of support from all 5 participating service providers and Toronto Community Housing Corporation
- Research proposal including interview schedules, consent forms, letters of support and promotional materials

Findings – Cognitive Performance

- Short term memory
 - 45.4% Memory OK, 54.6% Memory Problem
- How well client made decisions about organizing the day
 - 87.3% Independent, 9.8% Modified Independence, 2.0% Minimally Impaired, 1.0% Moderately Impaired
- Making self understood
 - 88.9% Understood, 5.3% Usually understood, 4.8% Often understood, 1.0% Sometimes understood

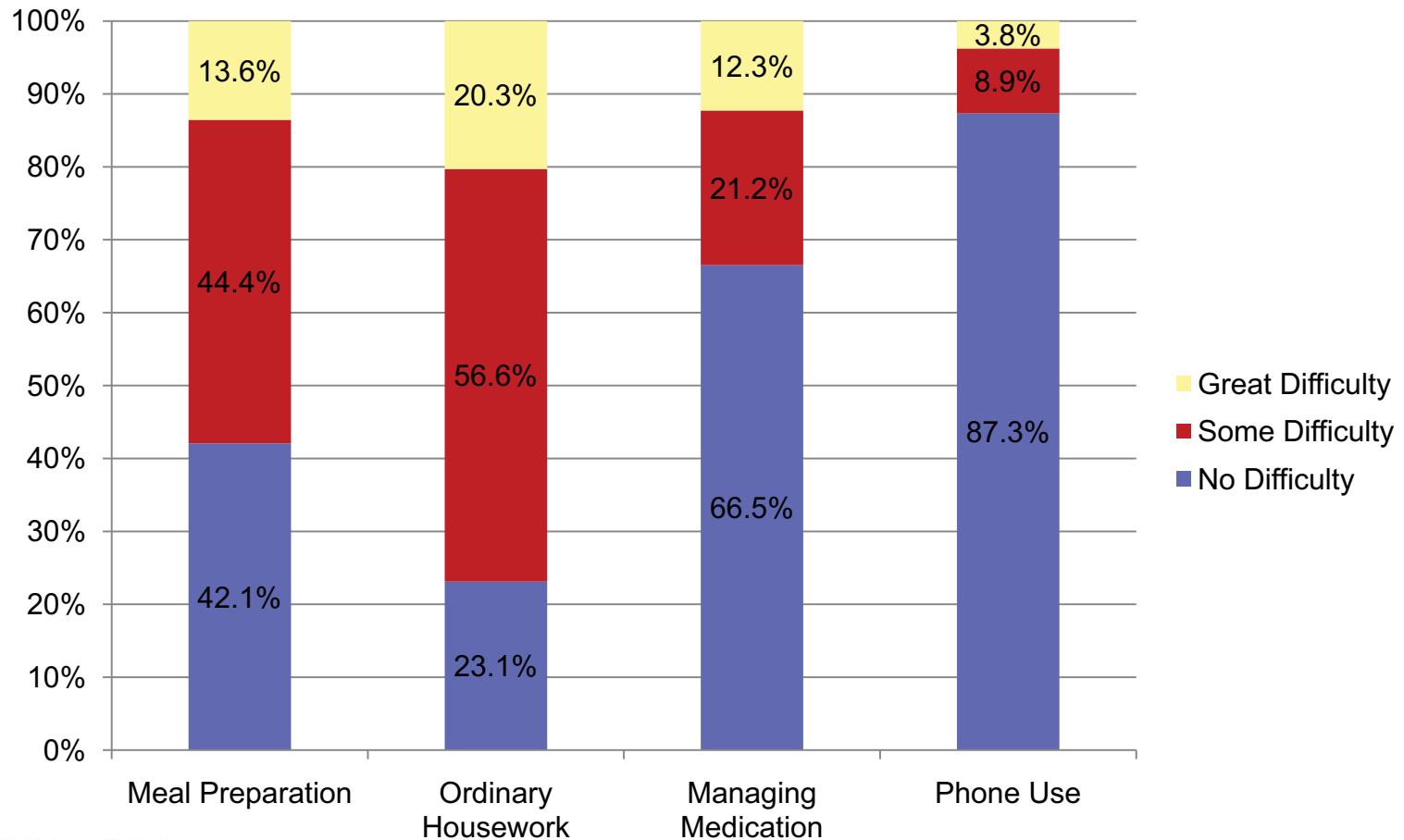
Findings – CPS & BoC - Cognition

- Cognitive Performance Scale (CPS)
 - 42.6% Intact, 40.5% Borderline Intact, 13.7% Mild Impairment, 2.1% Moderate Impairment, 1.1% Moderate/Severe Impairment
- Balance of Care Cognition variable
 - 83.1% Intact, 16.9% Not intact

Findings – IADL Needs

	No Difficulty	Some Difficulty	Great Difficulty
Meal Preparation	42.1%	44.4%	13.6%
Ordinary Housework	23.1%	56.6%	20.3%
Managing Medications	66.5%	21.2%	12.3%
Phone Use	87.3%	8.9%	3.8%

