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Leading knowledge exchange on home and community care

Supportive Housing: The Winning Formula for People and the Health Care System

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The CRNCC is funded by the SSHRC and Ryerson University

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What is Supportive Housing?

- No single definition
  - Different terminology
  - Multiple models
  - Diverse populations

Different Terminology

- Assisted living
- Supportive living
- Supported independent residences
- Sheltered housing
- Transitional living
- Independent living

Different Shapes and Sizes

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Diverse Needs Groups

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… But Common Components

- Housing (according to CMHC, NACA)
  - 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
  - Often including access to linguistically and culturally appropriate care for diverse groups (race, religion, LGBT)
- Ongoing assessment and monitoring
  - Critical particularly in transition periods (e.g., acute, post acute episodes)
  - Both formal (e.g., using standard assessment tools) and informal (e.g., saying hello to Mrs. Wong)

Toronto Supportive Housing Studies (2004 & 2006)

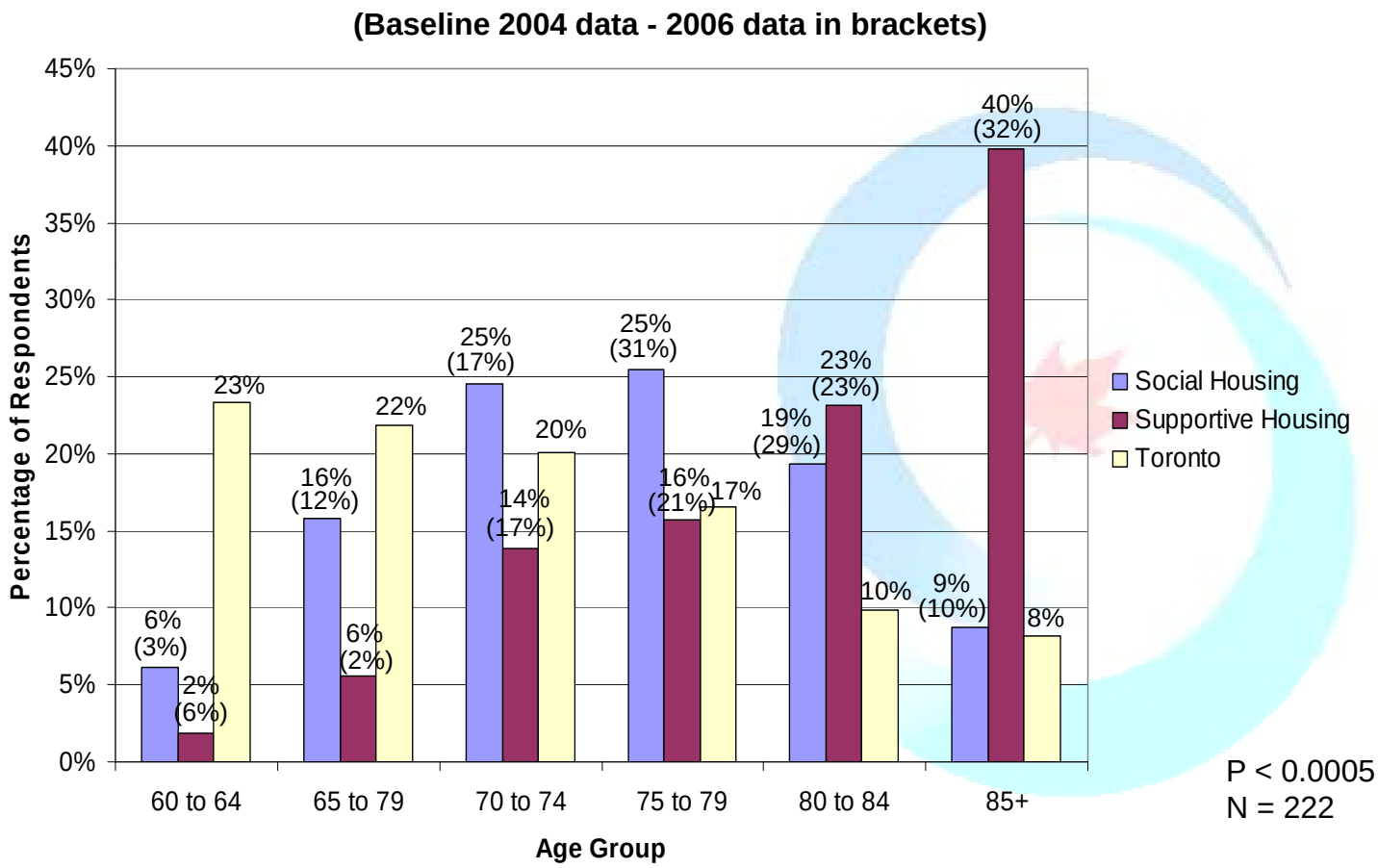
- Compared seniors in social and supportive housing in 3 areas of Toronto in 2004 and 2006
- Comparable incomes (rent geared-to-income), living arrangements, similar access to home and community supports
- Multiple jeopardies made them high-risk candidates for loss of independence and institutionalization

