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Manitoba Japanese Canadian Seniors' Housing and Support Service Needs Assessment

by

Edward David Suzuki

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of the
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Degree of

MASTER OF CITY PLANNING

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MANITOBA JAPANESE CANADIAN SENIORS'

HOUSING AND SUPPORT SERVICE NEEDS ASSESSMENT

BY

EDWARD DAVID SUZUKI

A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF CITY PLANNING

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ABSTRACT

The majority of the Manitoba Japanese Canadian seniors occupy their own homes and live relatively independent. A growing number are, however, expected to experience difficulties in providing sufficient care for themselves as they age in place. In 1992, issues surrounding seniors in the community were raised by the Manitoba Japanese Canadian Citizens' Association (MJCCA). Their decision was to initiate a housing and support service needs assessment among the Manitoba Japanese Canadian seniors.

The objective of this practicuum was first; to identify and assess the current and future housing and support service needs and preferences of seniors; and second, to formulate practical recommendations in response to those needs and preferences. To identify these needs, a survey was conducted at a community meeting. The technique employed not only achieved positive results but it served as an educational experience for those involved in the process. From the data collected, analyses of a number of issues ranging from demographics to future housing opinions were made.

The results showed that the needs of these seniors were multifaceted and not unlike those found nationally. They needed a wide range of support services from transportation assistance to help around the house. Their preference was to age in place in their present homes. However, when the time came to move, they would prefer to move into sheltered housing, special retirement housing or congregate housing.

To address these needs, it was recommended that the MJCCA develop strategies that address the needs of those choosing to move and for those wishing to remain in their homes. Overall, this study was to serve as a resource document for the future housing deliberations of the MJCCA.

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CHAPTER ONE
Introduction

Due to the current fiscal restraint, the level of government spending on social services, including housing, has become difficult to maintain. With the seniors' population expected to increase, aging in place will become a priority in government program orientation. Davis (1991:7) notes that the demand for institutionalization is accentuated by the lack of an adequate physical and social home environment. To alleviate this anticipated demand, seniors, in turn, will have to function more independently in their homes and communities for longer periods of time. Ironically, government cutbacks are also evident in the funding to those public and non-profit organizations who provide support services to seniors who live independently.

Non-profit organizations play an active part in providing social assistance for the elderly population. Their actions benefit not only the seniors, but the community at large. Government fiscal constraints combined with an aging population, will place a burden on individuals and community groups who assist in the provision of seniors' care services.

During the late 1980s, a series of forums was conducted by Canada Mortgage and Housing Corporation across Canada to identify the emerging seniors' housing issues. A wide spectrum of people were involved including seniors, non-profit organizations, government agencies and housing experts. In the conference proceedings entitled, "Options: Housing for Older Canadians -- Halifax, Nova Scotia, Oct. 17-20, 1989," new challenges and new roles in the development of seniors' housing were discussed. Bob Hart, President of the Retirement Resource Group of Metropolitan Toronto, noted that,

> *"We cannot undertake any effective strategic planning without cooperation, and the conflicting interests of governments, developers, architects, planners, non-profit organizations, and local councils must be bridged if the needs of seniors are to be met effectively" (1989;119).*

Hart noted that, presently, there is a very fragmented approach to the provision of seniors' housing. He emphasized that there needs to be joint participation among developers and non-profit organizations in the planning, financing and implementation of projects. There is also a need to develop imaginative and creative solutions and partnerships between governments, developers and non-profit organizations to provide affordable housing. He stressed the importance of strategic planning, supported by research, to gain a better understanding of where we are going and the directions we could take.

As senior citizens age in place, meeting their future housing needs and preferences becomes a growing concern for the community. What are their current housing and living arrangements like? Do they face any difficulties with personal care and the activities of daily living? What type of housing options and services do they prefer?

Seniors themselves must play an important role in identifying their housing needs and the kinds of support services that will enable them to remain independent and active. By providing valuable information about themselves, their housing and particular needs for support services, we can begin to develop practical solutions to satisfy their needs.

1.1 Manitoba Japanese Canadian Seniors

Seniors' housings and support service needs have not gone unnoticed among the Manitoba Japanese Canadian Community. Although the majority of seniors occupy their own homes and live relatively independently, there is a growing number that will experience difficulties in providing sufficient care for themselves as they age in place. The concern is how will they "Age in Place" and live independently, especially those over 75 years of age.

There is also an important issue related to family members who care for their aging parents. When a family provides care and assistance to parents living in their own home, it can become quite stressful for both parties. When both adult family members work and look after their own children, caring for their aged parent(s) may be difficult. When one adult remains at home, there is little time to do daily chores, such as shopping, if constant care or attention is required by their aged parent(s). The concern is not that they should or should not live together, but how these living arrangements can be improved.

In 1990, the Manitoba Japanese Canadian Cultural Centre (MJCCC) Task Force on Seniors' Housing conducted a survey to identify the demand for a senior housing project. The results indicated that there was little interest for a senior housing facility. Although the demand was identified, the survey was not designed to highlight the issues facing senior housing and support services need.

In 1992, concerns surrounding seniors in the community were raised by the governing non-profit organization, the Manitoba Japanese Canadian Citizens'

Association (MJCCA) Board. Discussions focused on the level of support services required by older persons to maintain independent living, seniors who face physical disabilities and the level of support required by families who care for their aging parent(s). To fully understand the needs of the seniors, the organization felt it would be essential to conduct a housing and support service need assessment among the Manitoba Japanese Canadian seniors' community. Once these needs were determined, courses of actions would be implemented.

With the support from the seniors' community and the Manitoba Japanese Canadian Citizens' Association (MJCCA) Board, an investigation was initiated into senior housing and support services.

1.2 Research Objective

The overall objective is first: to identify and assess the current and future housing and support service needs and preferences of seniors; and, second to, formulate practical recommendations in response to those needs and preferences. By conducting a survey, an assessment of their daily living and housing needs will be identified. Several issues are examined:

1) socio-demographic characteristics of the elderly population;
2) current housing and living arrangements;
3) support service needs;
4) difficulties with personal care and activities of daily living;
5) future housing plans;
7) opinions about the various housing options available; and
8) housing preferences.

The focus of this study is on the seniors who are of Japanese Canadian ethnicity aged 60 years plus living in Winnipeg, Manitoba. The practicuum will consist of five chapters. The background and rationale for the study are discussed in Chapter One. This chapter also includes the research objectives and scope of the study. A review of literature is provided in Chapter Two that focuses on the senior population living in Canada. Housing and support service needs, especially for those over the age of 75 years and widowed females are examined. The various types of senior housing options are also reviewed. Chapter Three discusses the methodology employed in the study. The survey was conducted at a community meeting of seniors. This surveying technique not only achieved positive results, but it functioned as an educational process in empowerment building. The heart of the study is Chapter Four. This section presents the results of the needs assessment. As the basic purpose of the practicuum is to identify the housing and supportive service needs of the Manitoba Japanese Canadian seniors living in Winnipeg, discussions focus on the analyses of demographic characteristics; household incomes; location -- place of residency and preference; and future housing opinions. Following this analysis, the last chapter contains the summary, conclusion, and recommendations that address what directions the MJCCA should take to meet the needs of the seniors. Several housing options are discussed.

CHAPTER TWO
A Profile of the Canadian Elderly Population

Between 1961 to 1991, the number of elderly people in Canada almost doubled. In 1991, 3.2 million Canadians were 65 years and older whereas in 1961, there were only 1.4 million seniors. The census taken in 1991 indicated that about 60 per cent of all seniors (1.9 million) were between the ages of 65 and 74, 31 per cent (1.0 million) were between 75 and 84, and 9 per cent (283,000) were 85 or older.

The purpose of this chapter is to provide an overview of the characteristics of Canada's seniors that can be used as a reference or benchmark for the study group, i.e., the Manitoba Japanese Canadian Seniors. First, there is a brief description of the socio-economic characteristics of all seniors living in Canada, in terms of their sex, marital status, housing, income and health. The discussions then move on to describe the elderly's housing and support service needs and preferences. Seniors' housing, living arrangements and options are then discussed. Overall, this chapter portrays the general trends evident among much of the elderly population living in Canada.

2.1 Demographics

As a result of a decrease in death rates, advances in medical care and improvement in the standard of living, the number of older seniors is expected to increase. Implications arising from this include the aging of the elderly population structure, and an increasing rate of growth for the seniors' population.

By the turn of the century, there will be nearly 4 million people over the age of 65. A significant increase is projected when the baby-boom cohort reaches retirement age of 65 years and older. The proportion of seniors is anticipated to exceed 20 per cent of Canada's population by the year 2013. More than 8 million elderly people are forecasted (Statistics Canada, 1994).

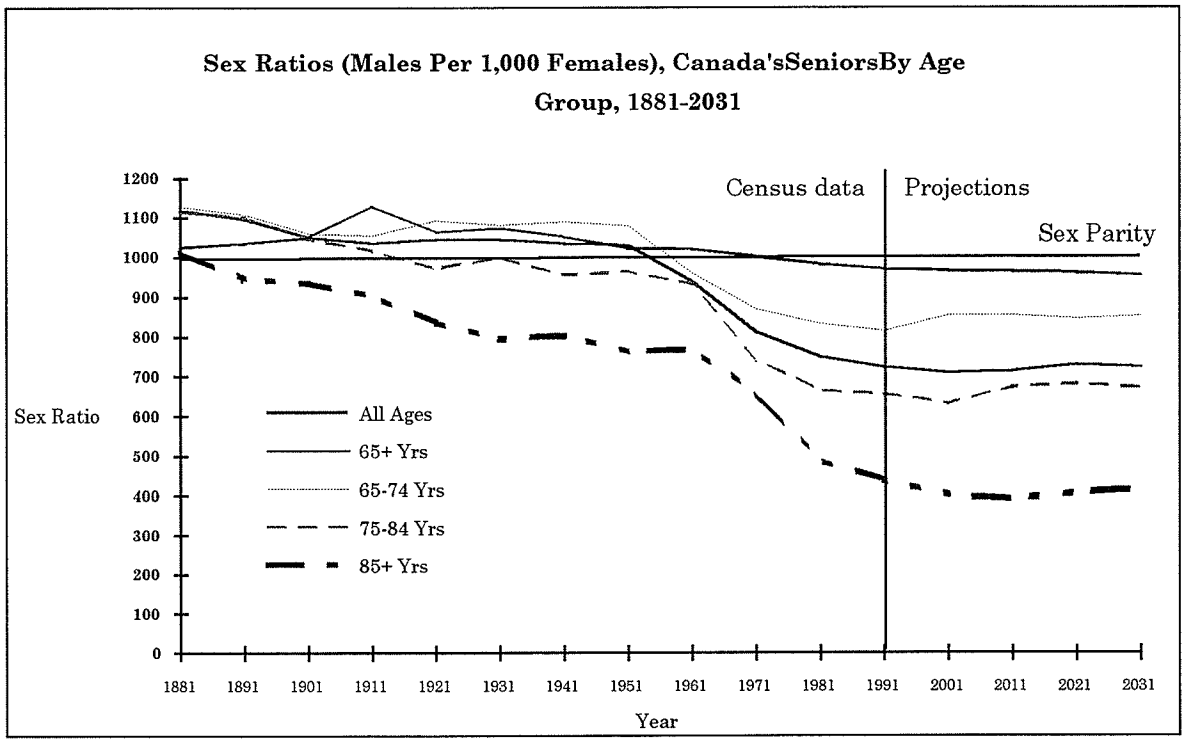
Statistics Canada (1994) predicts that by the year 2011, the elderly from the ages 85 plus will comprise of 14 per cent of Canada's seniors. Seniors from 75 years and older are anticipated to have the greatest growth rate within the senior population (65 years plus). The impact will likely be more vulnerable people and a higher incidence of health related problems. More demand for social support services is expected.

The elderly population contains a higher proportion of females than males. From 1971 to 1981, the ratio of females to males in all older age categories increased significantly. In 1986, women comprised almost two-thirds of the senior population. Projections indicate that as the elderly population ages, women will increasingly outnumber men and will remain the most prominent among those 75 years plus.

On the basis of the 1991 Census, Canada's elderly population (65 years plus) was 58 per cent female and 42 per cent male or a sex ratio of 723 men per 1,000 women. For all ages, Canada's sex ratio was 972 men per 1,000 women. In Figure 1, the sex ratio declines in the older age cohorts. There were 816 men to every 1,000 women from the ages 65 to 74 years, compared with only 438 per 1,000 for those 85 years plus. As Canadians get older, a higher proportion of the seniors will be women. Demographic projections suggest that the proportion

of senior females will continue to outstrip the proportion of senior males and that the gap between them will only stabilize, when the baby boom generation reaches old age (Chappell, 1990).

Figure 1: Sex Ratios (Males Per 1,000 Females), Canada's Seniors by Age Group, 1881-2031



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Because women are living longer than men and the probability of remarriage is low, there will be many widowed women in the elderly population. In 1982, more than 50 per cent of the women aged 70 years plus were widowed. Men on the other hand, were usually married, with less than 25 per cent widowed. In 1991, most of the elderly living in Canada was either married or widowed (see Table 1). As the age group increased, the proportion of married senior-led households declined and the proportion of widowed seniors increased. For females 85 years and older, four out of every five women were widowed.

Table 1: Seniors by Age, Sex and Marital Status, 1991 -- Per cent Distribution

Gender	Age Group	Single	Married	Widowed	Divorced
Males	65+	6.9	77.3	12.9	2.8
	65 to 74 Yrs	6.7	82.2	7.7	3.4
	75 to 84 Yrs	7.0	72.7	18.3	2.0
	85+	8.7	50.9	39.2	1.2
Females	65+	7.7	42.6	46.7	3.0
	65 to 74 Yrs	6.5	56.0	33.5	4.0
	75 to 84 Yrs	8.8	30.1	59.2	1.9
	85+	10.4	10.0	78.8	0.8

Source: Statistics Canada, 1992, Age, Sex and Marital Status. 1991 Census of Canada, Ottawa: Dept. IST, Cat. No. 93-310, Table 3.

2.2 Income

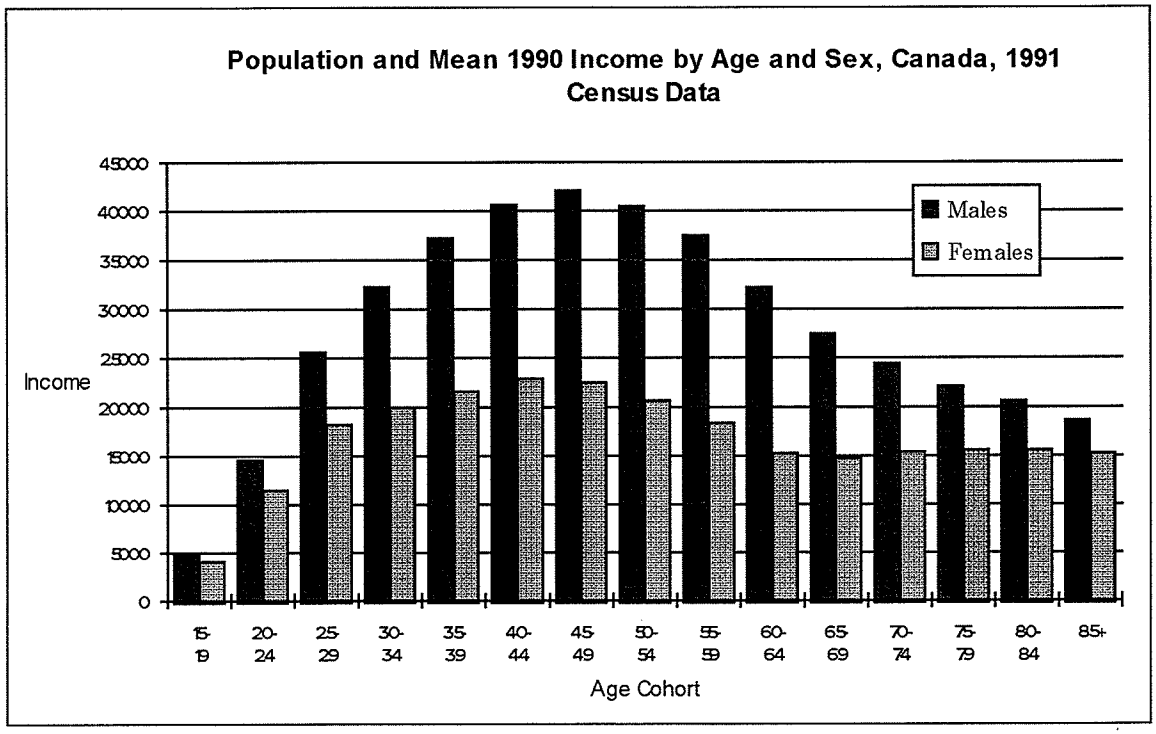
Although economic security may have improved, income levels among the elderly population are considerably lower than the rest of the population in Canada. According to Statistics Canada (1985), elderly individuals represented 14.9 per cent and 62.7 per cent of the two lowest income quintile distributions respectively ($7,000 and 9,977 upper limits). Low incomes were also illustrated by the elderly living in family households. Families with elderly persons over 65 years of age represented 29.3 per cent of the lowest income quintile distribution ($17,834 upper limit).

Davis (1991) indicated that the amount of money older seniors had to spend decreased with age. For those who reported in the General Social Survey (Statistics Canada, 1985), 53 per cent of seniors over 75 years had an average

total family income under $1000 per month in 1985. Only 5 per cent had an average income of $3000 or more.

According to the latest statistics, the income situations remained unchanged. In 1990, the average income for males decreased as age increased (see Figure 2). The average income for males 65 years and older was about $24,500, 19 per cent below the average for the male population as a whole, $30,200. For women, the average income likewise, decreased with age and bottomed out by the time they reached age 60 to 64. For all female seniors combined, the average was $15,300, 13 per cent below the average for females of all ages combined, $17,600 (Statistics Canada, 1994).

Figure 2: Population and Mean 1990 Income by Age and Sex, Canada, 1991, Census Data



Source: Statistics Canada, 1994 -- Cat. No. 96-312 E.

The total income of seniors living in Canada comes from various sources. These include incomes derived through employment, government pensions, investment, private pensions and other sources such as from Unemployment Insurance Commission payments, Family Allowance, provincial income supplements, veteran's pensions, among others. For all seniors, government retirement income is the main component of total income. This source accounted for over 40 per cent of the total 1990 income (Statistics Canada, 1994). In terms of gender, this principal income source was found to be of more importance to females than males since it represented 48 per cent of total income for females but only 34 per cent for males. The second most significant source of income for all seniors was investment which amounted to about 23 per cent of total income. Differences did exist by sex; in females, this component of income was found to be the second most important. For male seniors, however, it ranked only third.