Findings – IADL Needs



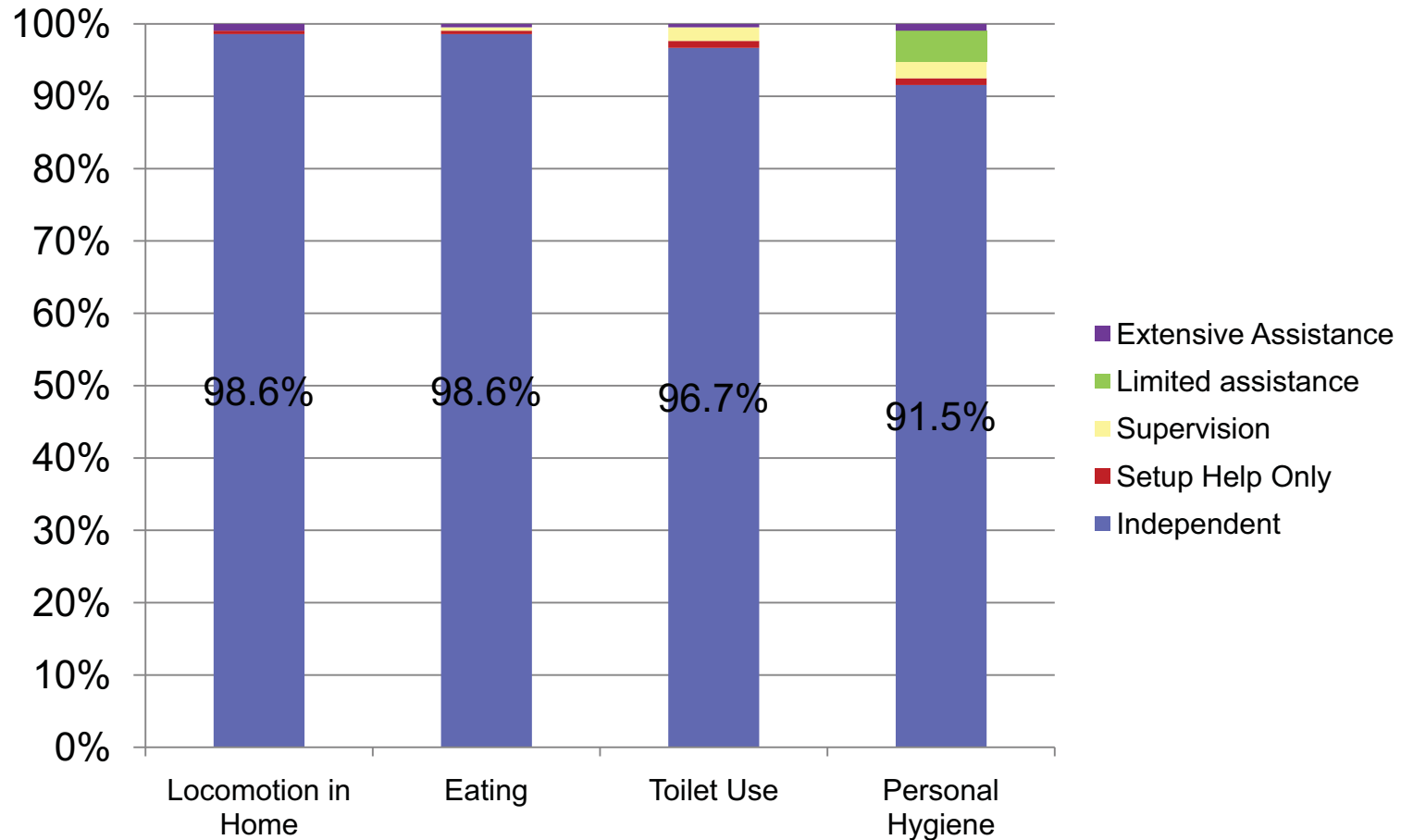
Findings – BoC – IADL Needs

- Balance of Care IADL Needs variable
 - 17.5% Low difficulty
 - 70.1% Medium difficulty
 - 12.3% High difficulty

Findings – ADL Needs

	Independent	Setup Help Only	Supervision	Limited Assistance and Above
Locomotion in Home	98.6%	0.5%	0.0%	0.9%
Eating	98.6%	0.5%	0.5%	0.5%
Toilet Use	96.7%	0.9%	1.9%	0.5%
Personal Hygiene	91.5%	0.9%	2.3%	5.1%

Findings – ADL Needs



Findings – BoC – ADL Needs

- Balance of Care ADL Needs variable
 - 92.0% Low difficulty
 - 7.1% Medium difficulty
 - 0.9% High difficulty

Findings – BoC – Live with Caregiver

- Balance of Care Live with Caregiver variable
 - 27.2% Lives with caregiver
 - 72.8% Does not live with caregiver

BoC Variables Summary

Variable	Results
Cognition	83.1% Intact 16.9% Not intact
ADL Needs	92.0% Low difficulty 7.1% Medium difficulty 0.9% High difficulty
IADL Needs	17.5% Low difficulty 70.1% Medium difficulty 12.3% High difficulty
Live in Caregiver	27.2% Live with caregiver 72.8% Does not live with caregiver