Lum, Ruff & Williams, 2005 www.CRNCC.ca

Care Coordination

- Supportive housing:
  - Residents had access to planned and coordinated care packages
  - Monitored so that services could be ratcheted "up" or "down" according to changes in assessed needs
  - Live independently well past 85 years
- Social housing:
  - One-off, self-managed services

Age



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Health Risks

Disease	Social Housing	Supportive Housing	Seniors Population in Canada (1996)
Arthritis	61%	69% (66%)	42%
High Blood Pressure	56%	59% (60%)	33%
Back Problems	60%	51% (43%)	-
Osteoporosis	21%	44% (42%)	-
Heart Problems	36%	38% (34%)	16%
Diabetes	23%	16% (23%)	-
Stroke	10%	10% (19%)	-
Tumour/ cancer	8%	15% (9%)	-

(2004 baseline data – 2006 in brackets)

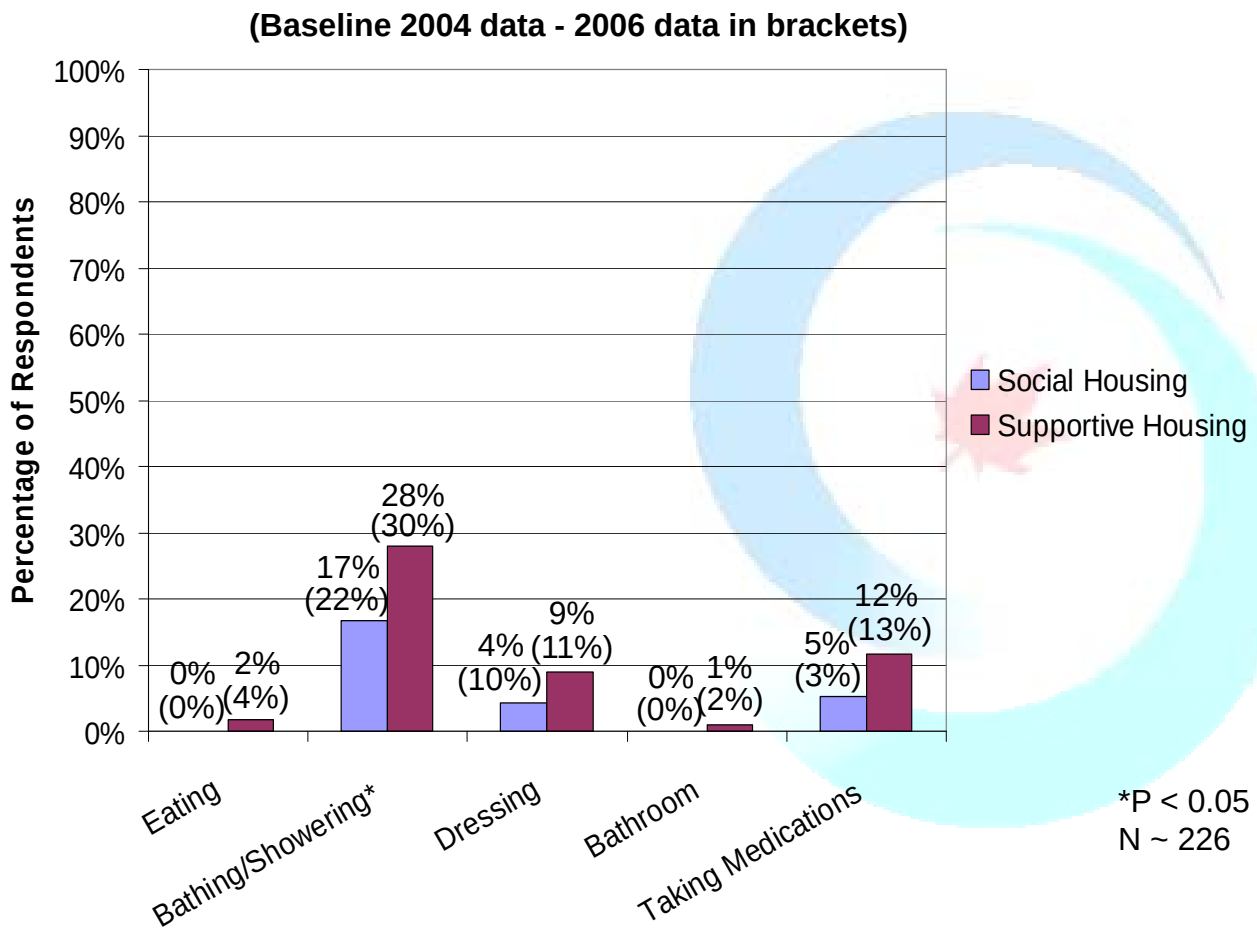
Ethnoracial Background

(Baseline 2004 data - 2006 data in brackets)

	Social Housing	**Supportive Housing**	**City of Toronto***
Visible Minority seniors (65+)	45% (45%)	25% (27%)	23%
Top 3 Visible Minority Groups	Black 12% (8%) Asian 10% (12%) S.Asian 10% (13%)	Asian 11% (12%) Black 5 % (8%) S. Asian 5 %(4%)	Asian 12% S. Asian 5% Black 3%

*Statistics Canada. (2005). Ethnocultural Portrait of Canada: Visible Minority Groups, Sex and Age Groups for Population.