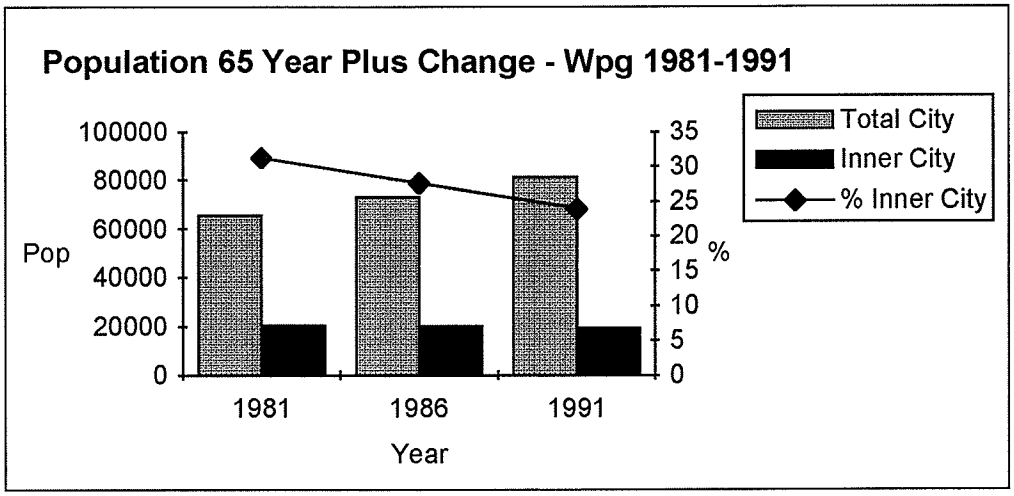
2.3 Current Housing and Living Arrangements

The residences of the elderly in metropolitan centres across Canada have generally been located within the inner areas of the city. This is the area where the majority of the seniors initially settled and spent their family lives. These seniors have now aged and many of the younger family members have moved-on. The inner city represents the central core of an urban area and usually contains the oldest housing stock.

Although a significant proportion of the seniors remain living in the inner city area, this proportion has declined in recent years. In Winnipeg, for example, the proportion of seniors over the age of 65 years living in the inner city has declined

from 1971 to 1986 (East, 1992; 50). In 1991, this proportion represented about 24 per cent of the total Winnipeg population 65 years and older, down from 27.6 per cent in 1981 (see Figure 3). There is now an increase in the proportion of seniors living in the suburban areas of the city. The cause of this change has been the movement of many young family heads to the suburbs who have now reached their retirement age and have remained in suburbia. The suburban elderly tend to remain in the same home or move within the neighbourhood (Gunn, et al, 1983; 45).

Figure 3: Population 65 Years Plus - Winnipeg 1981 to 1991



Source: Statistics Canada, 1981, 1986, and 1991

In 1986, 78 per cent of elderly men were living either with a spouse or unmarried children, compared to only 47 per cent for women. In contrast, elderly women were more likely to live alone (38% in 1986) than were men in this age group (14%). This trend appears to have continued. According to Davis (1990), there was a proportionately higher per centage of women who lived alone among those over the age of 75 years. Two-thirds of persons over 75 were women and

over one-third lived alone. Of the 2.9 million seniors enumerated in private households in 1991, over 800,000, or 28 per cent lived alone (Statistics Canada, 1994). Many of these households were females.

Homeownership tends to fluctuate throughout the senior population by age. Census 1991 indicated there were 1.08 million senior-led (65 years plus) households living in all the Census Metropolitan Areas in Canada. For every senior-led household renting, there were 1.4 households over the age of 65 years living under ownership status. Overall, homeownership was the dominating status among the elderly. However, as age progressed, the proportion of senior renters increased. According to Davis (1990:15-16), people over the age of 75 were more likely to live in high rise buildings and less likely to live in a detached home or own their own home than their younger cohorts.

Compared with senior renters, elderly owners had substantially lower shelter costs, and higher household incomes. Based on the 1990 shelter costs, senior owners spent 11 per cent of their household income on shelter while senior renters spent 25 per cent (1991, Census Canada). Overall, these conditions of homeownership added considerably to one's overall assets and provided the financial opportunity to have more options in later life.

Many seniors over 75 years tend to be in core housing need (discussed in detail in Section 4.91). In 1991, figures from Canada Mortgage and Housing Corporation showed that 25 per cent of all households led by Canadians over the age of 75 were unable to afford adequate, uncrowded housing without paying 30 per cent or more of their gross income. The majority of these households

were renting (74%). Davis (1990: 20) noted seniors who rent were almost four times as likely as those owning to have core housing need problems.

Based on the 1991 Census, Canada Mortgage and Housing Corporation (1994) explored the variations in housing need by household type and tenure among 25 of Canada's largest urban areas. They found that almost two million households lived below accepted standards for housing affordability, adequacy, and suitability. Of these, about one million were in core housing need. They could not obtain adequate, suitable rental accommodation in their market areas without having to pay 30 per cent or more of their gross household income. Although one in six households living in these centres were in core housing need, three quarters were renters, mainly non-elderly singles or senior-led (65 years plus) households. Of the 1.08 million senior-led households, 22 per cent were considered in core need. Of those in core need, the majority were found to be renters. For every one owner in core need, there were 2.7 senior-led households renting below the housing standard. Although this figure appears to have decreased in comparison to Davis' (1990) conclusions, the data continued to show seniors who rent were among the most in need.

Geoffroy (1988) found that elderly requirements in housing were different from those of families and, moreover, extended beyond providing adequate shelter. They embodied the group with the most housing problems (Divay, 1982). In the literature, three subgroups of the elderly are identified as having particular needs because of their less advantaged situations. They were the poor elderly, elderly single females and the older elderly (persons over 74). Their needs overall related largely to greater income problems combined with the difficulties of physical and health related symptoms due to old age. Housing problems

generally related to the fact that elderly spent far too much of their income (i.e., 30% and over) to achieve adequate accommodation. Because people 75 years and over tend to have lower household incomes and pay higher proportions of their incomes towards shelter costs, these seniors would have a substantial lower disposable income than their younger cohorts. The situation among the female population is more dramatic than their male counterparts.

2.4 Health Status

Geoffroy (1988) indicated that there is a growing trend towards better health among the elderly. Health has improved because of better sanitation, nutrition and medical care as well as healthier occupations, more education and higher incomes. Younger seniors (60 to 64 years old) are expected to have better health, to be better educated and to be better off financially than those aged 65 to 74. Moreover, seniors have grown to function in a more productive and independent way.

As the elderly population increases in numbers, and as the average age of all seniors rises, problems in health are expected to increase and society will have to bear much of the health care costs (Statistics Canada, 1993). From the 1985 General Social Survey conducted by Statistics Canada, the non-institutionalized elderly were classified by how they perceived their own health condition (see Table 2). For all persons 65 and over, 62 per cent or two out of every three thought they were in good or excellent health. About 38 per cent indicated they were in fair to poor health. The proportion of those who perceived their health condition as being excellent decreased as the age group of respondents rose. It

should be noted that the sample of those 80 years and older was impacted by a selection effect, i.e., the less healthy members of the population were not included in the survey due to institutionalization, thus leaving the most healthy as part of the sample universe.

Table 2: Distribution of Elderly Persons, According to Self-perceived Health Status, by Age Group, Canada, 1985

State of Health	65 to 69 Years	70 to 74 Years	75 to 79 Years	80+ Years	65+ Years
Excellent	23.2	20.1	14.5	15.6	19.4
Good	42.3	44.6	41.1	42.7	42.8
Average	27.3	27.8	30.9	32.3	29.0
Poor	7.3	7.6	13.5	9.4	8.9
Total	100.0	100.0	100.0	100.0	100.0

Source: Statistics Canada, 1985, Cat. No. 91-533 E

In comparison to Statistics Canada's 1991 General Social Survey (Statistics Canada, 1994), the perception of health among the elderly in general has improved. For all persons 65 and over, about 10 per cent more or 72 per cent of the population group indicated they were in good or excellent health. Only 27.5 per cent perceived themselves to be in fair to poor health. This proportion decreased by 10 per cent. The perception of good health however continued to decline as age increased.

Even though the general health among the elderly has improved, there still is a need to provide assistance and support services to those over 75 years old. The concern is to maintain or improve health and independence. Davis (1991:17, 20) indicated the effects of aging and the needs for assistance of Canadians increased with age. Over 40 per cent of seniors over age 75 from a sample size

of almost 900,000 reported they were in fair or poor health. Moreover, she noted that the lack of income has been associated with poorer health of the elderly and this makes the need for assistance for the less fortunate very old even stronger.

2.5 Difficulties with Personal Care and Activities of Daily Living and Support Services

The characteristics of seniors are changing as we move into the next century. As improvements in medical care, nutrition and fitness levels increase, seniors are expected to live longer. Seniors are also becoming more informed and educated concerning their own future needs. They are more active and expect a high-quality and stimulating life when they retire.

Housing needs of older people are primarily determined by the effects of aging in terms of their physical, psychological and social changes often within the context of declining incomes. As people age, certain life restrictions or "age losses" take place (Davis, 1991:18). As the elderly population ages, many of them become frail and suffer from health problems and increasing mental and physical limitations.

Essential for the well-being of seniors has been the need for positive social relationships and family support. This support from kin and friends is considered a primary source of assistance for elders in today's society. Chappell (1990:25) suggested that 94 per cent of all care was typically provided by close relatives and friends through informal networks. Those receiving formal care from community service agencies and hospitals are also receiving care from family

and friends. Important to this support is the quantity as well as the quality of social relationships. This contributes to a person's health and seniors who are socially isolated are more likely to be in poor health (Davis, 1990: 23). People who live alone, a condition that increases with age, especially for women, are at a disadvantage in terms of companionship and readily receiving help with activities of daily living as well as having a feeling of security around their homes.

Research indicated that difficulties with activities of daily living were most evident among those over 75. Many had trouble walking, going up and down stairs, cutting toenails and doing heavy housework. Other areas where assistance was required included household maintenance, transportation, shopping, banking, etc., as well as with personal care and physical activities such as the ability to walk, feed oneself, wash, bathe and use the toilet.

Overall few seniors are considered impaired in any of the above areas, but if dysfunction occurs, it can lead to long-term institutional care, especially when family and friends cannot provide assistance. Geoffroy (1988) argues that with proper adaptations to the home and adequate support services, some elderly can function more independently for longer periods of time and achieve a better quality of life. Support services are essential in maintaining this independent living. She cautions, however, that those services should be provided in the right doses to avoid an unnecessarily supportive condition that can lead to deterioration. These support services should be provided internally, externally or through a combination of both. Two types of services were recommended: 1) congregate services in the community such as transportation, social and health centres; and 2) home care services including meals-on-wheels, visiting nurses,

physiotherapists or occupational therapists, housekeepers and home maintenance workers.

The need for positive social relationships and family support grows with aging. Davis (1990:23) noted, however, that this is expected to decline. Factors such as increased geographic mobility among adult children, smaller families, higher divorce rates and a greater participation of women in the labour force are expected to reduce the levels of informal support. The outcome of this trend may be an increased demand on institutional care.

An important requirement in housing to maintain independent living for seniors is the need for barrier-free, accessible and functional design. Thompson and Donahue (1980: 19) recommended that housing for older people should be designed for aging, not aged, people and should be adaptable to their changing needs as they grow older.

Byerts (1982:133-135) recommended five major environmental design attributes for the elderly. These consisted of legibility, accessibility, usability, adaptability, and choice / challenge / change. By addressing these considerations, an enriched environment can be developed to respond to the changing needs for the aging. The integration of vital services can also be enhanced.

Designing for legibility entails the ability of the environment to communicate a sense of place and to reinforce messages of orientation and direction. The primary beneficiaries are those who have sensory loss or slower reaction times in visual perception. Color and texture coding, interior furnishings, and window treatments are examples of elements to be considered. Having an environment

that caters to those who have visual impairments, reduces dependence for assistance from others and thus enhances independent living.

The incorporation of accessibility is required for those who are wheelchair users or have mobility problems. Accessibility provides the capacity for people to move freely and independently in their environment. This can range from the neighbourhood level, to a building to interior rooms. Targeted areas include telephones, drinking fountains, bathrooms and kitchens, program spaces and building entries. Independence is created by allowing accessibility with dignity.

The third principle is the aspect of usability or functionality of the environment for residents who experience various conditions or limitations. Efficiency and effectiveness must be incorporated into design. Such examples are the use of emergency call buttons, adjustable heights for upper kitchen cabinets, grab bars in bathrooms, and "D-shaped" handles. Functional items should be handy, efficient and safe. The layout of rooms should also accommodate the scale of furnishings and quality of goods catering to effective usability.

By adapting the physical environment to the needs of the elderly, not only can the provision for independent living be maintained, the psychological quality can be enhanced by increasing their level of autonomy, feeling of security, and comfort.

In addition to special housing designs, location needs are also important for the elderly population. When choosing a location for elderly housing, Geoffroy (1988) indicated that the topography, environment including safety and security,

mobility, services and community facilities must be considered in meeting the needs of seniors.

The site's topography should be as flat as possible to accommodate the limited mobility and physical energy needs of the elderly. As a prerequisite to maintaining functional ability, the physical environment should also be stimulating. Public transportation should also be easily accessible with stop signs easily recognizable. Although the provision of private and public transportation is required, it was recognized that locational criteria placed emphasis on walking as the common mode of transportation. Walking was considered as the most important means of getting around for many seniors (Gunn et al., 1983:50). Walking distances to services such as shops, banks, post offices, medical centres and drug stores as well as to community facilities like parks, churches, libraries and senior centres are essential to meeting the needs of the elderly.

As described earlier, one of the preferences of the elderly is to age in place in familiar neighbourhoods. These micro environments are considered to be places where the elderly have spent most of the active parts of their lives and where informal networks of family and friends have been developed. Although these settings are a preference, Geoffrey (1988) indicated that when the elderly undergo a change in health, their needs alter. Unless the neighbourhood changes to suit their needs, seniors commonly find themselves with a lack of housing alternatives or options. Many elderly homeowners who have faced income difficulties as a result of retirement and/or death of the main provider, have also been forced to remain despite the house's inappropriateness in size, location and the owner's financial inability to maintain it adequately.

2.6 Transportation Needs

Accessibility to a variety of commercial, service and recreational facilities has been identified as an important factor for the elderly because it allows them to engage in normal daily activities and to lead independent lives. Linked to the level of accessibility is the mode of transportation. In the literature, the elderly are considered limited in their mobility. Seniors, in comparison to other age groups, have lower proportions of persons with driver's licenses and owning cars. The reasons for this are financial constraints and health / physical impairment problems. The reliance is therefore placed on other means of transport.

The availability and use of public transportation is one source of transport. This is an important factor in determining how much access a senior has. There are problems, however, associated with this. Older persons often face physical barriers in using public transportation because they find it difficult to stand and wait for buses and have problems boarding and coping with crowed conditions. Studies have also identified that seniors often faced long waits, poor connections and because routes are often oriented towards downtown, intra- and inter-suburban travel has been difficult (Gunn, et al., 1983:50). The alternative to public transportation is the reliance on taxis. This is undoubtedly considered to be very expensive.

As stated earlier, the most common mode of travel among the elderly has been walking. Because there are problems associated with both public and private transportation, walking is considered to be the most important means of getting around for many seniors. There are, however, difficulties with walking such as

physical strain and anxiety over potential injuries. These impediments can be avoided through better design of neighbourhoods or local areas.

As aging of the suburbs continues, the problems of transport for the elderly are expected to be accentuated. Not only are there problems with public transportation, there are also difficulties with walking. East (1992; 88) argues that the suburbs were not designed for pedestrians, but for the automobile. These suburbs are isolated residential communities with very few services provided. If the seniors do not drive or have access to an automobile, given the limitations of public transportation, and the lack of services found in their neighbourhood, they may become isolated and dependent upon others.

The problems inherent in providing transportation access for the seniors have been primarily based on the need for access and availability to a variety of commercial, service and recreational facilities. This has been identified as an important factor for the elderly since it allows them to engage in normal daily activities and to lead independent lives. With many seniors preferring to age in place, it will be critical to either improve these shortcomings or provide the essential services and facilities in neighbourhoods thus decreasing their dependence on motorized transportation.

2.7 Seniors' Housing Living Arrangements

Housing arrangements for many seniors in the past have been restricted to institutionalization primarily because there were no other suitable alternatives.

Gunn, Verkley and Newman highlight the lack of opportunity in the housing market that can meet the changing needs of seniors. They note,

> *"The aging person often lives alone: separated from his family, with insufficient income, failing health and limited energy and capacity and with a narrow choice of suitable living accommodation available in the community. The current housing market has little to offer elderly people in the low and low-middle income groups. The great proportion of housing built in recent years has consisted of three-bedroom houses and modern high-rise apartment buildings. Neither provides a satisfactory solution for the housing problem of the aged person with a low income. The houses are too big: both houses and apartment are too expensive." (1983: 35).*

The result of these market conditions and the lack of options has meant that many seniors have had little choice other than institutionalization. Many Canadian seniors have also had to resort to institutions when they experience disabilities affecting their hearing, eyesight, locomotion and other physical limitations. Research studies (Levy, 1988:26) have indicated that there is a need today to develop community housing alternatives that minimize the need for institutional housing. Seniors need a continuum of shelter types that provide a normal progression with the process of aging. The continuum, broadly viewed, consists of three categories of living arrangements (see Table 3).

Table 3: Types of Living Arrangements

Type A	Type B	Type C
Housing for fully independent living	Housing with limited social support services for semi-independent living	Institutions with social, medical and nursing care for dependent living

Housing typology A consists of various kinds of facilities and arrangements for seniors who can sustain complete independent living without the assistance of social support services. Such examples are individual homes, apartments,

retirement communities, public housing, and private senior housing projects designed for independent living. These housing types usually consist of self-contained living units, that is, units with separate cooking facilities and private bathrooms. Some facilities have common spaces and dining rooms and kitchens with services provided to meet a temporary or desired need of the residents. These services are not considered as supports needed to perform the ordinary functions of daily living.