BoC Vignettes

Vignette Type	Cognition	ADL Difficulty	IADL Difficulty	Live in Caregiver	Supportive Housing	TC CCAC LTC Waitlist
1-Appleton	Intact	Low	Low	Yes	8.8% (25)	0.3% (5)
2-Bruni	Intact	Low	Low	No	8.8% (25)	1.7% (28)
3-Copper	Intact	Low	Medium	Yes	8.8% (25)	4.5% (75)
4-Davis	Intact	Low	Medium	No	48.6% (138)	16.7% (281)
5-Eggerton	Intact	Low	High	Yes	1.4% (4)	2.1% (36)
6-Fanshaw	Intact	Low	High	No	4.6% (13)	5.6% (84)
9-Islington	Intact	Medium	Medium	Yes	0.4% (1)	1.0% (18)

BoC Vignettes

Vignette Type	Cognition	ADL Difficulty	IADL Difficulty	Live in Caregiver	Supportive Housing Percentage	TC CCAC LTC Waitlist Percentage
10-Jones	Intact	Medium	Medium	No	0.7% (2)	2.6% (43)
11-Kringle	Intact	Medium	High	Yes	0.4% (1)	2.0% (34)
12-Lambert	Intact	Medium	High	No	0.7% (2)	3.7% (63)
19-Smith	Not Intact	Low	Low	Yes	1.1% (3)	0.3% (5)
20-Thompson	Not Intact	Low	Low	No	0.4% (1)	0.1% (1)
22-Vega	Not Intact	Low	Medium	No	8.1% (23)	3.3% (56)
23-Wong	Not Intact	Low	High	Yes	2.5% (7)	3.1% (53)