Supports for ADL



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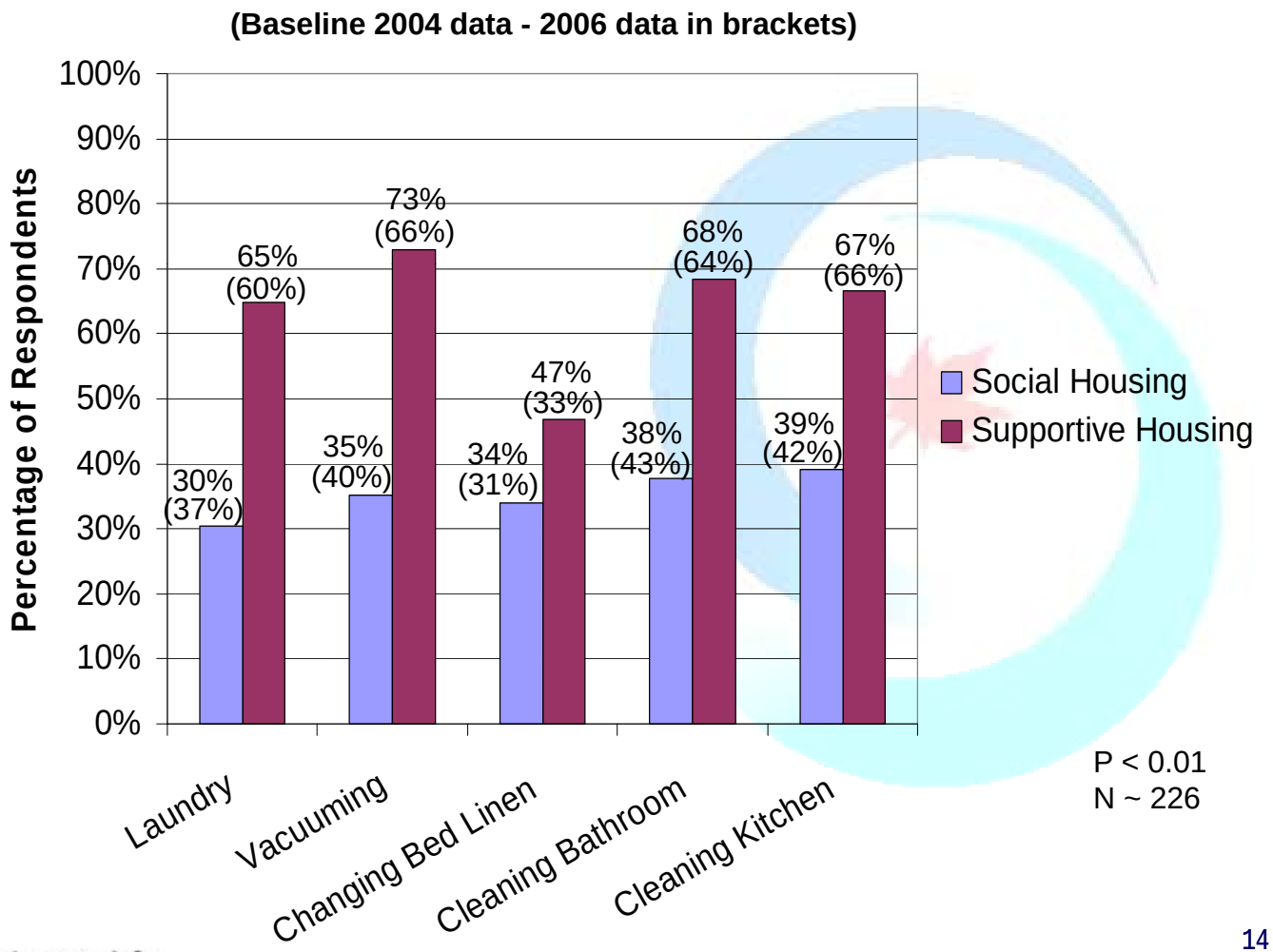
Supports for IADL