Housing arrangement Type B are facilities that provide self-contained dwelling units with private bath and at least a partial kitchen. Common spaces are included for group activities as well as for dining and a kitchen for preparation of group meals. Social support services are provided to assist impaired residents carry out the activities of daily living. Examples include seniors' housing developments, old-age homes, retirement hotels and congregate housing.

Institutional living arrangements are classified as Type C. These include shelters that provide on-going medical attention, nursing care and supervision to elderly persons who are too mentally and physically impaired to live independently even when social support services are provided. Individual living units are not provided in these arrangements. Accommodation generally consists of shared bedroom space with the allowance of minimum personal possessions. Recreation, food service and treatment procedures are all shared. Facilities of type C arrangements are nursing homes, long-term care hospitals, mental hospitals and other care institutions.

2.8 Seniors' Housing Options

Seniors are individuals that need, want and deserve a wide range of housing and support service options throughout their aging process. One of the fundamental principles, Leah Dobkin (CMHC, 1989:9) emphasizes, is that only with choice do they have control. She emphasizes that it will be necessary to provide seniors with impartial counseling about the choices available to them, and to build coalitions to identify their needs and overcome the barriers to different housing and support service options.

Chappell (1990:14) noted that living alone in Canada has not been interpreted as forced isolation of seniors, but as a reflection of the increased choices available as a result of economic security afforded by old age security payments and the guaranteed income supplement. Elderly persons may now have more economic self-sufficiency and may be able to choose from a variety of housing arrangements, particularly apartment living which permits privacy with a sense of security.

2.81 Choosing to Move

When more housing options become available, older Canadians may choose to move. Seniors may wish to seek different lifestyles, or more appropriate and affordable accommodations. Situations leading to moving also occur when their needs or circumstances significantly change. Many will move because their current house may be too expensive or difficult to maintain, inappropriate due to their physical needs, inconveniently located for changing activities and service

needs, or isolated from family and friends. When seniors choose alternative accommodations, they must consider their current and future needs and their ability to pay, particularly if they plan on staying for a lengthy time.

From the literature, researchers have identified several reasons why elderly people choose to move. Leung's research study (1990) categorized six main reasons why homeowners moved: 1) shelter; 2) neighbourhood; 3) accessibility; 4) social support; 5) finance; and 6) health. In his literature review he made reference to a level of stress and satisfaction elderly homeowners endure before deciding to move. Shelter quality measures such as presence of central heating systems, plumbing and maintenance requirements, comfort, privacy, and accessibility were used as the contributing factors of stress. Neighbourhood conditions were referred to as the presence of street crime, ethnic composition, cleanliness, economic class of neighbours, among others.

The effects of the aging housing stock found in inner-cities have displaced many of the elderly homeowners living in these areas. These homes are aging and homeowners, of which many are the elderly, find it increasingly difficult to afford maintenance and renovation costs. Due to the competition for land use, the older housing stock is also being converted to non-residential activities. These circumstances are rising both in frequency and scale. The result is demolition or change in the use of the stock.

Displacement is not only occurring from the physical loss of housing, the elderly homeowners are also faced with significant changes in their neighbourhoods' physical and socio-economic composition. If their neighbourhood changes both socially and economically (through gentrification for example), the elderly

homeowners who commonly face difficulties in paying their housing costs such as utilities, taxes and maintenance often find themselves "forced" to move. Although the equity values of their properties have increased, so have their property taxes. As a result, their housing costs have increased. For many, with limited financial means, this leads to difficulties with affordability. If the neighbourhood declines from negative social effects such as in criminal activity, seniors may find their area no longer acceptable.

Gunn, et al (1983:44) noted that the reasons why some elderly move were the result of physical mobility problems and the financial constraints discussed above. Under these conditions, the senior homeowners were considered "pushed" into more affordable or smaller housing accommodations due to reduced mobility and house maintenance capabilities.

One of the most common reasons why the elderly move was due to the lack of access to services. Walking distance to neighbourhood services and facilities and convenience were noted to be important to seniors. The social support network was also viewed as critical in maintaining independent living among seniors. Seniors prefer to remain independent while retaining close ties to family or friends in close proximity to their homes.

The last category Leung noted dealt with health problems. This factor was identified as the most important reason why seniors decide to move and focused on health deterioration and the difficulties in maintaining a home.

Housing options for older people choosing to move differ in a variety of ways. They consist of simply buying or renting a smaller house or apartment more

suitable for their changing needs and preferences. For those seeking companionships and informal mutual support in a much larger setting, there is the congregate housing option. This type of housing usually accommodates people in large converted houses or specially designed buildings where communal facilities and meals are shared. Each occupant is allowed to have their own private quarters. There is also retirement housing that caters toward an age-segregated environment where seniors can enjoy the companionship of others of the same age and simultaneously live independently.

2.82 Choosing to Stay

The housing option most preferred by older Canadians is choosing to remain in their own homes for as long as they can. Gunn, et al (1983:44) noted that the elderly prefer to remain in their present locations. The majority seldom move and those who do move tend to remain in the same area of the city. This stability is attributed to their strong emotional attachments to their neighbourhood and the fear of experiencing loneliness in a new area.

For those who wish to remain in their own homes and continue to live independently several options are available. One option is homesharing which involves sharing their homes with other older people such as with students, single parents, or siblings. Common reasons to share are rising housing costs, companionship and mutual support, wanting to remain at home and independent, and wanting a family atmosphere. This concept can also provide an enhanced feeling of security. This option is viewed as a viable alternative for people over 75 who live alone. It addresses the affordability issue, the issue of

underutilization of houses and apartments, loneliness, the inability of maintaining a home and the fear of living alone. Some conditions may not be suitable for homesharing especially when one individual faces a change in health status and requires a higher level of care.

Related to homesharing is the option of constructing self-contained accessory apartments. These units are built either in their own homes, or in homes belonging to the son or daughter. From this modification, extra income can be generated through rents with some degree of companionship and security.

Another option, depending on municipal zoning by-laws in some centres, is garden suites or granny flats. Under this concept, elderly owners install a small portable dwelling unit on their existing property for their own use. Their original houses would then be used by their relatives or close friends. The advantage of this approach is that they have the opportunity to stay put and do not have to worry about finding an alternative site to place their units on. Similarly, the son or daughter may wish to house their parent(s) by locating a garden suite on their lots.

For those who develop physical problems that make living difficult in their own homes, there is the option of home modification. These options can include adding wheelchair ramps, lowering counter-tops, adding grab-bars in bathrooms, among others. Emergency response systems that are designed for people who live alone but want to remain in their own homes can be installed. These systems assure the resident that assistance will arrive quickly if there is an emergency.

2.9 Financial Considerations

Along with the different housing options available, there are a variety of financial arrangements and associated tenures. These have been developed to enable elderly people to use their incomes and assets more effectively. Such mechanisms include home equity conversion plans that are intended to enable older people to generate income from their equity and allow them to live in their homes at the same time. A number of variations are used such as reverse mortgages, sale-leaseback plans and deferred-payment loans. For those who wish to purchase new alternative housing arrangements, there is the option of life-leases and shared equity leases. A life lease is where a senior makes an interest-free loan to the project sponsor to cover the cost of the unit. This lease is a legal agreement that permits its purchaser to occupy a dwelling unit for life in exchange for a lump sum prepayment and monthly fees. The lump sum may equal or be less than the market value of the unit. The monthly fees are paid to cover maintenance and other ongoing costs. Likewise, in a shared equity arrangement, a person can purchase a share which covers either the full or partial cost of the unit. If only a partial portion of the equity is preferred, the senior then pays only a partial monthly rent. Residents also pay a monthly fee to cover the project's operating costs. Both arrangements are intended to reduce the cost of buying into special retirement accommodations.

Romank (1992:68) notes that resident-financed non-profit projects through life-lease or equity share arrangements typically allow the project to operate without a mortgage, thus reducing monthly costs substantially. Residents do not have to take on the responsibility of selling their units. They have security of tenure and a voice in decision making, while the non-profit sponsor retains control over the

project. Any profits generated could be allocated to a trust fund that would serve as reserve funds to cover vacancy losses, purchase new equipment and services or be reverted to the residents. Davis (1993) explains that the advantages of the life lease option are: 1) the ability to offer security of tenure; 2) a reduction in costs compared to outright purchase; and 3) the potential to provide a reassuring and supportive environment for seniors living alone.

2.10 Support Services

It is important that housing options be integrated with available support services operating in a community. The intent of these services is to enable the elderly to live independently for a long time. These services are especially important for those who cannot rely on informal support from relatives and friends, but who wish to continue to live in their own homes. The range of services generally available includes the delivery of meals -- "Meals-on-Wheels"; emergency response systems; special transportation for those who are physically challenged; homecare services that provide personal and health care services in their own homes; visiting homemaker services that include homecare support as well as assistance in housework, shopping, food preparation and home maintenance; social and recreational programs; and information inquiries. These support services are usually provided on a community-wide basis and in the various supportive types of accommodation like congregate and sheltered housing.

2.11 Conclusion

Seniors are considered to be heterogenetic in nature. They differ in lifestyles and needs. However, certain trends characterize them as a group, for example, slightly more than half are female, most tend to be married, and they tend to have less income than younger adults. Some are divorced, some are separated, some are widowed. Older seniors are more likely to be widowed females than younger seniors. The characteristics of seniors differ and so too do their needs. A range of options is therefore important when providing services for Canada's seniors, whether in the field of housing, traditional medical services or community social services. The most salient findings in the literature are highlighted below.

1) The elderly are a growing part of our population, particularly the older elderly and unattached females. The sex ratio is expected to decrease as the population ages.

2) Income is a problem for a large portion of the elderly particularly the older elderly, and single females. The issue of income has significant implications for all other aspects of older Canadian's life.

3) Many elderly own their homes, the majority are single-detached houses in older residential neighbourhoods. The proportion of older Canadian homeowners in the suburbs is rising. A large number of this group wish to remain homeowners and desire more choice in the type, size and location of homeownership units. Accessibility to services is important.

4) A large proportion of the elderly still remain in the inner city. This group prefers to remain in their present neighbourhoods despite the increasing difficulties with affordability and maintenance.

5) With aging of the suburbs, many households will be seeking alternatives to their three- and four-bedroom housing units. This has raised issues surrounding the availability of alternative housing types and tenure and the provision of services and facilities to the elderly who wish to remain in their present neighbourhood.

6) There are a variety of housing options available to the elderly from homesharing to congregate housing living. It is important that these housing options be integrated with available support services operating in a community since these services enable the elderly to live independently.

The identification of the housing and support service needs of seniors living in Canada must focus on the changes of the entire spectrum of human residential needs. There are special needs groups within the elderly population who should be given attention: 1) older elderly; 2) single females; and 3) low income households. The remainder of this thesis will focus on identifying the housing and support service needs of seniors living in the Manitoba Japanese Canadian community.

CHAPTER THREE
Survey Methodology

To identifying the housing and support service needs of Manitoba Japanese Canadian seniors, a questionnaire was developed, in conjunction with the Manitoba Japanese Horizons' Club. The type of questionnaire was based on Canada Mortgage and Housing Corporation's publication entitled, "Maintaining Seniors' Independence in Rural Areas -- A Guide to Planning for Housing and Support Services." CMHC, 1991. Questions were modified to suit the client group and location, i.e., an urban context (City of Winnipeg) and age category (60 years plus). The content of the survey questioned seven key areas:

1) Demographics;
2) Current Housing and Living Arrangements;
3) Support Services;
4) Transportation Needs;
5) Difficulties with Personal Care and Activities of Daily Living;
6) Future Housing Plans and Needs; and
7) Feelings about Various Housing Options.

The survey was conducted in April 1992 at the MJCCA Cultural Centre. From a total population of 251 seniors from the ages 60 years and older, 151 or 60 per cent participated in the survey.

3.1 Methodology

The survey methodology required a series of systematic steps to be performed. As indicated in Table 4, the process began by identifying the goals and objectives of the survey and proceeded to the analysis of the results. Along with

each stage is a brief description of what was involved in the planning and implementation of the questionnaire.

Table 4: Survey Methodology Overview

Steps	Description of Activity
Step 1	Determine general goals and objectives and identify who can provide the information
Step 2	Identify Specific Issues to be Addressed
Step 3	Search for Similar Surveys or Other Background Information that could be used
Step 4	Determine Data Collection Method
Step 5	Design Questionnaire
Step 6	Conduct Pre-Test
Step 7	Conduct Survey
Step 8	Data Entry and Editing
Step 9	Analyze Results

3.2 The Survey Committee

Essential to conducting the survey was the need to create a survey committee. Depending on the size of the project, Welch, Parker and Zeisel (1987) recommended a committee should consist of individuals who are part of the social service community, the real estate development community, the design and planning community, financial community and most importantly, the seniors themselves who are involved with issues relating to aging in the community. These people should have relevant expertise and close ties to the community and be willing to devote considerable time to the idea and the processes involved. The actual size of this committee should be based on the availability to meet on a regular basis and the ability to contribute effectively without being

overworked. The size of the group should also be based on the number of organizations important to the process. A wide range of members from outside interests' groups, e.g., resident groups, community members and the various governmental agencies should be asked to participate in the decision-making processes. These groups should be involved in legitimizing the process at the beginning and be expected to participate again during the formulation and implementation of the plan.

Given the operating environment at the time and the magnitude of this particular project, the survey team and task groups consisted of the following:

a) Members within the Manitoba Japanese Canadian Horizons Club;
b) Canada Mortgage and Housing Corporation;
c) Members within the MJCCA Community; and
d) The Project Coordinator.

3.3 Setting Goals and Objectives

During the preliminary stage of the project and once the survey committee was developed, the first step in conducting the survey was to establish the goals and objectives. What these goals and objectives portrayed was the conveying of the unique concerns of the team and the community at large. The overall goal of the project was to improve the living conditions among the elderly population within the Manitoba Japanese Canadian community. For each goal, there was an objective that gives a dimension to the goal. The objective, in this case, was to identify the housing and support service needs of Manitoba Japanese Canadian seniors, primarily those living in Winnipeg. Once these needs had been identified, recommendations would be made to address these needs.

By articulating the goal and objective, the survey committee can determine or reinforce the reasons for conducting the survey (Welch, Parker and Zeisel, 1987). When the committee assesses the funding and resident resources, these goals will become important when answering questions from potential sponsors, fund raisers and residents.

Included in establishing the goals and objective of the project was identification of who can provide the information. The target respondents had to be defined as clearly as possible. This aided in the development of the list of seniors to be surveyed and made possible the necessary adaptations to the survey design. It was important to adapt the survey design to address those topics directed at the selected group of respondents.

The target audience consisted of all persons 60 years or older who either lived on their own or with relatives or friends. The list included persons who were not living with a spouse; and spouses living together where at least one person was 60 years or older. The ethnic composition was to be of Japanese Canadian or a member of the Manitoba Japanese Canadian community. Although some members were not of Japanese Canadian decent, they were considered part of the community. Seniors living in care facilities such as nursing homes, homes for the aged or extended care facilities were not included. The main source used to identify the seniors was from the telephone listing provided by the Manitoba Japanese Canadian Seniors Horizon Club. Other sources included the membership listing of the Manitoba Japanese Canadian Citizens Association. The geographic area was the City of Winnipeg and a total population of 251 seniors from 60 years plus was the target.

3.4 Issue Identification

The next step in the development process of the survey was to identify the specific issues that needed to be addressed in order to carry out the study. With reference to the survey's goal and objective, several issues were identified:

1) What are the socio-demographic trends and characteristics of the elderly group;
2) What are their current housing and living arrangements like;
3) What support services including transportation are needed to maintain independent living;
4) Do any of the seniors face difficulties with personal care and activities of daily living;
5) What are their future housing plans;
6) Are the elderly planning on staying in Winnipeg;
7) What feelings do they have about the various housing options available; and
8) What housing options do they prefer.

3.5 Questionnaire Design

Prior to the development of the questionnaire, time was spent on searching for similar surveys or questionnaires that could be employed in meeting the goal and objective. In the review, reference was made to Canada Mortgage and Housing Corporation's publication, "Maintaining Seniors' Independence in Rural Areas -- A Guide to Planning for Housing and Support Services." (1991). Although this publication focused on seniors living in the rural areas across Canada, the survey team felt this was the most appropriate tool in meeting their goal and objective.

The decision to utilize this survey was based on meeting the issues identified earlier and from the methodology employed in data collection. CMHC (1991;31) recommended, in order to get the seniors to complete the questionnaires, a community meeting be held in a central location at a convenient time. Other methods of data collection considered were face-to-face interviews, telephone interviews and mail-in and mail-back surveying. To determine the methodology, the survey team first had to decide whether or not to survey everyone from the list. The decision was then depended upon the following:

1) Resources available to conduct the survey;
2) Desired precision of the survey results;
3) Expected response rates;
4) Number of potential respondents; and
5) Number and size of the group within the potential respondents from which the survey team wanted specific information.

With the total potential number of respondents being 251 seniors, the decision was to target all seniors. For communities of 1,000 or fewer, CMHC recommended all seniors on the list should be asked to participate (1991:30). It should be noted that the Japanese Canadian seniors living in Winnipeg were considered a community and therefore, based on the above recommendations, the decision was to target the entire population. The survey team then assessed the necessary resources to carry out the project. Financial resources and support from the seniors to assist in the surveying were available to employ the community meeting approach as the method of data collection.

Following this decision, the seniors' housing and support services need assessment was structured from the material provided in CMHC's publication. Modifications were made to suit an urban context focusing on Manitoba

Japanese Canadians living in Winnipeg from the ages 60 years and older (see Appendix A).

The final step in the design of the questionnaire was the conducting of a pre-test. To conduct the pre-test, a number of seniors were selected based on gender, age, experience, and location of residence characteristics. It was important to have seniors knowledgeable about the subject matter so critical feedback could be obtained. Negative and positive feedback was provided on the way the questions were presented, the order of the questions, etc. Each participant was asked to raise any issues, concerns, misunderstandings, positive / negative feedback on the content, and the clarity of the questions.

Although there were some concerns about the format, the overall feedback on the questionnaire was positive. The only major concern was whether translation into Japanese would be provided, primarily for older individuals. The strategy was to have people available for those needing translation and to ensure these people were knowledgeable about the subject matter.