BoC Vignettes

Vignette Type	Cognition	ADL Difficulty	IADL Difficulty	Live in Caregiver	Supportive Housing Percentage	TC CCAC LTC Waitlist Percentage
24-Xavier	Not Intact	Low	High	No	1.1% (3)	4.9% (83)
28-B. Biloski	Not Intact	Medium	Medium	No	1.8% (5)	0.9% (16)
29- C. Cameron	Not Intact	Medium	High	Yes	1.4% (4)	6.4% (107)
35-I. Innis	Not Intact	High	High	Yes	0.4% (1)	10.4% (175)
36-J. Johns	Not Intact	High	High	No	0.4% (1)	9.6% (161)

Summary Profiles of People Living in Supportive Housing

- Residents clusters around medium/ high IADL needs:
 - 18% low needs: Appleton & Bruni
 - 75% have medium/high IADL needs and low ADL needs: mainly Copper, Davis, Fanshaw, Vega & Wong
 - 5.4% medium ADL: Islington, Jones, Kringle, Lambert, B. Biloski, C. Cameron
 - 1% high needs all round and not cognitively intact

Qualitative Data: Dynamic Picture

- Different mixes of care levels
- Residents can cycle through different level of care needs (e.g., temporary but acute episodes)
- Care management monitors and responds to changing care needs

Qualitative Data and Diversity

- Add to our understanding of the challenges posed by diversity issues
- Seniors living in SH with appropriate cultural/linguistic support get:
 - Improved access to supports
 - Education on appropriate site-based emergency response
 - Improved involvement in social activities and monitoring by staff
 - Sense of independence – living with extended family not always desirable

Qualitative Data and Diversity

- Service providers foresee challenges in providing services to emergent immigrant communities
- If SH providers do not have appropriate linguistic and cultural skills, care management can be compromised
 - Especially true for seniors belonging to emergent ethnic groups without extensive community infrastructure
 - Agency has limited capacity for outreach and appropriate social programs
- Reliance on family/ volunteers/ tenant reps for translation raise confidentiality and privacy issues

Qualitative Data and ADL

- ADL
 - Mobility in home versus outside the home
 - Most seniors are mobile in their homes but have difficulties with mobility outside the home (walk to washroom vs. walking to bus stop)
 - Implications for independence and social connectedness
 - Bathing
 - Not a BoC variable but is the ADL dimension in which most seniors require help, if they need ADL help at all
 - Mainly to prevent falls

Qualitative Data and IALD

- IALD
 - Assistance mainly by PSWs and live-in caregiver
 - Family help is crucial ...BUT
 - Unscheduled and irregular
 - Not empowering
 - Feel that you are “burdening” family

Costing On the Ground

- Hard to pin down a \$\$ figure for each vignette because residents can cycle through different vignettes
- Costing is based on overall case mix of clients receiving care from the agency and not on basis of needs of individual clients

Costing On the Ground

- Example #1
 - Agency has overall budget and total number of people who receive services and moves services around to match changing needs
 - Can't provide figures to reflect the cost of clients with different levels of care needs
- Example #2
 - Agency has overall budgets for different services
 - Tracks units of different services used by clients and total costs for specific service lines but can't break down the figures by clients
- On average, the cost of supporting clients in supportive housing client is approximately **\$50/ day**
 - Can include 26 clients who look like Vega, Wong, Xavier, J Johns and B Biloski because they are offset by clients who look like Copper, Davis, Fanshaw
 - Key is the mix of clients –under \$50/day for Copper but potentially more than \$80/ day for J Johns

Concluding Comments

- Basically all supportive housing sample residents are represented on the LTC waitlist
- The largest population in supportive housing (Davis 49%) is also the largest on the LTC list (17%)
- Supportive housing can easily divert individuals with low to medium level of care needs
- Excluding Appleton and Bruni, 80% of our SH sample could be on the waitlist if they were not in supportive housing
- In effect, they have been diverted from the LTC wait list

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