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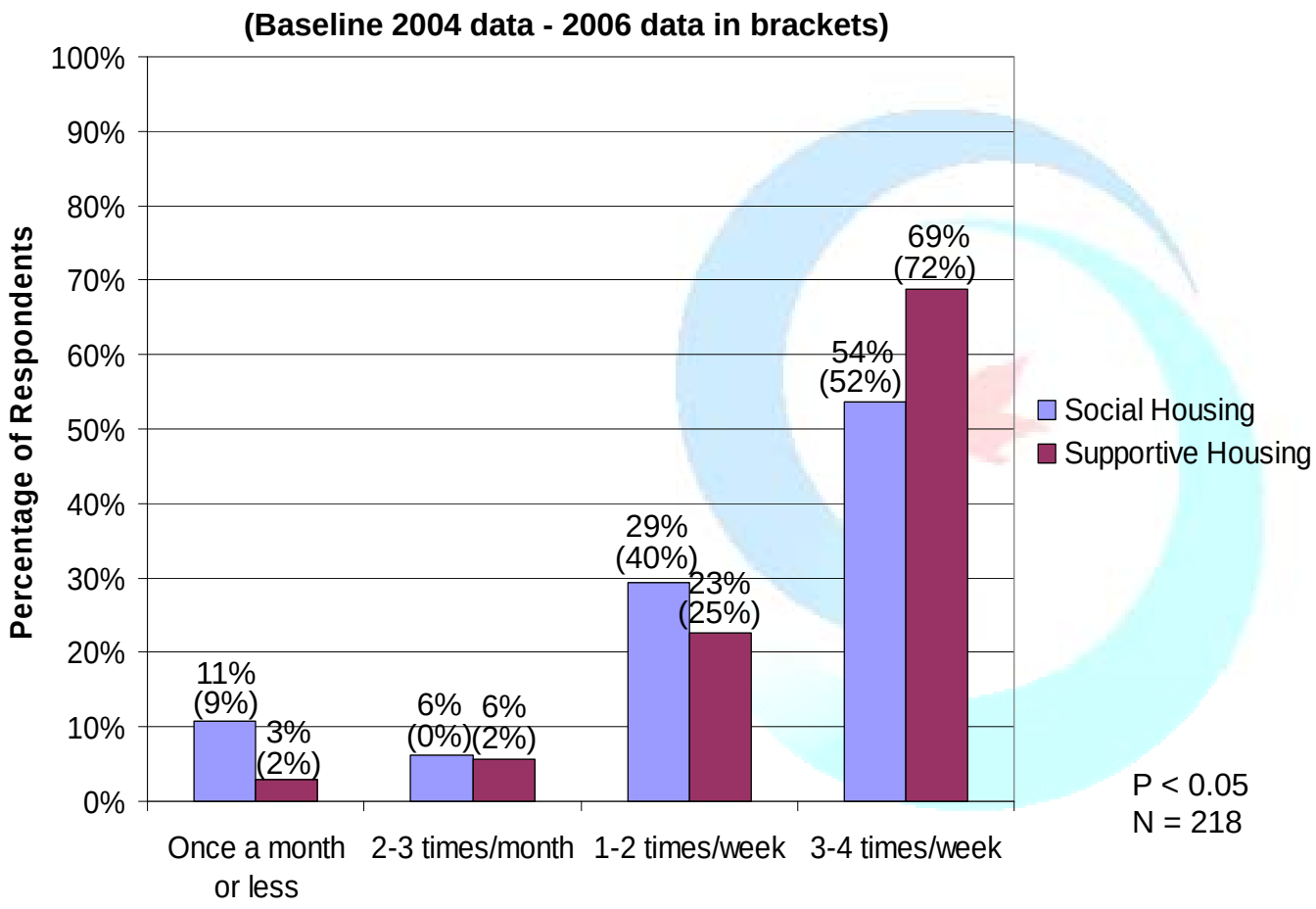
Social Connectedness:
Agency, Family and Friends