3.6 Conducting the Survey

Before conducting the survey, several tasks had to be completed to successfully initiate the project. To develop the sense of empowerment and commitment to the project, seniors themselves were asked to provide assistance and to form task forces or subgroups of the survey team to successfully complete the project. As referenced in Appendix B, these tasks were the following:

1) Establish first contact with the seniors via personal letters explaining the intent of the survey. This includes providing each potential participant with some literature on senior housing options, in this case, Canada Mortgage and Housing Corporation's "Housing Choices for Older Canadians";
2) Follow up contact via telephone inquiring as to whether they are planning on attending the survey meeting;
3) Simultaneously, initiate project publicity through community media, in this case, the MJCCA Outlook and Cultural Centre News;
4) Establish an estimate on the number of seniors planning on attending; and
5) Establish how many seniors would need transportation assistance and translation services.

With a positive and realistic message defined, the objective was to generate community support for the survey that promoted the project's goals. The procedure was through networking both formally and informally. This involved doing presentations at social gathering functions, to church groups, and to the community organizational group, the MJCCA. A public relations component was also conducted through press releases, educational seminars, brochures, and community newspapers. Moreover, the marketing of the survey project was not only targeted to the seniors but to their adult children and to community organizations. These groups provided information and support for the project.

At the survey meeting, each senior was provided with a numbered survey and noted on a record sheet. Confidentiality was emphasized to each participating senior. The purpose of numbering was to follow-up on those seniors who incorrectly filled out the survey.

At the beginning of the meeting, a presentation was made on the future directions of seniors' housing by Canada Mortgage and Housing Corporation, Winnipeg Branch. The purpose of this presentation was to review the material

that was forwarded earlier and to explain why seniors need a continuum of shelter types that can provide a normal progression with the process of aging. This also helped legitimized the survey project. Immediately following, instructions were given to fill out the survey. Translation service was provided at the meeting when required.

Not all the seniors who wanted to participate in the survey could attend the community meeting. To obtain the target potential, these individuals were provided the survey either through the mail or it was hand delivered. They were then instructed to call the survey team members if they encountered any difficulties in filling out the questionnaire and asked to return the completed form to the Manitoba Japanese Cultural Centre prior to a specific date.

3.7 Data Input

Data worksheets were used to tally the results from each survey. Following the completion of the worksheets, data was entered into a computerized system involving data coding and formatting. The program employed was the SPSS/PC+ package. Analyses of the results were made both through descriptive statistical means and cross-tabulations.

3.8 Conclusion

The process of conducting a survey project served to refine and develop a community support base. It provided a reading on the viability of the survey and

a projected an image on the level of community participation. Success involved a broad community base that identified what was needed to support the project. This base included the potential participants, as well as, the community people who lived and worked with these people. These people were critical informants and potential supporters of the project.

Developing and implementing the survey project required the establishment of a survey team. Participants involved within this group ranged from members who are found within the organization as well as from outside interest groups. The outside stakeholder, in this case Canada Mortgage and Housing Corporation, was involved in legitimizing the process at the beginning and participated again during the formulation and implementation of the survey. This tactic achieved a balanced level of participation from a wide range of stakeholders and formulated a partnership in developing and implementing the goals and objectives.

Participation was elaborated through a network of task-centered subgroups. Pursing resources, selecting priorities, designing the questionnaire, submitting recommendations, organizing publicity or lobbying were examples of what the subgroups accomplished. Organizing into small subgroups increased their familiarity with their assignments and strengthened cohesiveness of each group. There were several components involved in the process: 1) the identification of task operations and special interests and abilities among each of stakeholder groups; 2) the collection of data; 3) individual assignments; and 4) decision-making. Networks of relationships were developed throughout the survey development process.

In stage one, the survey team that consisted of prominent members of the Manitoba Japanese Canadian Horizons Group and the project coordinator, met with each subgroup. These subgroups represented highly diverse people in the community such as the MJCCA and the Manitoba Japanese Canadian Buddhist Church group. Stage two involved the identification of their mutual talents. In the third stage, task groups were formed to produce a cohesive action network where members worked together. Such task groups included the phone committee, transportation committee, and translation committee.

What has been presented is a strategy that employs a methodology in developing a balanced level of outside stakeholders in undertaking a project, in this case, the community questionnaire. It was recognized that there were several avenues and opportunities in identifying better senior housing needs and support. The methododolgy used had the members of this community formulate partnerships and encouraged them to meet the challenges together.

Chapter Four
Housing Profile of Manitoba Japanese Canadian Elderly

The purpose of this chapter is to identify and assess the results of the community survey that focused on the housing and support service needs of Japanese Canadian elderly living in Winnipeg. Demographic patterns and trends are examined by age, gender, marital status, living status, tenure, household income and location. Analyses of their current housing and living arrangements; difficulties with housing, transportation and activities of daily living; and feelings about various housing options are also explored. Reference to the national figures are made to identify similarities and anomalies within the study group.

4.1 Age and Gender

Of the 151 surveyed, over half or 56 per cent were 65 to 74 years old (see Table 5). The average age was 71 years. In comparison to all seniors living in Canada, the surveyed group was slightly over represented between the ages 65 to 74 years. When examined by gender, there was a higher proportion of females than males among the Manitoba Japanese Canadian seniors 60 years plus. This resulted in a ratio of 842 men per 1,000 females. Nationally, the sex ratio of the elderly population was 786 men per 1,000 women. In comparison, the study group has a lower proportion of females. The proportionate differences between males to females did not decrease as age increased as it did for all seniors in Canada. For seniors 75 years plus, the Manitoba Japanese Canadians contained a higher ratio of men to women. Providing that mortality and migration remain constant, a higher proportion of seniors over the age of 75 years is expected among the Manitoba Japanese Canadians. There will also be

a higher proportion of males than those forecasted nationally. The elderly female population will however continue to be proportionately higher overall due to their higher life expectancy levels.

Table 5: Population Distributions by Age Cohort and Sex

Age Characteristics	60 to 64 %	65 to 74 %	75+ %	All %
Both Sexes				
Manitoba Japanese Canadians	17.2	55.6	27.2	100.0
Canada Census 1991	27.1	43.6	29.3	100.0
Manitoba Japanese Canadians				
Male	17.4	55.1	27.5	45.7
Female	17.1	56.1	26.8	54.3
Census Canada 1991				
Male	30.1	44.8	25.2	43.8
Female	24.7	42.7	32.6	56.2

Source: Statistics Canada, 1991, Cat. No. 95-358.
Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.2 Marital Status

As shown in Table 6, the Manitoba Japanese Canadian elderly population consisted mainly of married (73%) and widowed (23%) people. In regards to gender differences, there was a higher proportion of females than males who were widowed. This was especially evident among those 75 years and older.

When matched against the elderly population nationally, the study group had a higher proportion of married seniors and lower proportion of widowers. A higher representation of older female widowers (75 years plus) was also evident when

compared by gender types. The proportion of married males 75 years and older was significantly higher in comparison to the national figure.

As age increased, the proportions of widowers increased while those married decreased on a national scale. This trend was only apparent among the female population in the study group. The proportion of married males did not decrease but instead increased. This trend again reflected an increasing life span among the male population compared to national figures.

Table 6: Seniors by Age, Sex and Marital Status -- Percent Distribution

Gender	Age Group	Never Married	Married	Widowed	Divorced
Manitoba Japanese Canadians					
Males	65+	5.3	89.5	5.3	0.0
	60-64	16.7	75.0	0.0	8.3
	65-74	7.9	86.8	5.3	0.0
	75+	0.0	94.7	5.3	0.0
Females	65+	1.5	54.4	44.1	0.0
	60-64	0.0	92.9	7.1	0.0
	65-74	0.0	67.4	32.6	0.0
	75+	4.5	27.3	68.2	0.0
Canada Census 91					
Males	65+	6.9	77.3	12.9	2.8
	65-74	6.7	82.2	7.7	3.4
	75+	7.3	68.7	22.1	1.8
Females	65+	7.7	42.6	46.7	3.0
	65-74	6.5	56.0	33.5	4.0
	75+	9.2	25.1	64.0	1.6

Source: Statistics Canada, 1992, Age, Sex and Marital Status. 1991 Census of Canada, Ottawa: Dept. IST, Cat. No. 93-310, Table 3.
Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.3 Living Arrangements

With almost three-quarters of the population being married, it was not surprising to find that over half lived only with their spouses (see Table 7). Also significant was the number of senior-led households living with both their spouses and immediate families (15%). About 18 per cent were identified as living alone and were either divorced, widowed or had never married. The common living arrangement among the widowed population (71%) was living alone. When examined by gender, they consisted primarily of females. For every male household living alone, there was almost 5 female households living in the same arrangement. For those who lived with their spouses, a higher proportion was represented by the male population.

Table 7: Marital Status by Sex and Living Arrangements

Characteristic	Live Alone %	With Spouse %	Spouse-Family %	Spouse-Other %	Other Family %
By Gender					
Males	5.8	69.9	15.9	1.4	7.2
Females	28.0	48.8	14.6	1.2	7.3
By Marital Status					
Married	0.0	80.0	18.2	1.8	0.0
Divorced	100.0	0.0	0.0	0.0	0.0
Widowed	70.6	0.0	8.8	0.0	20.6
Never Married	33.3	0.0	0.0	0.0	66.7
Total	**17.9**	**58.3**	**15.2**	**1.3**	**7.3**

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

When examined by age cohorts, there was a proportionately higher percentage of widowed seniors and those who lived alone as age increased (see Table 8). The proportions of seniors who were married, living with their spouses and living

with their immediate families (spouse and family households) decreased with age. If this trend continues, a higher proportion of the population is expected to be widowed and living alone.

Table 8: Marital Status & Living Arrangements by Age Cohorts

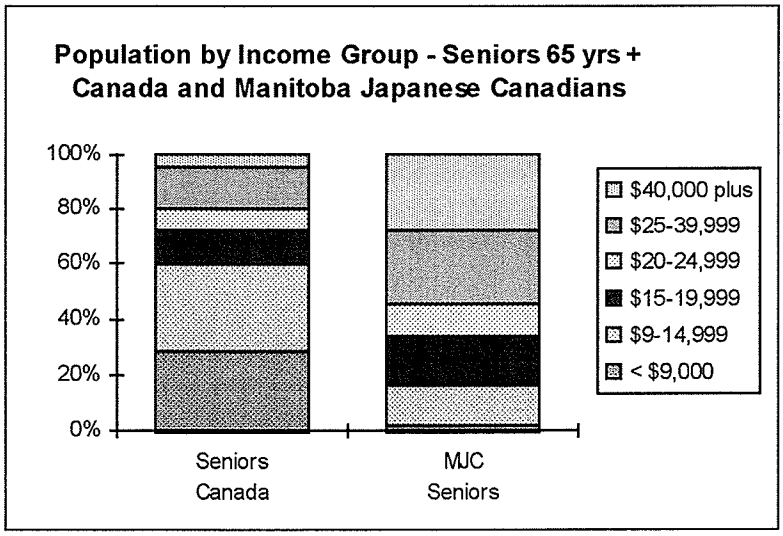
Characteristics	60 to 64 %	65 to 74 %	75+ %	All Ages %
Marital Status				
Married	84.62	77.38	58.54	73.50
Divorced	3.85	0.00	0.00	0.70
Widowed	3.85	19.05	39.02	21.90
Never Married	7.69	3.57	2.44	4.00
Living Arrangements				
Live Alone	7.69	19.05	21.95	17.90
With Spouse	61.54	58.33	56.10	58.30
Spouse & Family	23.08	16.67	7.32	15.20
Spouse & Other	0.00	2.38	0.00	1.30
Other Family	7.69	3.57	14.63	7.30

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.4 Incomes

As indicated in Figure 4, the financial positions among the elderly surveyed were relatively better when compared to all seniors living in Canada. When asked to identify their household incomes, almost 30 per cent reported they had household incomes of $40,000 or more. Only a small proportion of seniors over 65 living in Canada in 1990 had incomes greater than $40,000.

Figure 4: Population by Income Group, Ages 65 Years plus, Canada and Manitoba Japanese Canadians



Source: Statistics Canada, Cat. No. 96-312 E, Table 6.2.
Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.
Note: Income groups were adjusted for comparable purposes only.

As seniors got older, they were expected to have lower annual household incomes. When examined by age in Table 9, this trend was evident. The proportion of seniors with incomes less than $20,000 increased with age. Almost 49 per cent of the seniors over 75 had incomes of no more than $20,000 per year while for those aged 65 to 74 years, only 26 per cent fell under $20,000. No senior of less than 65 years had an annual income of less than $20,000. Consistent also were the differences in household incomes by gender and age. About 38 per cent of all females had incomes below $20,000 in comparison to only 17 per cent for males. This income gap decreased as the population aged. About 55 per cent of the females over 75 years reported they had incomes lower than $20,000 in comparison to only 41 per cent for males; a difference of 14 per cent. Nationally, the income difference by gender for this age group amounted to 21 per cent.

Table 9: Income Distribution By Age

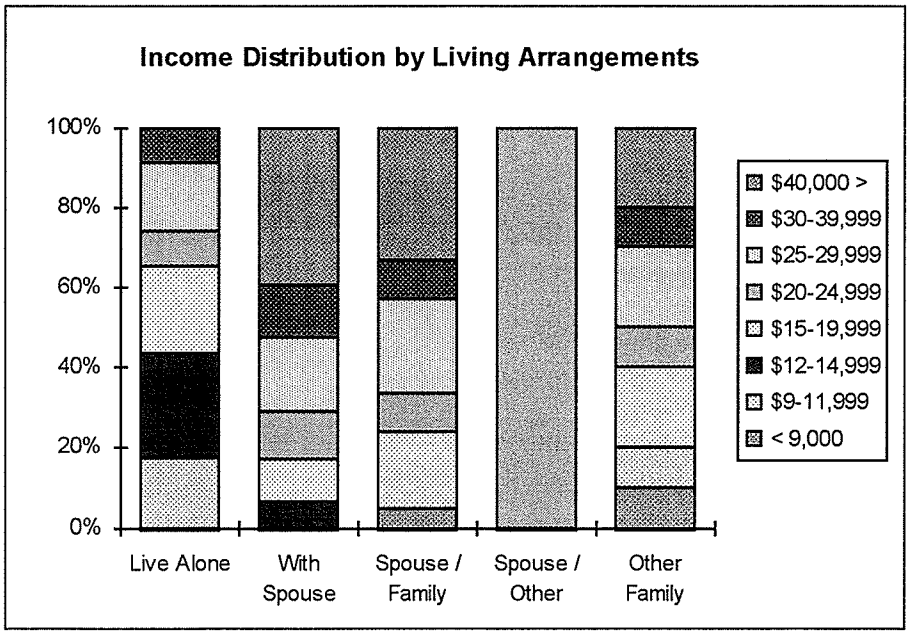
Household Income	60 to 64 %	65 to 74 %	75+ %	All Ages %
Both Sexes				
< 9,000	0.0	1.4	2.7	1.5
$9-11,999	0.0	5.5	2.7	3.8
$12-14,999	0.0	8.2	13.5	8.3
$15-19,999	0.0	11.0	29.7	14.4
$20-24,999	13.6	15.1	5.4	12.1
$25-29,999	22.7	15.1	24.3	18.9
$30-39,999	27.3	12.3	0.0	11.4
$40,000 >	36.4	31.5	21.6	29.5
Total	17.2	55.6	27.2	100.0
Males				
< 9,000	0.00	0.00	0.00	0.00
$9-11,999	0.00	2.86	0.00	1.59
$12-14,999	0.00	2.86	17.65	6.35
$15-19,999	0.00	5.71	23.53	9.52
$20-24,999	18.18	14.29	5.88	12.70
$25-29,999	18.18	20.00	29.41	22.22
$30-39,999	27.27	17.14	0.00	14.29
$40,000 >	36.36	37.14	23.53	33.33
Females				
< 9,000	0.00	2.63	5.00	2.90
$9-11,999	0.00	7.89	5.00	5.80
$12-14,999	0.00	13.16	10.00	10.14
$15-19,999	0.00	15.79	35.00	18.84
$20-24,999	9.09	15.79	5.00	11.59
$25-29,999	27.27	10.53	20.00	15.94
$30-39,999	27.27	7.89	0.00	8.70
$40,000 >	36.36	26.32	20.00	26.09

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

In Figure 5, the income distributions by living status and marital status illustrated that over 40 percent of those living alone had annual incomes of less than $15,000 per year. It was noted that these households were predominantly made

up of females. The economic situation for couples was more financially secure since many had incomes over $40,000 per year.

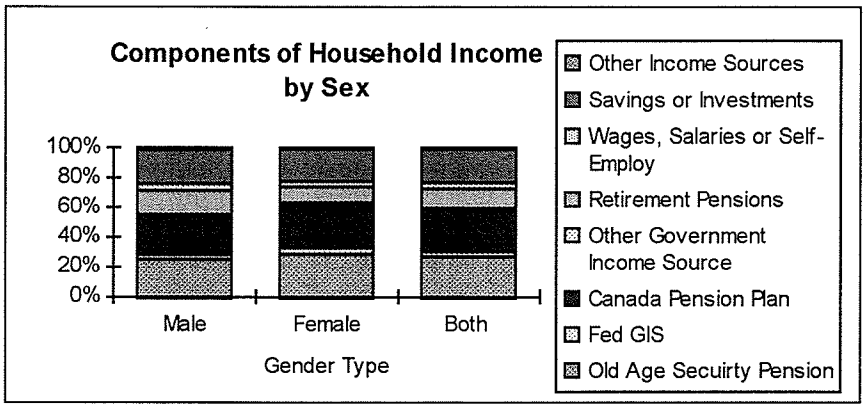
Figure 5: Income Distribution by Living Arrangements



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Similar to all seniors living across Canada, the main source of total household income among the Manitoba Japanese Canadian elderly was from government retirement incomes (Old Age Security, GIS, Canada Pension and other government income sources). Government transfer accounted for almost 60 percent of their total income (see Figure 6). By gender, these income sources represented 63 per cent of the elderly female incomes compared to 58 per cent for elderly males. This situation was identical to that found nationally.

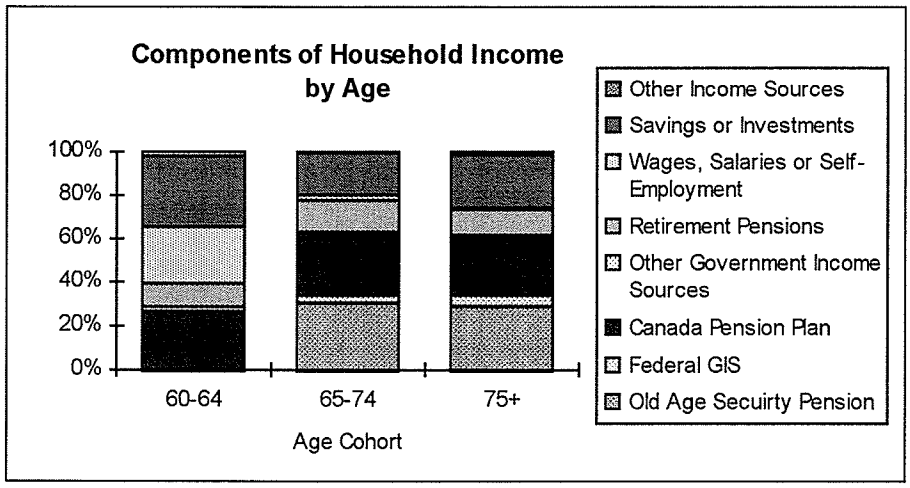
Figure 6: Components of Household Incomes by Sex of Seniors 60 Yrs Plus



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

When comparing the sources of income by age, younger seniors from 60 to 64 years depended more on non-government related sources (see Figure 7). Savings or investments and wages represented almost 60 percent of their total incomes. For the intermediate and older seniors, the situation was just the opposite with more than 60 percent relying on government sources alone. The reliance on government sources for incomes increased with age. This was also typical of seniors in general.

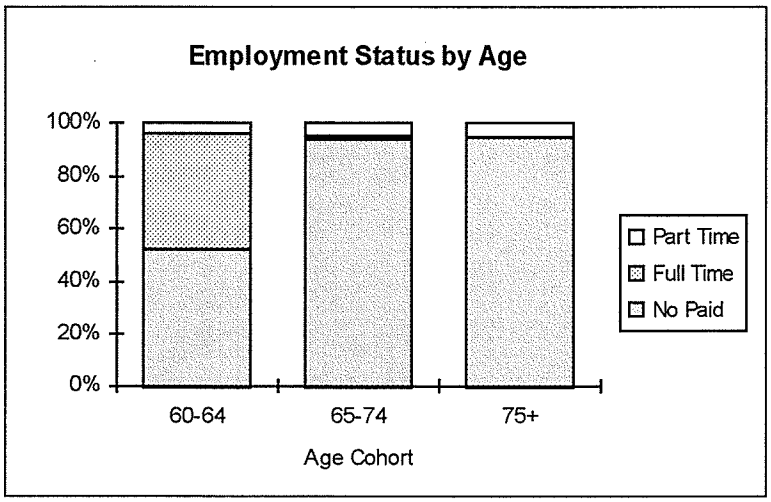
Figure 7: Components of Household Incomes by Age Cohort



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

As mentioned above, savings or investments and wages was the major source of household incomes for younger seniors. This income was mainly derived from full time employment (see Figure 8). About 48 per cent of those 60 to 64 years old remained working either full time or part time. Once they reached the age of 65 years and retirement, the reliance on government pensions became more evident.

Figure 8: Employment Status by Age Cohort

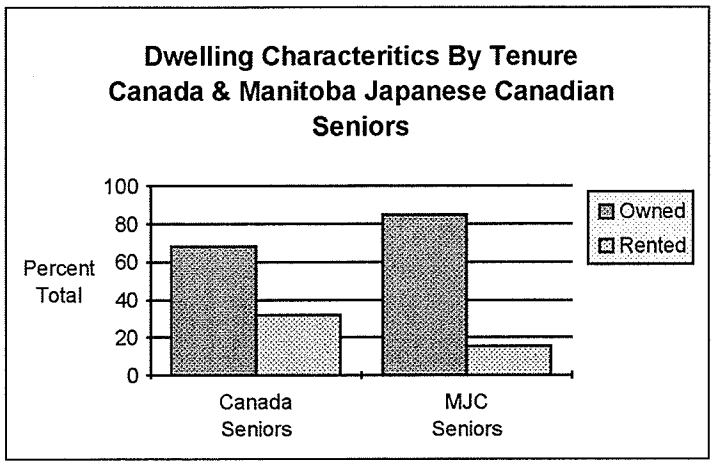


Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.5 Current Housing Tenure

The typical type of tenure among the Manitoba Japanese Canadian senior population was ownership status. For the entire population surveyed, almost 85 per cent owned their properties (see Figure 9). This proportion is much higher than the national average.

Figure 9: Dwelling Characteristics by Tenure for All Seniors in Canada and Manitoba Japanese Canadians



Source: Statistics Canada, Cat. No. 96-312 E.
Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

As shown in Table 10, the seniors that owned their homes were mainly between the ages 65 to 74 years old and married. About 20 per cent lived in a spouse and family arrangement and 12 per cent lived alone. Approximately 15 per cent of the seniors lived in rental accommodation. They were generally over the age of 75, widowed and lived alone. As age increased, a higher proportion of the seniors rented. It was clear from this trend that the seniors would remain in their owned homes during their younger senior years and as they age, they would move into rental accommodation.

Table 10: Living Arrangements by Tenure

Characteristic	Own %	Own Condo %	Rent %	Family Owns %
Age Cohorts				
60 to 64 Yrs	19.5	14.3	8.7	0.0
65 to 74 Yrs	60.2	85.7	26.1	33.3
75 Yrs +	20.3	0.0	65.2	66.6
Marital Status				
Married	80.5	100.0	34.8	0.0
Divorced	0.0	0.0	4.3	0.0
Widowed	16.9	0.0	47.8	100.0
Never Married	2.5	0.0	13.0	0.0
Living Arrangements				
Live Alone	11.9	0.0	56.5	0.0
With Spouse	61.9	100.0	34.8	0.0
Spouse & Family	18.6	0.0	0.0	33.3
Spouse & Other	1.7	0.0	0.0	0.0
Other Family	5.9	0.0	8.7	66.6
Total	78.1	4.6	15.2	2.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Income differences by tenure were also examined. Seniors owning property had higher household incomes in comparison to those renting. As shown in Table 11, about 35 per cent of the seniors owning property had incomes greater than $40,000 in comparison to only 6 per cent of renters. Moreover, about 61 per cent of the renters had incomes below $20,000 in comparison to only 21 per cent of owners. In reference to the above sections, the financial positions of the renters correlates closely being female, over the age of 75 and living alone.

Table 11: Income by Tenure

Characteristic	Own %	Own Condo %	Rent %	Family Owns %
< 9,000	0.0	0.0	0.0	100.0
$9-11,999	1.9	0.0	16.6	0.0
$12-14,999	9.3	0.0	5.5	0.0
$15-19,999	9.3	40.0	38.9	0.0
$20-24,999	14.0	0.0	5.5	0.0
$25-29,999	19.6	0.0	22.2	0.0
$30-39,999	11.2	40.0	5.5	0.0
$40,000 >	34.6	20.0	5.5	0.0
Total	81.0	3.8	13.6	1.5

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.6 Current Housing Type

The survey results on tenure and income were consistent with the literature since both incomes and homeownership decreased with age. When investigated by dwelling type, similar results were found. The dominant housing type was the single-detached dwelling. Over 72 per cent of the elderly lived in either a bungalow, split-level or two-story house (see Table 12). For these particular households, many were married and lived only with their spouses. This group also consisted of several households living alone in single-detached units (11%). A high proportion of females was identified living in over-housed conditions. About 17 per cent lived in apartment dwellings while the remainder lived in other multiple unit arrangements. As age increased, the number of seniors living in single-detached units decreased while those living in apartment units increased. There was a high proportion of female renters over the age of 75 years living in apartment units.

Table 12: Demographic Structure by Type of Dwelling

Characteristic	Detached Dwelling %	Semi-Detached %	Apartment %	Other %
Age Cohorts				
60 to 64 Yrs	20.0	10.0	12.0	0.0
65 to 74 Yrs	61.8	40.0	32.0	66.7
75 Yrs +	18.2	50.0	56.0	33.3
Marital Status				
Married	79.1	50.0	48.0	100.0
Divorced	0.9	0.0	0.0	0.0
Widowed	17.3	50.0	40.0	0.0
Never Married	2.7	0.0	12.0	0.0
Living Arrangements				
Live Alone	10.9	30.0	48.0	0.0
With Spouse	59.1	50.0	48.0	100.0
Spouse & Family	20.0	10.0	0.0	0.0
Spouse & Other	1.8	0.0	0.0	0.0
Other Family	8.2	10.0	4.0	0.0
Total	72.8	6.6	16.6	4.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

The financial status of the seniors living in single-detached dwellings appeared more secure in comparison to those living in apartment dwellings (see Table 13). About 34 per cent of those living in single-detached homes had incomes greater than $40,000 in comparison to only 15 percent in apartment structures. A high percentage of households living in apartment units had incomes under $20,000. The homeownership conditions were consistent to those identified nationally. Homeownership added considerably to one's overall assets and provided the financial opportunity to have more options in later life.

Table 13: Income by Dwelling Type

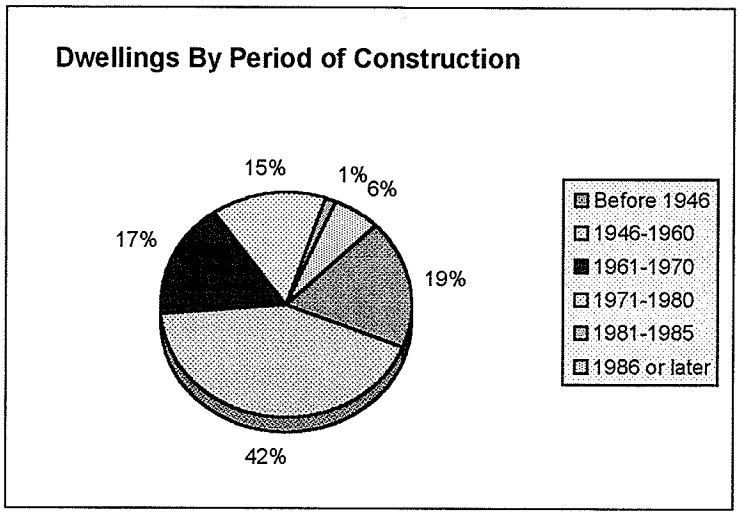
Characteristic	Detached Dwelling %	Semi-Detached %	Apartment %	Other %
< 9,000	2.0	0.0	0.0	0.0
$9-11,999	2.0	0.0	15.0	0.0
$12-14,999	9.1	11.1	5.0	0.0
$15-19,999	8.1	33.3	30.0	50.0
$25-29,999	19.2	22.2	20.0	0.0
$20-24,999	13.1	22.2	5.0	0.0
$30-39,999	12.1	11.1	10.0	0.0
$40,000 >	34.3	0.0	15.0	50.0
Total	75.0	6.8	15.2	3.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.7 Housing Quality

Included in the examination by dwelling type was an assessment of the quality of housing. By using the period of construction of a dwelling as a measure for housing quality (the older the housing stock, the lower the quality), many were discovered to be living in older housing. As seen in Figure 10, a high proportion of the dwellings (43%) was built between 1946 and 1960.

Figure 10: Dwellings by Period of Construction



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

When examined by age cohorts in Table 14, seniors over 75 had the highest proportion of households living in dwellings built before 1960 in comparison to any other age cohort. Newer homes built between 1961 to 1975 were occupied by the younger aged seniors (60 to 64 years).

Table 14: Period of Construction by Age Cohorts

Characteristic	60 to 64 %	65 to 74 %	75+ %	All Ages %
1920 or before	3.8	3.6	4.9	4.0
1921-1945	23.1	16.9	4.9	14.7
1946-1960	23.1	41.0	58.5	42.7
1961-1970	30.8	18.1	4.9	16.7
1971-1975	11.5	9.6	4.9	8.7
1976-1980	7.7	4.8	7.3	6.0
1981-1985	0.0	1.2	2.4	1.3
1986 or later	0.0	4.8	12.2	6.0
Total	17.3	55.3	27.3	100.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Table 15 illustrates that a higher proportion of the single-detached dwellings was older compared to apartments. About 70 per cent of the single-detached units were built before 1960. Only 21 per cent of the apartments were built before the same date. Because most of the single-detached homes were built more than 30 years ago and likely to be inappropriately designed for the aged, inadequate housing can be anticipated. It was also apparent that 80 per cent of the semi-detached or townhouse units occupied by the seniors were built before 1960 (see Section 4.91 for further discussions).

Table 15: Period of Construction by Dwelling Type

Characteristic	Single Detach %	Semi-Detach %	Apt %	Other %
1920 or before	5.5	0.0	0.0	0.0
1921-1945	19.1	10.0	0.0	0.0
1946-1960	45.5	70.0	20.8	33.3
1961-1970	20.0	0.0	12.5	0.0
1971-1975	7.3	10.0	8.3	33.3
1976-1980	1.8	10.0	25.0	0.0
1981-1985	0.9	0.0	4.2	0.0
1986 or later	0.0	0.0	29.2	33.3
Total	73.3	6.7	16.0	4.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Housing quality was also assessed by how the elderly valued their homes (see Table 16). The majority reported their homes to be $50,000 to $100,000 in value. About 77 percent were single-detached dwellings and over 75 per cent of these homes were built before 1960. Given these conditions, the housing quality overall was considered to be low in value and of older stock.

Table 16: Estimated Value of Home by Dwelling Type -- Homeowners

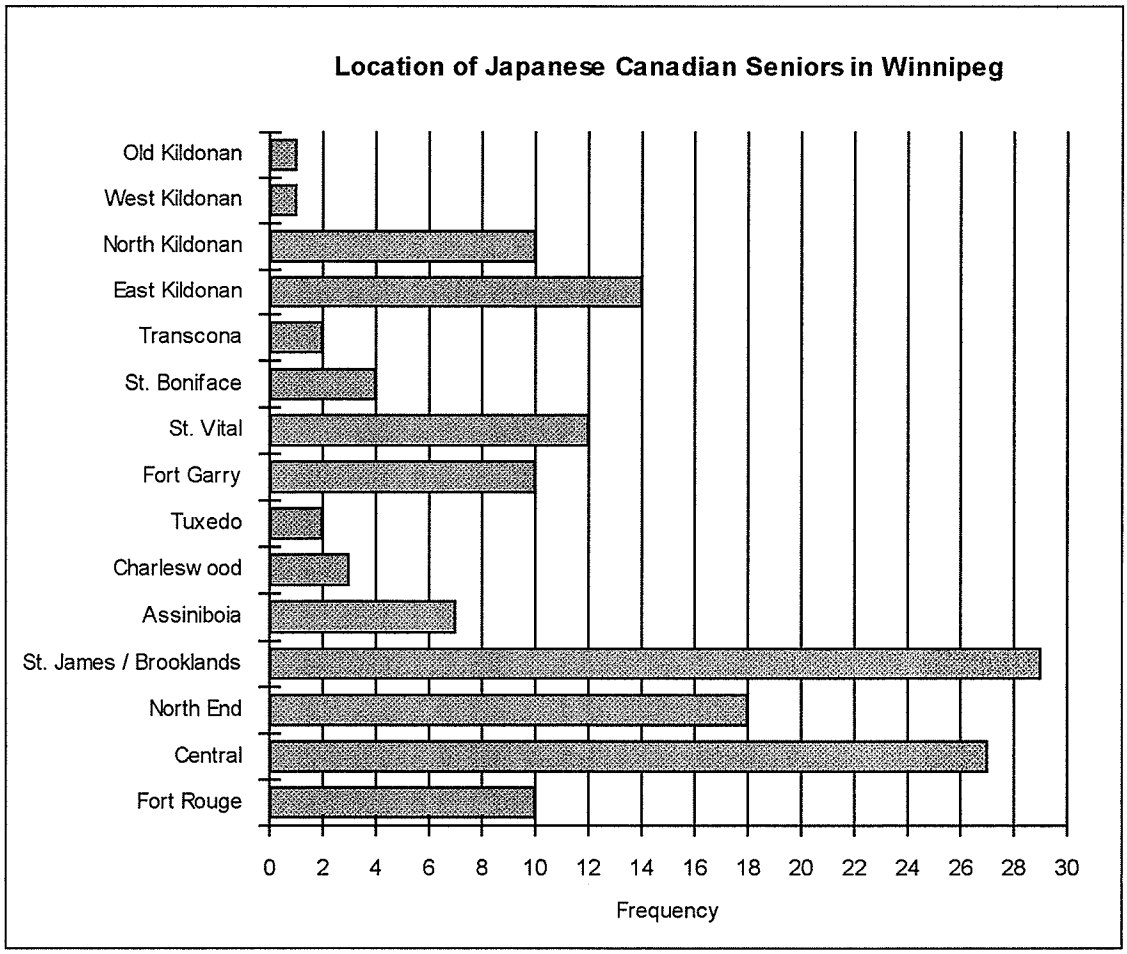
Estimated Value of Home	Single-Detach %	Semi-Detach %	Apt %	Other %	All %
Less $50,000	5.0	11.1	0.0	0.0	5.0
$50-99,999	77.0	44.4	50.0	33.3	71.4
$100-149,999	14.0	44.4	25.0	66.7	19.3
$150-199,999	4.0	0.0	0.0	0.0	3.4
$200-249,999	0.0	0.0	0.0	0.0	0.0
$250,000 plus	0.0	0.0	25.0	0.0	0.8
Total	84.0	7.6	3.4	5.0	100.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

4.8 Current Living Locations

The majority of the Manitoba Japanese Canadian seniors living in Winnipeg were located in the St. James / Brooklands (19.2%), Central (17.9%) and North End (12%) areas (see Figures 11 and 12). As noted in the literature review, a high proportion of seniors live in the inner-city areas with growing proportions in the suburbs. This pattern was evident among the study group. Many were discovered to live in the Central, North End and Fort Rouge areas. Due to the historical growth patterns of the city and the preference to be close to friends, migration moved towards the suburbs, especially in the St. James / Brooklands area. Almost all the seniors (97.4%) had lived in Winnipeg for more than 15 years.