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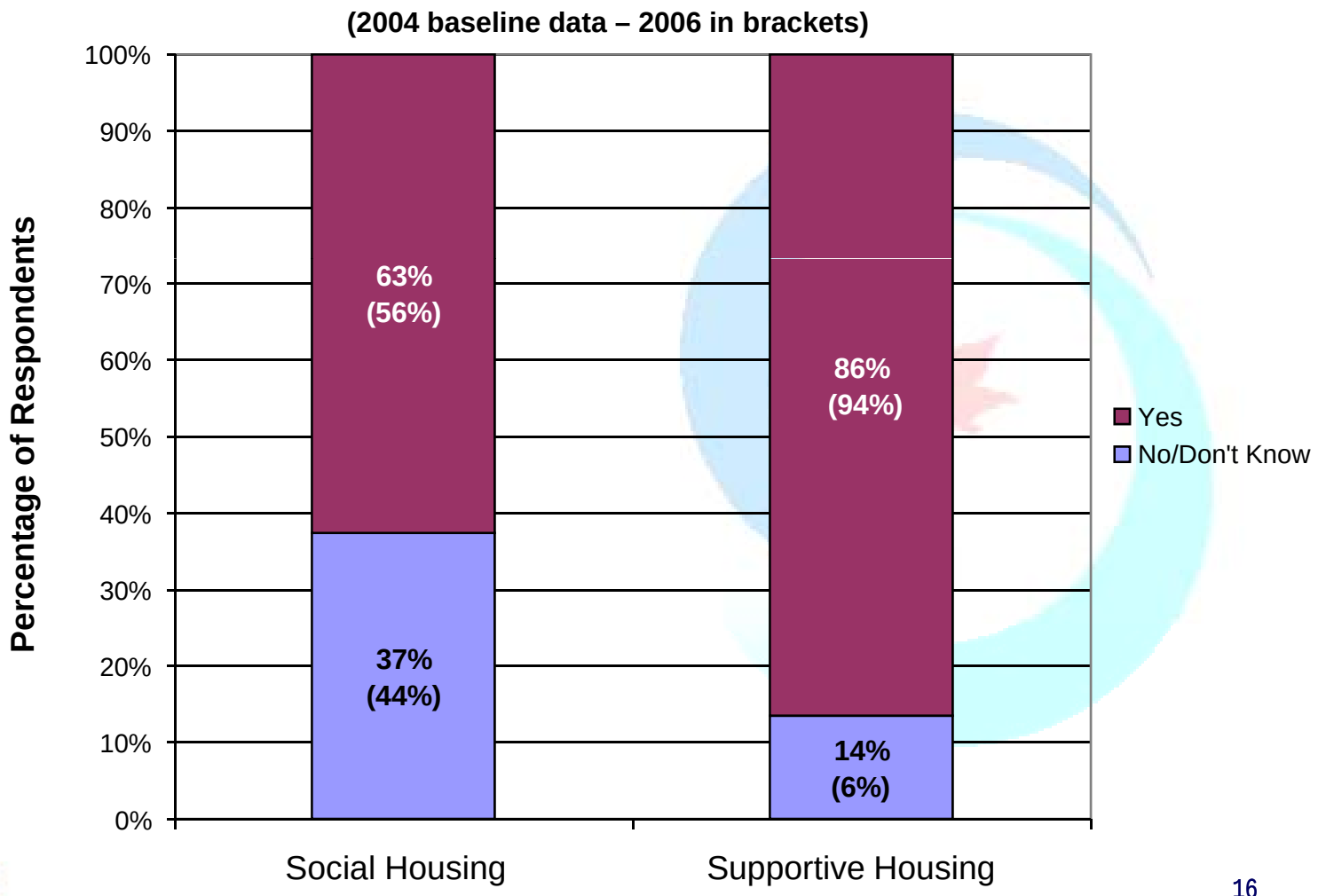
Mental Health:
Confidence in Getting Help When Needed