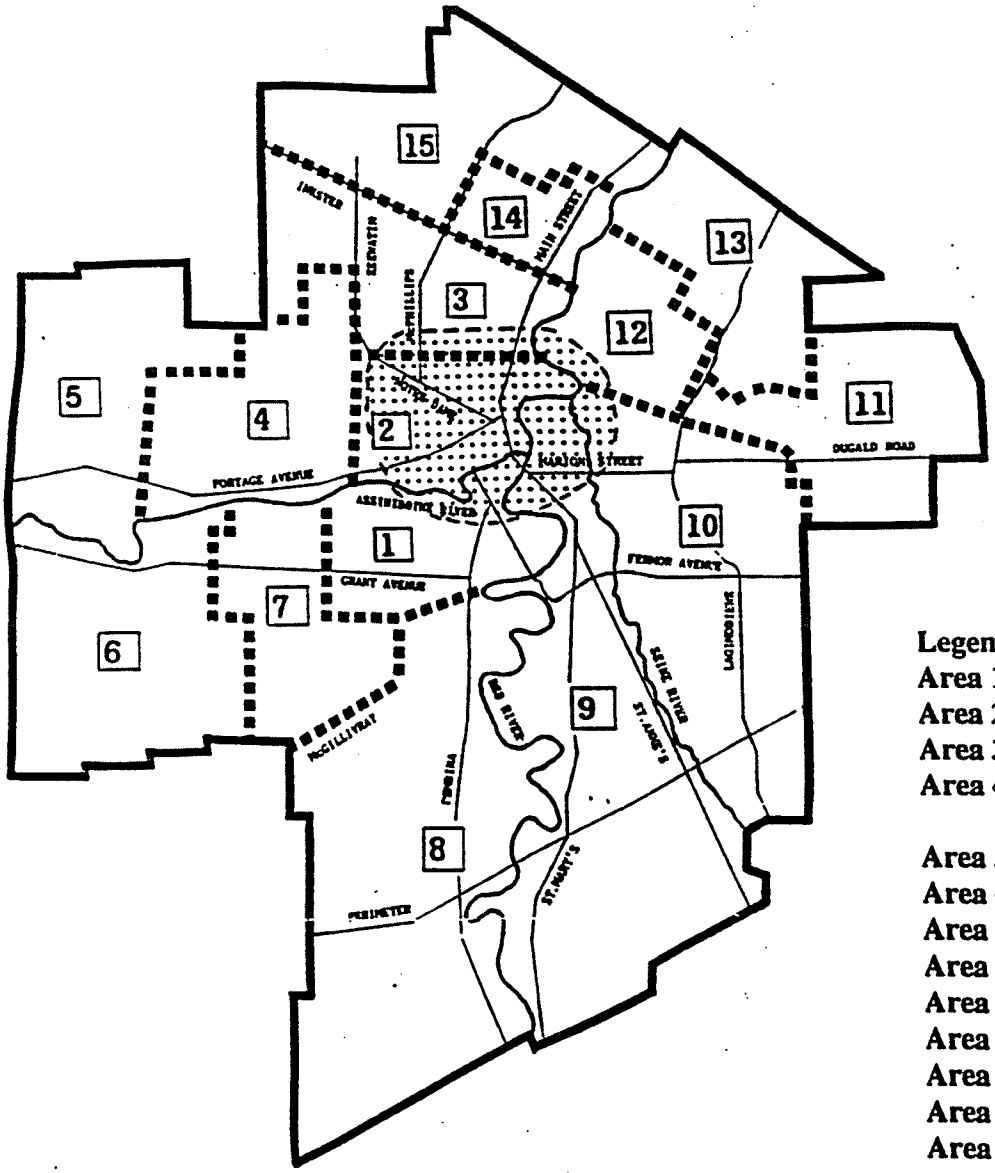
Figure 11: Place of Residence in Winnipeg



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Figure 12: Location Areas in the City of Winnipeg

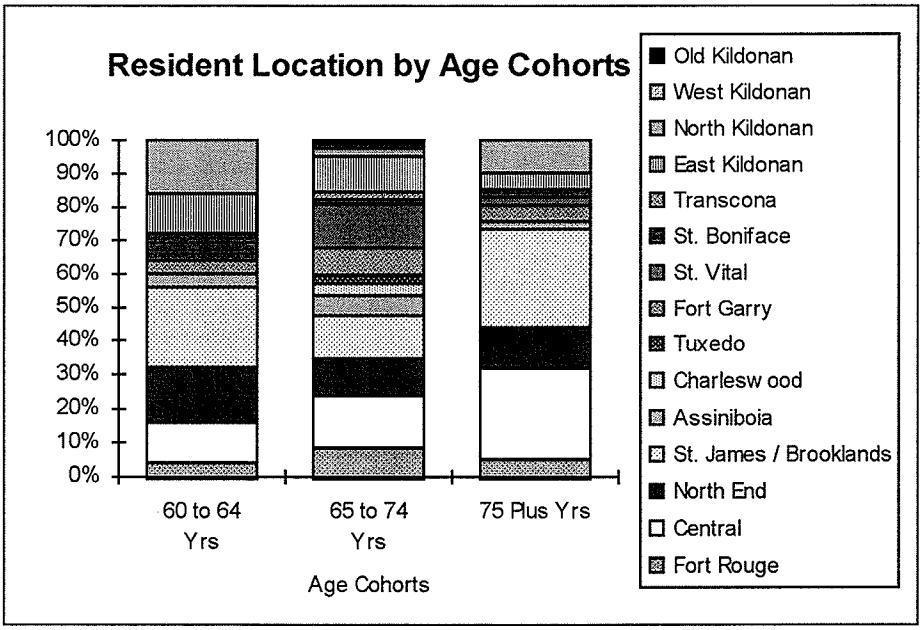
City of Winnipeg
Locational Areas



Legend:
Area 1 - Fort Rouge
Area 2 - Central
Area 3 - North End
Area 4 - St. James / Brooklands
Area 5 - Assiniboia
Area 6 - Charleswood
Area 7 - Tuxedo
Area 8 - Fort Garry
Area 9 - St. Vital
Area 10 - St. Boniface
Area 11 - Transcona
Area 12 - East Kildonan
Area 13 - North Kildonan
Area 14 - West Kildonan
Area 15 - Old Kildonan

Looking more closely by age, older seniors (75 years plus) in general, tend to live in the inner parts of cities. High proportions were noted in the Central, North End and Fort Rouge areas of the city (see Figure 13). The highest proportion, however, was located in the St. James / Brooklands area. Equally represented in this area was a significant proportion of young seniors. Based on the assumption that these seniors do not move, this area is expected to continue to have the highest proportion of older seniors in the next 10 to 15 years.

Figure 13: Location by Age Cohorts



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

When viewed in terms of marital status and location, the St. James / Brooklands area had the highest proportion of married households. For those widowed and living alone, both the Central and St. James / Brooklands areas had high proportions.

Significant numbers of low-income households earning $15,000 or less were living in the Central area. Seniors with higher incomes were located in the North End and St. James / Brooklands areas ($30,000 plus). The elderly living in both the Central and St. James / Brooklands areas had the most varied incomes.

The single-detached dwelling was identified as the typical dwelling type among the aged population group. This type was most common in the St. James / Brooklands, Central, North End and East Kildonan areas. Seniors living in apartment dwellings were located essentially in the St. James / Brooklands and Central areas. Those living in semi-detached or townhouses were located in the Central, North End and St. Vital sections of the city.

Many homes owned by the seniors were valued between $50,000 to $100,000 and located in the Central and North End areas. Homes with lower estimates were generally located in the North End. Seniors living in the Fort Rouge area were found to have the widest range in dwelling values. These homes were valued from $250,000 plus to less than $50,000 and ranged from the single-detached to condominium type dwellings.

The oldest housing stock in metropolitan centers is usually located in inner-city areas. When examined by period of construction and location, the highest proportion of homes built before 1946 were located in the Central and North End areas of the city.

4.9 Difficulties with Housing, Transportation and Activities of Daily Living

4.91 Current Housing Problems

To determine how many senior households currently have housing problems, the concept of "core housing need" was employed. This measure identified three dimensions of housing problems:

i) *Crowding*. This measured the number of people occupying a dwelling. A household was considered crowded if the number of bedrooms in the dwelling was fewer than the number of bedrooms required by the National Occupancy Standard. More precisely, no more than two persons per bedroom are allowed; parents are eligible for a bedroom separate from their children; household members aged 18 or over are eligible for a separate bedroom unless married or cohabiting as spouses; and dependents aged five or more of the opposite sex do not share a bedroom.

ii) *Adequacy.* This housing condition measured the physical deficiencies of a dwelling, such as the need for major repairs and the lack of basic facilities.

iii) *Affordability.* This measured the cost of housing relative to available income. Households who spent 30 per cent or more of income on housing were considered a problem. (CMHC, 1994)

When crowding was assessed, many seniors were living in homes larger than needed. Most lived with their spouses in dwellings that averaged 2.1 persons and 2.5 bedrooms per home. In Table 17, 44 per cent of all households lived in dwelling units with three bedrooms and 66 per cent lived in two person households. This indicated that the average number of rooms was greater than the average number of persons. Crowded conditions were not apparent. When examined by tenure and dwelling type, the overhoused conditions were most evident among the owners.

Table 17: Number of Bedrooms and Persons by Tenure

Number of Bedrooms	Own %	Own Condo %	Rent %	Family Owns %	All %
One Bed	7.6	0.0	60.9	0.0	15.5
Two Bed	28.0	100.0	34.8	0.0	32.4
Three Bed	53.4	0.0	4.3	33.3	43.9
Four Bed	8.5	0.0	0.0	33.3	7.4
Five Bed	0.8	0.0	0.0	0.0	0.7
Number of Persons					
One Person	11.0	0.0	52.2	0.0	16.6
Two Persons	67.8	100.0	47.8	33.3	65.6
Three Persons	12.7	0.0	0.0	66.7	11.3
Four Persons	8.5	0.0	0.0	0.0	6.6

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Since the majority of the homes were built before 1960, many were assessed to live in low quality housing. This however was not the case. When asked to identify any home repairs, only 25 per cent of the homeowners reported they required some form of renovation. Two per cent needed major repairs (3 households) and the remainder required only minor work. Design problems were also absent in many homes (71.5%). As a whole, inadequate housing conditions were not a problem.

When asked if they had any difficulty meeting housing-related costs, about 90 per cent of the seniors owning homes felt they did not. This was also perceived amongst the renters. For those living in rental accommodations, the average rent hovered around $480 per month. About 66 per cent paid monthly rents from $400 to $499 and from $500 to $599.

As only a marginal proportion of the senior households had incomes below $15,000 per year, the cost of housing was not viewed as a major problem.

However, 20 per cent or 28 households reported they did spend more than 30 per cent of their total income for shelter costs.

In total, there were 31 seniors or 21 per cent of the total population that faced either a crowding, adequacy or affordability housing problem (see Table 18). Of those in core need, 90 percent had affordability problems while the rest faced inadequate housing conditions.

Table 18: Summary of Seniors in Core Need

Housing Problem	Number Core Need	Percent Core Need
Crowding	0	0.0
Adequacy	3	9.7
Affordability	28	90.3
Total	31	100.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

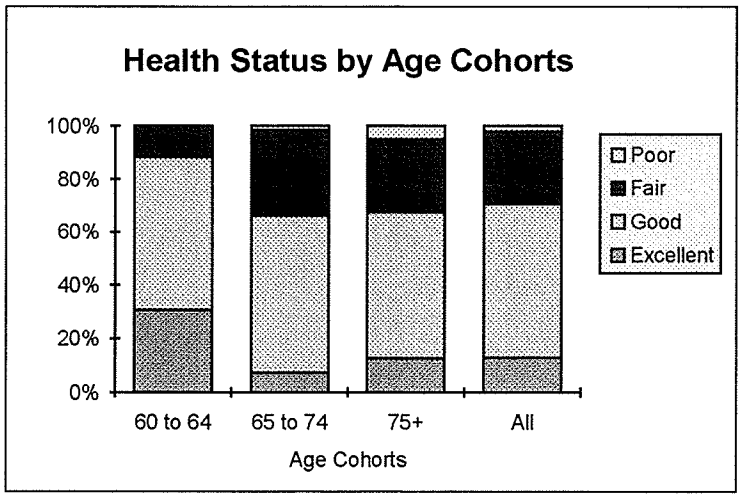
In major metropolitan centers across Canada, about 22 per cent of all senior households were in "core need" in 1991 (CMHC, 1994). Most were unable to afford adequate uncrowded housing without paying 30 per cent or more of their gross income. A similar proportion (21%) was found in the study group. This group did differ, however, in terms of marital status, age and tenure. Seniors living in "core need" were not of single status and older as in the national context. They were married (65%) and from the ages 65 to 74 years (45%). Only 13 per cent were over the age of 75 years. The study group consisted of a higher proportion of females in "core need" than males (61% females; 39% males). On a national scale, seniors in "core need" were mostly made up of renters. When examined by tenure, a significant proportion of the survey group were owners (71%) and 65 per cent lived in single-detached dwelling units. The

only resemblance to the national figures was in terms of their low household incomes. About 25 per cent of the population had household incomes from $15,000 to $20,000 per year. The majority of the households in "core need" lived in the Central area of the city.

4.92 Health and Difficulties with Day to Day Living

One of the most important concerns among the aging population in Canada was with their health and difficulties with day to day activities. The health status of the Manitoba Japanese Canadian elderly was consistent with national trends and figures. When asked about their health status, many perceived themselves to be in good to excellent health (70.5 %). Only 28 per cent were in fair condition and only two per cent in poor health. The perception of poorer health was much higher for those over 75 years. As revealed in Figure 14, the health rating declined as age increased.

Figure 14: Health Status by Age Cohorts



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

The health status when viewed by gender type, showed a higher proportion of females reporting better health than males (see Table 19). Moreover, as age increased, a higher proportion of males reported themselves in fair to poor health. This was especially true for those between the ages 65 to 74 years. The poorer health among the male population, on a proportional basis, is therefore expected to become more accentuated when they reach older age.

Table 19: Perception of Health Status by Sexes and Age

Characteristic	Excellent %	Good %	Fair %	Poor %
Gender & Age				
All Males	13.2	51.5	30.9	4.4
60 to 64 Yrs	25.0	66.7	8.3	0.0
65 to 74 Yrs	5.3	50.0	42.1	2.6
75+ Yrs	22.2	44.4	22.2	11.1
All Females	12.3	63.0	24.7	0.0
60 to 64 Yrs	35.7	50.0	14.3	0.0
65 to 74 Yrs	8.9	66.7	24.4	0.0
75+ Yrs	4.5	63.6	31.8	0.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

In Table 20, the married seniors perceived themselves to be in better health than those widowed. When viewed by living arrangements, the elderly living with their spouse and immediate family reported better health than those that lived only with spouses. A healthier environment was evident with this particular living arrangement. For those reporting fair to poor health, many were found to be seniors who were never married and widowed. Many lived alone and were located in the St. James / Brooklands and Central areas.

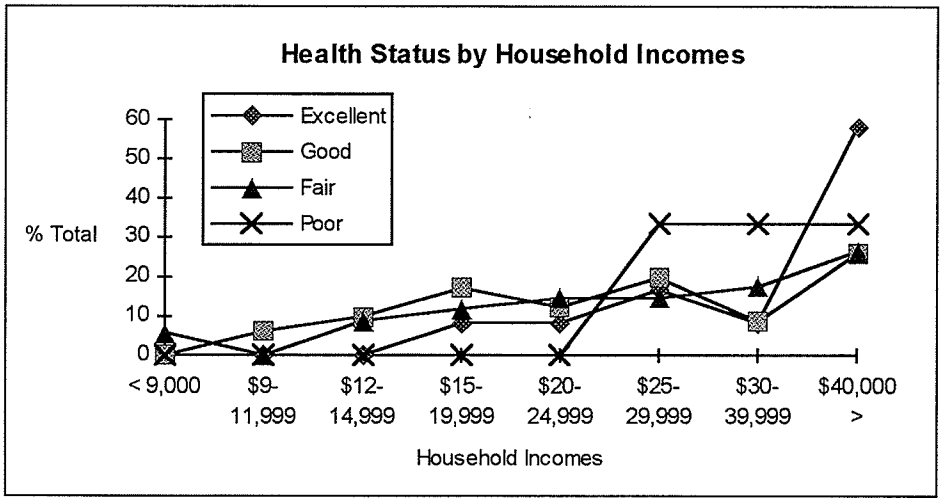
Table 20: Health by Marital and Living Arrangement Status

Characteristic	Excellent %	Good %	Fair %	Poor %
Marital Status				
Married	16.7	57.4	23.1	2.8
Divorced	0.0	100.0	0.0	0.0
Widowed	2.9	58.8	38.2	0.0
Never Married	0.0	50.0	50.0	0.0
Living Arrangements				
Live Alone	3.7	63.0	33.3	0.0
With Spouse	19.8	52.3	24.4	3.5
Spouse & Family	4.3	78.3	17.4	0.0
Spouse & Other	0.0	50.0	50.0	0.0
Other Family	0.0	45.5	54.5	0.0
Total	12.8	57.7	27.5	2.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Inherent in the literature was the lack of income among many seniors who were in poorer health. This makes the need for assistance for the less fortunate and very old, even stronger. When the study group in Figure 15 was examined by incomes, the perception of "fair to poor" health did not decrease proportionately as incomes increased. When viewed by households in "core need", about 32 per cent reported to be in fair health while the remainder were in good to excellent health. The health trends in relation to household incomes and housing costs among the Manitoba Japanese Canadian seniors did not follow the national patterns.

Figure 15: Household Incomes by Health



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

As noted earlier, health problems were identified as the most important reason why seniors decided to move. These problems focused on health deterioration and the difficulties in maintaining a home. When examined by housing tenure and health (see Table 21), a higher proportion of the renters were discovered to be in fair to poor health. Because the difficulties of maintaining homes can be related to poorer health and aging, many appeared to have moved from single-detached units to apartment living. Those now expecting or wanting to move into rental accommodation may also be in poorer health than the entire group in general.

Table 21: Health by Housing Tenure Properties

Housing Tenure	Excellent %	Good %	Fair %	Poor %
Owned *	13.7	59.7	25.0	1.6
Rented	9.1	54.5	31.8	4.5
Family Owned	0.0	0.0	100.0	0.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.
Note: * Includes condominium owned.

In Table 22, the need for personal care and help with daily activities of the survey group were assessed to identify any difficulties with day to day living. The results were consistent to those noted in the literature. Ranging from minor to very serious conditions, the problems most often faced by the elderly survey population were with climbing stairs (24%), hearing (20%), vision (14%) and doing chores (14%). When viewed by age, these problems were more pronounced for the ages 75 years and older compared to the younger age cohorts. Seniors between the ages 60 to 64 years had some difficulties with doing chores around the home and with hearing. Because there are high proportions of households between the ages 65 to 74 years old that face difficulties in climbing stairs, this problem is expected to continue to be the most common problem among those over 75 years old.

Table 22: Difficulties with Personal Care by Age Cohorts

Problem	60-64 Yrs %	65-74 Yrs %	75 Yrs + %	All Ages %
Vision	0.0	9.6	14.6	13.9
Hearing	3.8	8.5	29.2	19.8
Climbing Stairs	0.0	14.4	29.3	23.8
In & Out of Chair or Bed	0.0	3.6	7.3	6.9
Getting On & Off Toilet	0.0	1.2	4.8	3.0
Taking Bath	0.0	1.2	7.3	4.0
Doing Chores	3.8	6.0	19.5	13.9
Moving About the House	0.0	3.6	9.7	6.9
Getting Around Outside House	0.0	4.8	12.2	8.9
Total				100.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Difficulties with personal care and daily activities among the elderly were also explored by gender, marital status, dwelling types, and incomes among others. The problem in climbing stairs was more often associated with the female

population. These households were either married (54%) or widowed (46%) and had household incomes primarily between $15,000 to $20,000. For those in core need, the difficulty in climbing stairs was the most often reported problem, at 32 per cent. About half the population lived in single-detached housing and 25 per cent were located in the Central area of the city. The health status among those in core need was perceived as fair to poor.

The second highest problem faced by seniors was with hearing. This problem was evident among the male population and those over the age of 75 years. Over three quarters were married and over half lived with spouses only. These seniors primarily lived in single-detached housing and, again, had household incomes between $15,000 to $19,999. The elderly living in the North End had the highest proportion of households with a hearing problem (30%). Over half of the senior population with a hearing problem reported themselves in good to excellent health.

Problems with vision were most common with those between the ages 65 to 74 years and females (57%). Almost three quarters of this population group perceived themselves to be in good health. Many were married (71%), lived with their spouses only (71%), and had high household incomes greater than $40,000 (35%). A high proportion lived in single-detached housing (64%) with 29 per cent living in apartment units. This problem was most evident in the St. James / Brookslands and Central areas.

When the elderly age in place, they tend to need a variety of support services such as help with grocery shopping, repairs around the house, and transportation needs, among others. As part of the needs' assessment, the

seniors were asked to indicate if they required any particular support services. In Table 23, help with home repairs was reported to be the highest need at 21 per cent. This was coupled with requests for help with yard work (17%), snow removal (17%) and assistance with transportation service (17%). As age increased, the need for support services increased. For the older elderly, the need was for someone to drive, do heavy cleaning, grocery shopping, errands and home repairs.

Table 23: Support Service Assessment

Support Service Need	60-64 Yrs %	65-74 Yrs %	75 Yrs + %	All Ages %
Help w/ Grocery Shop	0.0	8.4	26.8	12.0
Help w/ Cooking	0.0	6.0	7.3	5.3
Service Hot Meals	0.0	0.0	4.9	1.3
Help w/ Heavy Clean	0.0	11.0	29.3	14.1
Help w/ Laundry	0.0	3.7	12.2	5.4
Errands Assistance	0.0	3.7	24.4	8.7
Help Taking a Bath	0.0	0.0	2.4	0.7
Someone to Regular Visit	0.0	1.2	2.4	1.3
Help w/ House Repairs	19.2	20.5	24.4	21.3
Help w/ Yard Work	19.2	16.9	17.1	17.3
Help w/ Snow Removal	15.4	16.9	17.1	16.7
Nursing Care in Home	0.0	1.2	4.9	2.0
Someone to Drive	7.7	13.3	31.7	17.3

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

Research indicated that difficulties with activities of daily living and personal care were most apparent among the older seniors. The need for support services was therefore considered to be crucial for those over 75. Of all the support services identified, it was the assistance with transportation (someone to drive) that was most often required. Over three-quarters needing assistance were females. Many were widowed (77%) and over half lived alone (54%). About 60

per cent perceived themselves to be in good to excellent health. Their household incomes ranged from $15,000 to $19,999 and 39 per cent lived in "core need." Nearly half (46%) were located in the Central area living principally in apartment dwelling types (62%).

The second type of support service most commonly required by the older seniors was heavy cleaning around the home. The female sector again dominated this group with 75 per cent falling in this category. A high proportion were widowed and lived alone. Good to excellent health was the norm and 40 per cent of this particular population had incomes from $15,000 to $19,999. About 25 per cent were in "core need" and again, the location was in the Central area and apartment living.

The need for assistance with grocery shopping was the third highest difficulty reported among the older seniors. This population was primarily made up of females (91%), the majority being widowed and living alone. Only 27 per cent were discovered to be in poor to fair health. One third had incomes from $25,000 to $29,999 and about 36 per cent were in "core need." The locations were the Central and North Kildonan areas with less than half (46%) living in apartments.

Based on the high proportions of seniors between the ages 65 to 74 years in the survey, the demand for help with house repairs is anticipated to be highest within the next 5 to 10 years. Over half of the population within this age category needed assistance with home repairs. Several households were married and in good health with annual household incomes greater than $40,000 plus. About

24 per cent were in "core need" and lived in the Central and St. Vital areas. All households resided in single-detached housing.

4.10 Seniors' Current Transportation Needs

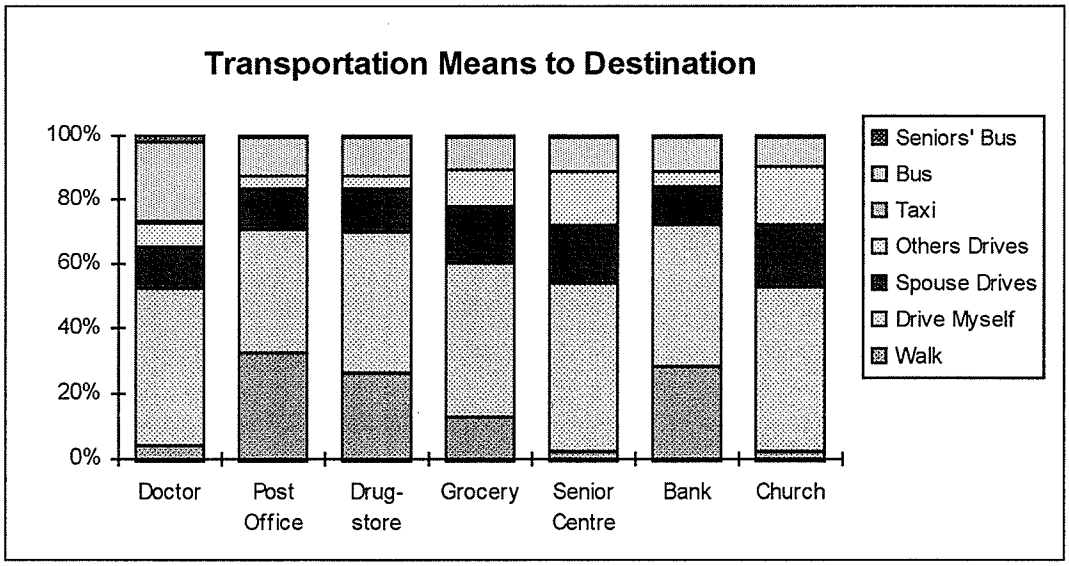
In the literature review, the elderly were considered limited in their mobility. Seniors, in comparison to other age groups, had lower proportions of persons with driver's licenses and car ownership. The reasons included financial constraints and problems with health and physical impairment. Among the Manitoba Japanese Canadian elderly, about 29 per cent of the households with drivers' licenses reported they had problems driving a car. Health problems and financial constraints however were not evident. Nearly three quarters reported themselves in good to excellent health and about 65 per cent had annual incomes greater than $20,000. These households were mainly 65 years and older. Most were married and lived in detached housing, primarily in the St. James / Brooklands area.

Of all the households with drivers reporting problems with driving, 23 per cent were living alone. Similar to the findings presented in Section 4.92, these people were 100 per cent female and less than two-thirds were over the age of 75. Their household incomes were typically less than $20,000 and the majority lived in either single-detached or apartment units. These characteristics are similar to the national trends.

As shown in Figure 16, the majority of the Manitoba Japanese Canadian seniors reported that they drive themselves to the various services and recreational

facilities. When examined by place of destination, both the Seniors' Center and church were the most difficult places to access. Many people either elected to drive themselves or had others drive them. Very few reported they used public transportation or walked. The most accessible destinations were the post-office, bank and drug-store. In these cases, the mode of transportation was usually walking.

Figure 16: Transportation Means to Destination

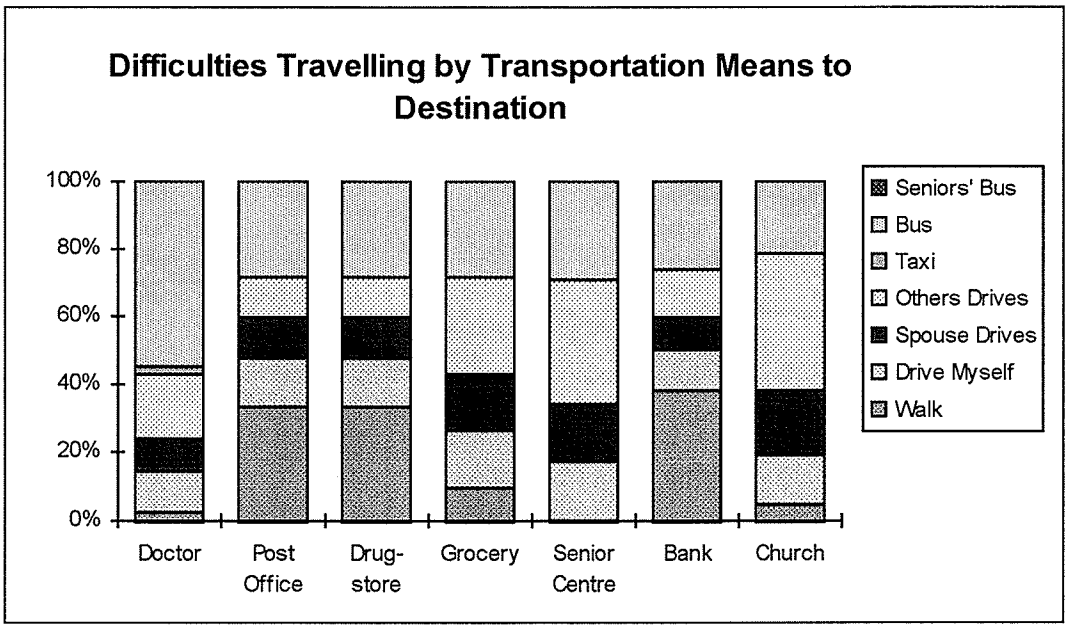


Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

The need for transportation assistance was further examined by directly measuring the degrees of difficulty in getting around the community. About 70 per cent indicated they never had any difficulties in getting to places. For the remainder, the major reasons for their difficulties in travelling were: 1) they didn't like to ask for rides (11%); 2) no regular drivers (5%); and 3) for other reasons (6%). A high proportion of these people were females and about half reported having problems with driving. Nearly 60 per cent lived in the Central, North End and St. James / Brooklands areas.

The primary methods of transportation were by regular bus, relying on others to drive and walking (see Figure 17). It would appear from this assessment that the seniors have a stigma against asking people for rides and therefore resort to public transportation or walking. Providing that their behavior patterns do not change, the dependency on these means will become critical when aging occurs and mobility decreases. This would become more evident in the suburban areas, like St. James / Brooklands for example. Such services and facilities like the seniors' center and church functions are not available in these areas. Given the limitations of public transportation and because many households have problems driving, the need for transportation assistance will be critical as aging continues.

Figure 17: Seniors with Difficulties Travelling by Transportation Means to Destination



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

To meet their transportation needs, the survey indicated their preference would be for a door-to-door transportation service sponsored by the MJCCA. Almost 61 per cent of all seniors responded favorably. The majority of these people were females, over 75 years old and married. Many were in good to excellent health, lived in single-detached housing and located in the Central area of the city.

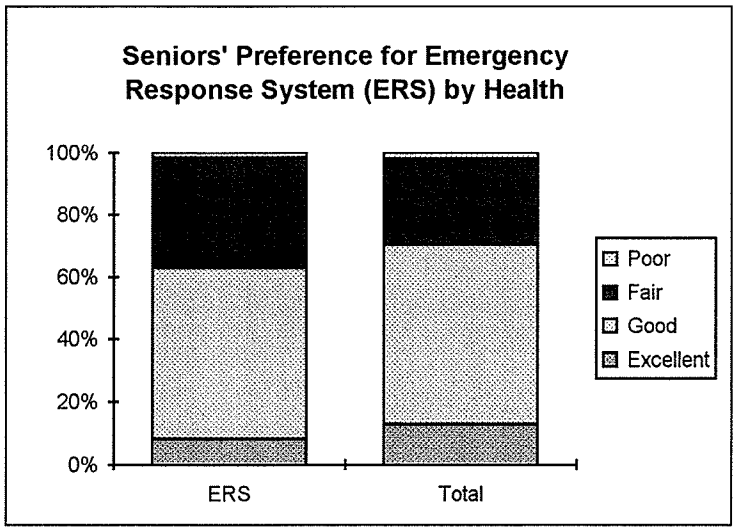
4.11 Feelings about Various Housing Options

Seniors who experience or expect financial problems, health or other difficulties thought their only option was to sell their homes. There are, however, a number of things' people can do to enable themselves to stay in their homes. This section investigated the study group's feelings on the various seniors' housing alternatives. Such choices included homesharing, lease arrangements, home modifications, and garden suite housing. When asked about their views, over 78 per cent were not in favor of homesharing and private suites in homes. Similar views (71%) were expressed concerning reverse mortgages and life-hold lease arrangements.

The questionnaire also asked the elderly homeowners if they had modified their homes for accessibility purposes. About 77 per cent had not modified and would not consider this approach. For those who did make modifications, only their kitchens were altered. When asked if they would consider additional modifications, the response was again unfavorable. The type of modification most considered was the installation of grab bars and alterations to their bathrooms.

For those people who wanted to continue staying in their homes, the use of an emergency response system (ERS) was suggested. The majority did not use the ERS but nearly 46 per cent were in favor of this system. Many of these households were between the ages of 65 to 74 years and lived in the Central, North End and St. James / Brooklands areas. The predominant housing type was the single-detached dwelling. Females preferred this choice over males and the majority were married. Slightly under a third of the population favouring an ERS had household incomes from $25,000 to $30,000. The widowed population represented over a third and about 11 per cent or 7 households were in "core need", far fewer than those overall. The need for the ERS was also considered an important option for those with health problems and difficulties with personal care. By comparing the total population against those who were in favor of the ERS, there was a higher proportion of seniors in fair to poor health supporting ERS than those in the total population overall, about 9 per cent higher (see Figure 18).

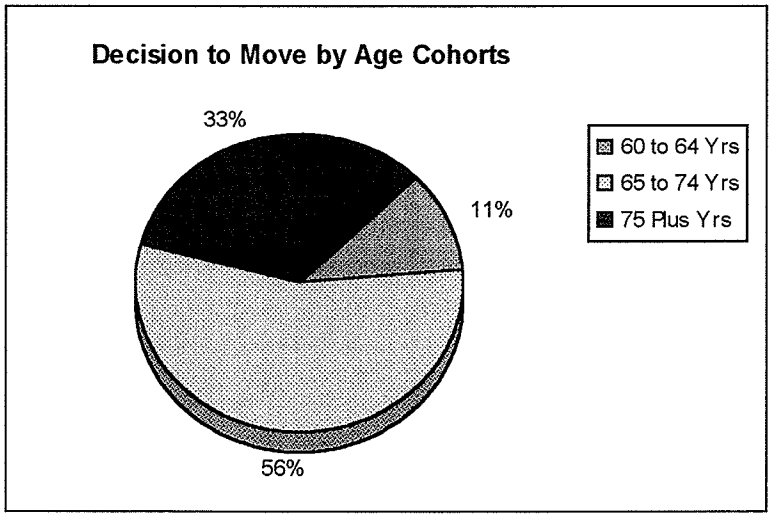
Figure 18: Seniors' Preference for Emergency Response System by Health



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

As an alternative to staying in their present homes, each senior was asked if he or she had any plans to move. Only 27 out of 151 seniors anticipated moving within 1 to 5 years. As shown in Figure 19, these seniors would likely be 65 to 74 years of age (56%) and married (70%). The majority would be in good to excellent health. Their financial background, although varied, would range from $15,000 to $19,999 (26%) and $40,000 plus (26%). Only 17 per cent of those in "core need" would be expected to move. The potential movers presently live in single-detached dwelling units primarily in the Central area of the city.

Figure 19: Decision to Move by Age Cohorts



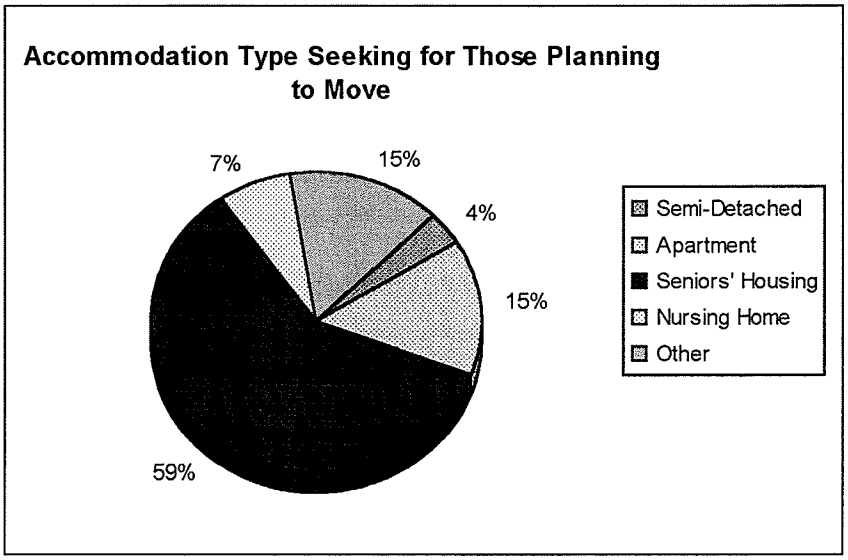
Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

In Chapter Two, it was noted that there were several reasons why seniors elected to move. These included reasons related to shelter maintenance, accessibility to services, finance, health reasons and others. When asked to provide their justifications in moving, the majority replied their homes were too large and were too physically difficult to maintain. Other reasons included isolation and health problems. With the exception of financial circumstances,

choosing to move among this group was no different from those found in the literature. Similar also was their preference to remain in the same area of the city. Approximately two-thirds were expected to choose locations within Winnipeg, primarily in the St. James / Brooklands (15%) and St. Vital (11%) areas. The only change in location preference was found with those who resided in the Central area who chose St. James / Brooklands and Tuxedo. About 26 per cent indicated no preference or were indecisive at the time. Overall, the attachments to these areas were due to the presence of family and friends and related reasons.