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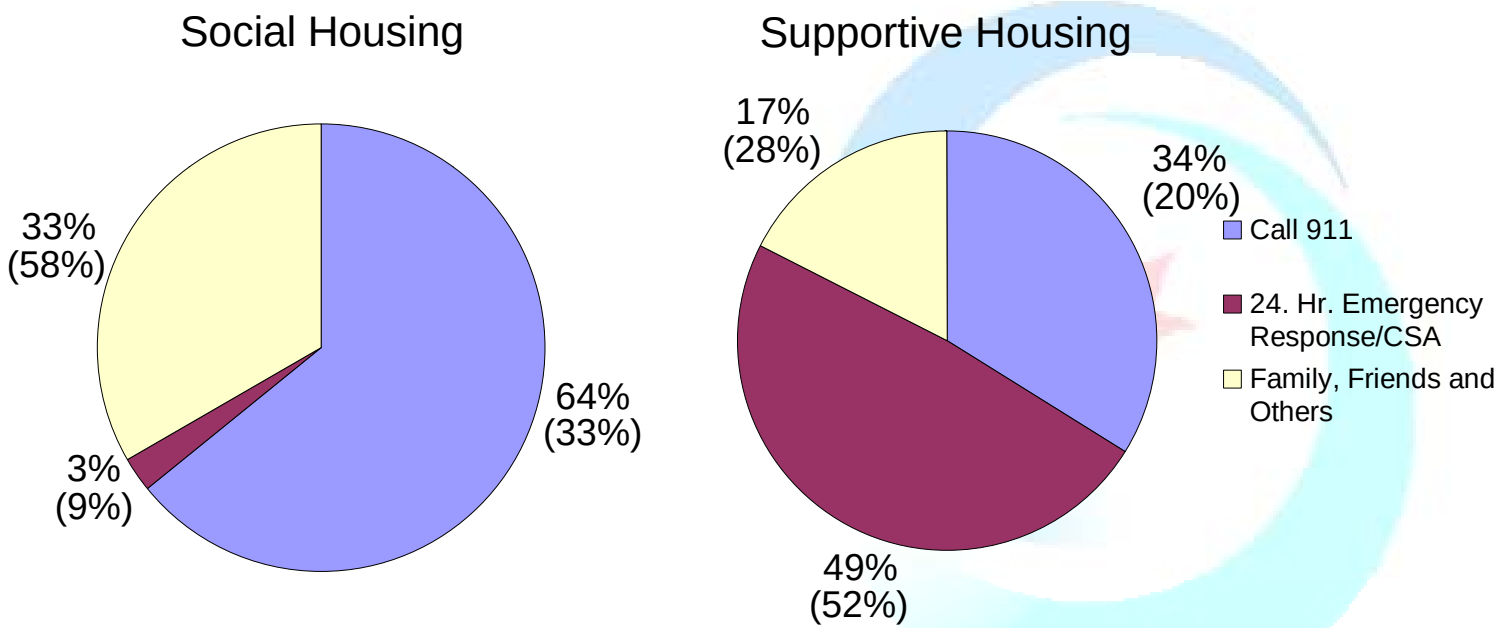
Crisis Management

(Baseline 2004 data - 2006 data in brackets)



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Appropriate Care

- Supportive housing seniors meet current thresholds for facility placement

- Yet, most need help primarily with home support services to maintain independence and well-being
  - Laundry, vacuuming, cleaning kitchen/ bathroom most important –not PADL or nursing care

Right Care; Right Place; Right Cost

- Right care in the right place; monitored, coordinated care packages encourage cost effective substitutions
- Hospital ALC bed~$800+/patient/day
- LTC facility bed~$80 (government portion) to $130/client/day (including co-payment)
- Seniors in supportive housing~$23-$40/client/day
  - » Estimate based on MOHLTC 2004-2005 data by service codes --mean cost per client for seniors; excluding people with ABI or physical disabilities

Balance of Care

Personal Social Services Research Unit (PSSRU), University of Manchester

- Balance of Care approach aims at determining most appropriate mix of institutional and community resources at the local level to meet the needs of an aging population

Source: Dr. David Challis *www.CRNCC.ca*

The Balance of Care in Waterloo, Ontario: LTC Wait List

- CCAC wait list
  - Approximately 1100 waiting for LTC beds
- How many could be “diverted” safely, cost-effectively to community care …
  - With currently available services?
  - If supportive housing units available?

Supportive Housing's Role in Shifting the Balance of Care

- No supportive housing for seniors in Waterloo (although some for persons with disabilities)

- Two planning reports in 2007 (Closson, Handler) recommend investment in supportive housing as a solution for hospital ER and LTC back-ups in Waterloo Region

  How could supportive housing affect individuals, carers and the system as a whole?

Waterloo BoC Conclusions

- Estimates of diversion rate remarkable:
  - For half (49%) of those on LTC wait lists, home and community support packages would be less costly
  - Up to 75% potentially could be safely and cost-effectively maintained in the community if supportive housing options available

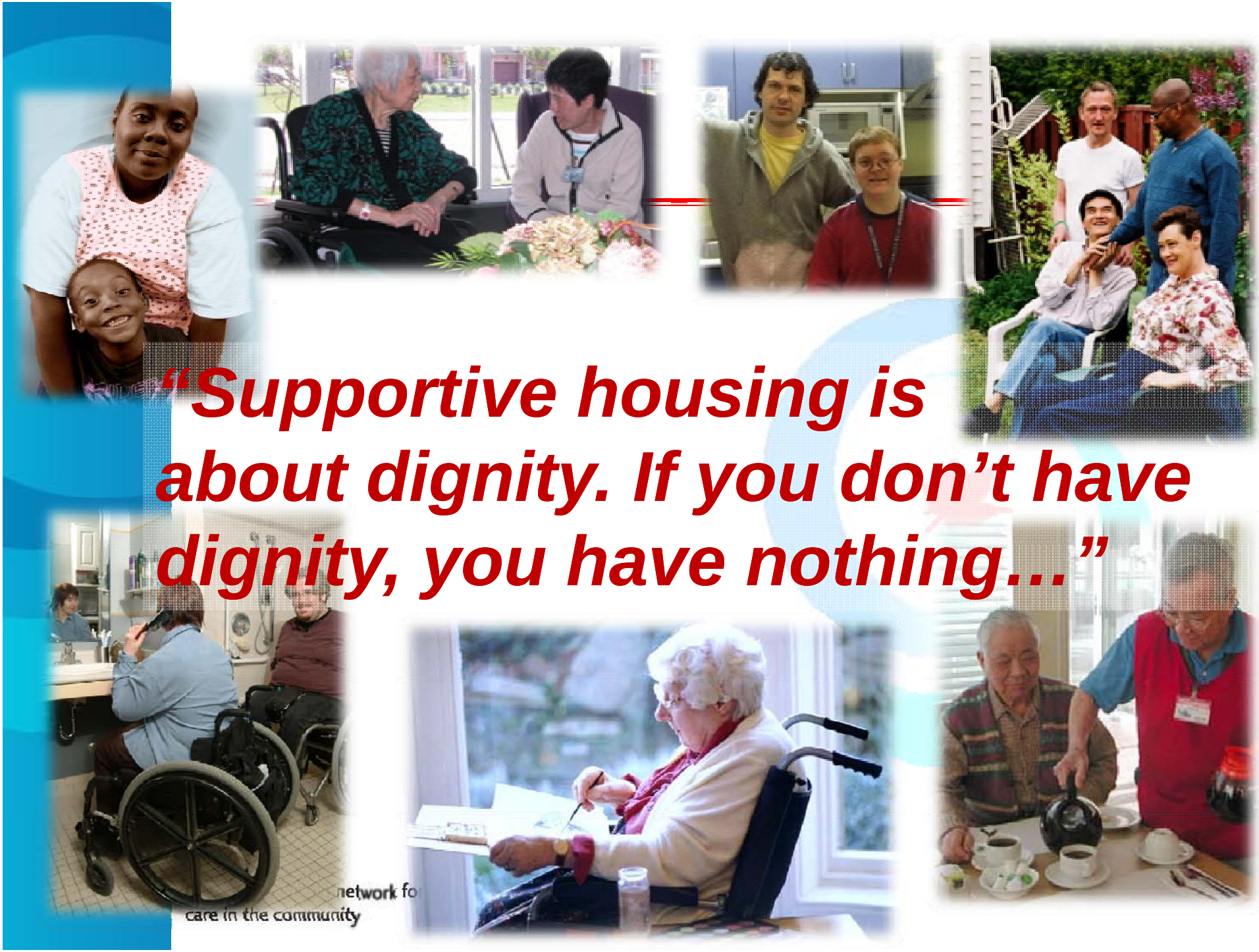
Complete results will be presented at OCSA conference with David Challis on October 16th

Key Messages

- While “supportive housing” covers many diverse definitions, models and needs groups …there are key commonalities
- All include housing and services
- All aim to support health, well-being and independence of “at risk” populations
  - Most intensive users of costly services
  - Least able to navigate the system on their own
- All involve ongoing care coordination and monitoring
  - Integrate care across the continuum
  - Facilitate substitutions within and across sectors

Key Messages

- This means that getting care when needed is more predictable
- Because care is “wrapped around” individuals, with “ratcheting down” as well as “ratcheting up,” supportive housing residents may make greater use of less costly IADL care
- Less use of 911 and emergency care
- Families do not stop caring


"Supportive housing is about dignity. If you don't have dignity, you have nothing…"
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