For those expecting to move, the housing type preferred would most likely be the seniors' housing type. As shown in Figure 20, almost 60 per cent selected a seniors' housing type. The typical private apartment units and other forms of housing would be their second and third choice.

Figure 20: Accommodation Type Seeking for Those Planning to Move



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

As an alternative to staying in their current living arrangements, the elderly were asked if they would pursue other types of suitable housing accommodations. In particular, they were asked if they would consider the following types of alternative housing choices:

a) Smaller Home (Owners Only);

b) Co-operative Housing;

c) Special Retirement Housing;

d) Sheltered Housing;

e) Congregate Housing;

f) Live-in Housekeeper;

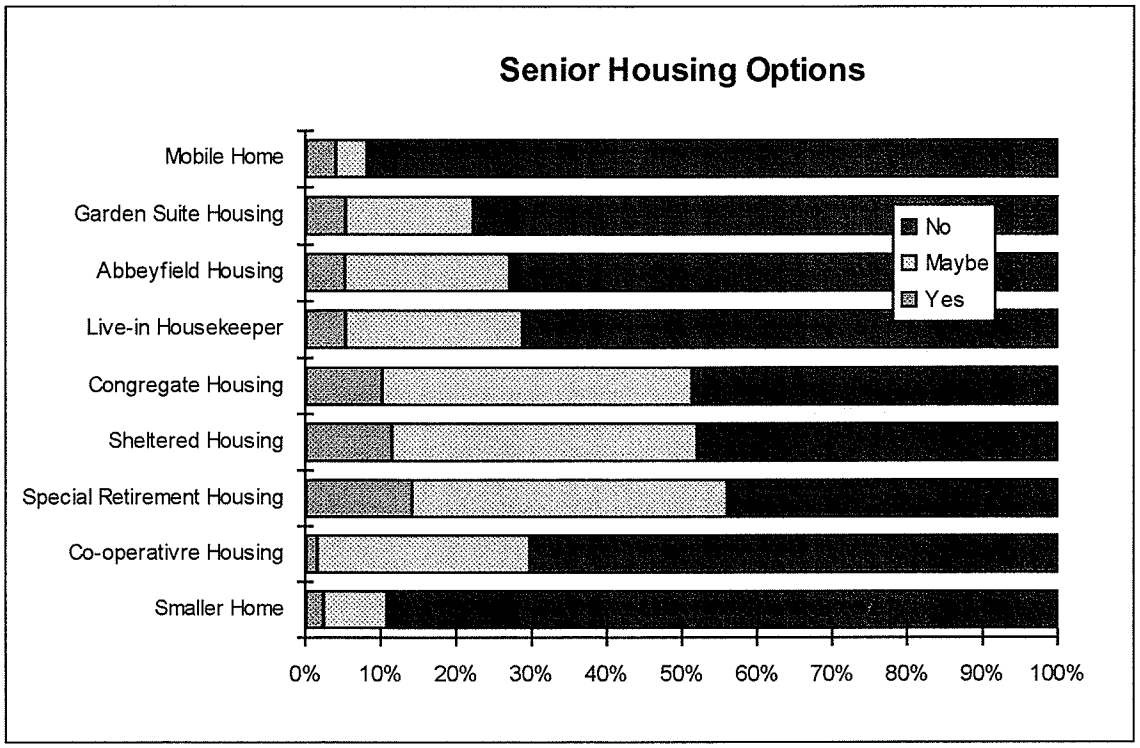
g) Abbey field Housing;

h) Garden Suite Housing; and

i) Mobile Homes.

As presented in Figure 21, the overall results of housing preference leaned towards special retirement housing (56%), sheltered housing (52%), and congregate housing (51%). It should be noted the answer "maybe" was considered a "yes" vote in support for the housing option.

Figure 21: Seniors' Housing Options



Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

The housing preference for special retirement, sheltered housing and congregate housing did not vary with demographic composition. They all consisted of a high proportion of females from the ages 65 to 74 years old. Many were married and had household incomes of $40,000 plus. About 13 per cent lived in "core need" and the majority lived in the St. James / Brooklands area. Their present housing accommodation was the single-detached dwelling.

In addition to the above, a special examination was made of those considered to be in "core need." As described earlier, these people were essentially 75 years and older, female, living alone, and widowed. As shown in Table 24, the housing preference most preferred was the sheltered housing type. This type was

chosen more so by those over 75 years, widowed, living alone, with incomes of less than $15,000, and in "core need."

Table 24: Housing Preference by Selected Characteristics

Selected Characteristics	Special Retirement	Sheltered Housing	Congregate Housing
75 Years Plus	24.1	31.2	26.7
Female	55.4	58.4	58.7
Widowed	22.9	27.3	22.7
Living Alone	16.9	20.8	17.3
Poor to Fair Health	29.6	25.3	26.0
$15,000 less	15.1	16.2	15.4
Core Need	13.0	18.2	17.3
Apartment	8.4	11.7	12.0
Renting	7.2	11.7	12.0

Source: Manitoba Japanese Canadian Housing and Support Service Needs Assessment 1992.

In addition to their housing preference, the seniors were also asked what type of housing development or building they would prefer assuming housing costs were the same. Over 56 per cent preferred a seniors' housing complex occupied by only Japanese Canadians.

4.12 Summary

A survey of 151 seniors of Japanese Canadian ethnicity was conducted to assess their current and future housing and support service needs. The results of the survey indicated that the demographic composition was largely represented by seniors from the ages 65 to 74 years of age, a higher proportion in comparison to all seniors living in Canada. In terms of gender, the ratio between sexes among the Manitoba Japanese Canadian seniors was 842 men

per 1,000 females. The study group had a higher ratio of males compared to national figures. Moreover, the gap between males to females did not decrease as age increased as found with all seniors in Canada. Providing that mortality and migration remain constant, a higher proportion of seniors over the age of 75 years is expected and the ratio of men to women will be higher than those forecasted nationally. The elderly female population currently remains proportionately higher overall.

In regards to marital status, the Manitoba Japanese Canadian elderly population consisted of a high proportion of married seniors. The widowed population was represented by mainly females, especially those 75 years and older. As age increased, the proportions of female widowers increased while those married decreased. The proportion of married males did not decrease but instead, increased. This trend reflected an increasing life span among the male population.

As age increased, the proportion of widowed seniors and those living alone increased. Decreasing proportions of married seniors and elderly living with their spouse and immediate family were also noted. This trend is expected to add to the increasing proportions of widowed seniors living alone.

The annual household income among several of the senior-led households was greater than $40,000. It was also noted that as the seniors age, a higher proportion had incomes less than $20,000. Evident were the differences in household incomes by gender and age. The male senior population had higher incomes than females but as they got older, this income gap decreased. About 55 per cent of the females over 75 years reported they had incomes lower than

$20,000 in comparison to only 41 per cent males. Almost 60 per cent of the group's total household income came from government retirement incomes (Old Age Security, GIS, Canada Pension and other government income sources). These sources were found to be more important for females than males--as much as 63 per cent of their income came from government origins. The reliance on government sources also increased as the age of the elderly increased.

The current housing and living arrangements consisted of a high proportion of seniors owning properties. These owners were primarily between the ages 65 to 74 years old, married and lived with their spouses only. About 12 per cent lived alone and were either widowed or had never married. Those living in rental accommodations were generally over the age of 75 years, widowed and lived alone. As age increased, a higher proportion of the seniors rented. The elderly were discovered to remain in their homes during their younger senior years and, as they age, they would elect to move into rental tenure. This was also confirmed by dwelling types. The proportions living in single-detached units decreased as age increased. Seniors owning property had higher annual incomes in comparison to those renting. The low-income group consisted primarily of renters who were female, over the age of 75 years and living alone.

When observed by location, the majority of the surveyed population were found to live in St. James / Brooklands, Central and North End areas of the city. Many were long-term residences and lived in older single-detached housing that was built between 1946 to 1960. These homes were estimated to be valued from $50,000 to $100,000.

The St. James / Brooklands can be described as the area with the highest proportion of seniors over 75 and between the ages 60 to 64 years. Compared to the other areas of the city, this area had the highest proportion of married seniors and households with incomes $40,000 plus. The housing structure, contained the highest percentage of apartment dwellings and single-detached homes.

The character of the Central area reflected the patterns of aging. This area contained the highest proportion of seniors living alone compared to the other areas of the city. This was coupled with the highest proportion of seniors with household incomes below $19,999. The elderly located in the Central area contained the highest proportion of core need household.

Difficulties with housing were measured by employing the concept of core housing need. Overall, there were 31 households in "core need", 21 per cent of the surveyed population. Crowding was not evident since a high proportion lived in over-housed conditions. Adequate housing conditions were also evident with only a few households requiring major repairs. Problems with affordability were the main component of "core need" among the seniors. About 90 per cent of those in "core need" experienced shelter costs greater than 30 per cent of their household incomes. Affordabilty problems with housing were evident among the female population group, especially those individuals who lived alone and were over the age of 75 years.

Many of the elderly perceived their health status as good to excellent. Less than a third of the population reported they were in fair to poor health. Poorer health was more evident among those over 75 years and the perception of good health

declined as age increased. When viewed by gender, a higher proportion of females reported better health than males. As age increases, the health status among the male population is expected to become poorer earlier than that of females. When viewed by marital status, the elderly living with their spouse and immediate family members reported better health than those living as couples or living alone. People with fair to poor health generally lived in the St. James / Brooklands and Central areas of the city.

The literature suggested that health problems are associated with low income. This was not evident among the surveyed population. Moreover, only a third of the households in "core need" reported to be in poor to fair health. The health correlation in regards to incomes and housing costs among the Manitoba Japanese Canadian seniors was not as evident as with all seniors living in Canada. When examined by housing tenure, a higher proportion of renters perceived themselves to be in fair to poor health than owners. Seniors expecting to move into rental accommodations are anticipated to be in poor health.

The need for personal care and daily activities were assessed to identify any difficulties with day to day living. The problems most faced by the elderly population were with climbing stairs, hearing, vision and doing chores. When assessed by age, these problems were more distinct in the ages 75 years and older. It is anticipated that the difficulties in climbing stairs will continue to be the most common problem among the older seniors, especially females. This difficulty was evident among those who were widowed, lived alone, with households' incomes ranging from $15,000 to $20,000 and those in "core need." Many were discovered to live in semi-detached, townhouses, and apartment

dwelling types. The seniors who perceived themselves to be in fair to poor health also reported the difficulties in climbing stairs as the most problematic.

As part of the needs' assessment, the seniors were asked to identify if they required the assistance provided by support services. Assistance with home repairs was required by 21 per cent of the population, followed by help with yard work, snow removal and assistance with transportation service. Increasing age was a factor in the level of demand for support services. For the elderly over 75 years, the focus was on someone to drive, heavy cleaning, and grocery shopping. When examined by each support service for those over 75 years, a high proportion were discovered to be females who were widowed and lived alone. Their health status was generally good to excellent and household incomes ranged from $15,000 to $29,999. About 25 to 36 per cent of these households were found to be in "core need" and the majority lived in the Central area of the city. The common dwelling type was the apartment.

A significant proportion between the ages 65 to 74 years requested support for house repairs. As this group ages, it is anticipated support for house repairs will be ever greater within the next 5 to 10 years. The households consist of a high proportion of healthy married seniors. Their financial positions are projected to be secure since the majority had household incomes greater than $40,000 plus. Less than a quarter of the households were in core need. All households would be living in a single-detached housing primarily located in the Central and St. Vital areas.

Nationally seniors, in comparison to other age groups, have lower proportions of persons with driver's licenses and people owning cars due to financial

constraints, problems in health and physical impairment. When compared to the Manitoba Japanese Canadian elderly, health and financial constraints were not a factor. Many considered themselves to be in good to excellent health and possessed annual incomes greater than $20,000. Although transportation assistance did not appear evident overall, the need was apparent among those living alone. They were primarily female and over the age of 75 years. Many had incomes below $20,000. Transportation assistance was required for this group, especially for those living in the suburban areas of the city who required access to both a seniors' center and church.

The degrees of difficulty in getting around the community were also examined and the majority indicated no difficulties. For those experiencing difficulties, the major reason was they didn't like to ask for rides. These people were mainly female and about half experienced problems with driving. Nearly 60 per cent lived in the Central, North End and St. James / Brooklands areas.

The primary methods of transportation were by regular bus, the reliance on others to drive and walking as well. The dependence on these means is expected to become critical when aging occurs and mobility decreases. The seniors living in the suburbs are expected to feel the greatest impact. In these locations, services and facilities do not currently cater to the seniors' needs, i.e., church and seniors' center. Since many lived in households with driving problems and given the limitations of public transportation, the need for transportation assistance was apparent. Their preference was for a door-to-door transportation service sponsored by the MJCCA.

The last section examined how seniors felt about various housing options. These ranged from financial lease arrangements to alternative housing arrangements. With an assortment of financial housing choices available, very few considered any option. Questions were also asked about home modification. The majority did not choose to modify and were not expected to do so. The thought of modifying their homes aroused little interest.

For those people who wanted to continue staying in their homes, the use of an emergency response system (ERS) was suggested. This option was seen as more favorable than those above. The majority favoring ERS were females and married couples between the ages of 65 to 74 years, living in the Central, North End and St. James / Brooklands areas in single-detached dwellings. The need for the ERS was considered an important option for those with health problems and difficulties with personal care.

Out of the 151 seniors surveyed, only 18 per cent indicated they planned to move in about 1 to 5 years. Reasons included homes being too large, difficulties in maintaining their homes and isolation. Their preference was to remain in Winnipeg and in neighborhoods where family and friends resided. Many were married, lived with spouses, were in good to excellent health and had incomes ranging from $15,000 to $19,999 and $40,000 plus. Several of the potential movers owned property and lived in single-detached dwelling units with over one-third located in the Central area of the city.

The type of accommodations most preferred by the movers was the seniors' housing type. As an alternative to staying in their current living arrangements, all seniors were asked if they would pursue other types of suitable housing

accommodations. The preferred choices were divided into three housing forms: 1) sheltered housing; 2) special retirement housing; and 3) congregate housing. These seniors were mainly between the ages 65 to 74 years old. Many were married and had household incomes from $40,000 plus. Only 13 per cent were in "core need." Most were located in the St. James / Brooklands area and lived in single-detached dwellings. Further examination of the population group that was considered most in need revealed they were the older widowed females who lived alone. Their housing preference was the sheltered housing type.

4.13 Conclusion

The objective was to identify and assess the current and future housing and support service needs and preferences of the Manitoba Japanese Canadian seniors. As expected, the needs were multifaceted. From the income analyses, it was identified that many seniors were financially secure relative to all seniors living in Canada. In particular, this population can be described as those between the ages of 60 to 64 years, married, and living only with their spouses. A smaller proportion of seniors had annual incomes of less than $20,000. This group can be described as female, living alone, widowed and primarily over the age of 75 years. Critical for this group was the reliance on government sources for income. With income sources limited and lower than the norm, the problem with affordability was evident with this group. The majority were considered in "core need."

When the future housing choices among the elderly were assessed, most of the home owners indicated they were not expecting to move. By choosing to stay

and aging in place, there will be a need to examine in more detail ways to maintain independent living at home. Most certainly, this would mean focusing on modifying the home to be more accessible and barrier free. These alterations should focus on rectifying the difficulty with climbing stairs. Moreover, by aging in place, a growing proportion of older elders are expected to need support for house repairs. This group is anticipated to be financially secure and living in single-detached housing primarily located in the Central and St. Vital areas.

The analysis has shown that it is essential for the well-being of seniors to have positive social relationships and family support. The quantity as well as the quality of social relationships contribute to a person's health and those seniors who were socially isolated were identified to be in poorer health. This was true for those who lived alone, a condition that was found to increase with age especially for women. Difficulties with activities of daily living were most evident among those over 75, especially those living in single-detached dwellings. Many had trouble walking, going up and down stairs, cutting toenails and doing heavy housework.

Because seniors older than 75 years indicated a higher need for assistance, support for this group should be given priority over the younger age cohorts. This should focus on day to day living activities involving heavy cleaning around the home, helping with grocery shopping, doing errands, and doing house repairs. Equally important would be the provision of transportation assistance on a city-wide scale for those living in the suburbs, primarily to and from the seniors' center and church. Having a higher incidence of health related problems, the possibility of implementing an Emergency Response System should be pursued.

Although the majority indicated they would remain at home, many did report that when the time came to move, they would likely choose to relocate to housing that is more suitable. Their preference would be for a special retirement, sheltered, or congregate housing type. Emphasis however should be placed on a sheltered housing type since this housing preference was chosen by those most in need of housing and support services.

The findings of the survey represent an assessment of the housing needs and support services of Japanese Canadian Seniors living in Winnipeg. To meet the needs of the Manitoba Japanese Canadian seniors would require a commitment to find the resources within and external to the community. The solutions must consider what it takes to satisfy the need, and what risks are involved in meeting those needs. What is recommended is a comprehensive plan that addresses both the current and future multifaceted needs of this elderly group.

Chapter 5
Recommendations and Conclusions

The Manitoba Japanese Canadian Citizens' Association (MJCCA) needs to develop a comprehensive senior housing plan and establish policies to support the needs of their elderly population group. To develop such a plan requires establishment of a planning group, a merging of a set of goals and objectives, the identification of the issues surrounding the Manitoba Japanese Canadian seniors, and the development of strategies and options. Immediate actions must then be implemented to address the short- and long-range issues facing the senior population in the community.

5.1 The Planning Committee

To address the needs of the elderly effectively, there is a need to establish a planning committee. This is similar to the process used in conducting the survey. Due to the nature of the issues presented in meeting the needs of the elderly community, this committee will need to consist of a more in-depth and broader base membership. Commitment to common goals and the ability to work over a long term to overcome obstacles will be essential to this group.

Welch, Parker and Zeisel (1987), as described in Chapter Three, recommended a committee should consist of individuals who are part of the social service community, the real estate development community, the design and planning community, financial community and organizations involved with aging in the community. It is essential that these people have the expertise and knowledge as well as close ties to the community. The size of the planning group should be based again on the number of organizations and groups important to the

process. These should include members from outside interests' groups -- Manitoba Japanese Canadian Seniors' Horizon Group, MJCCA community members and the various governmental and non-profit agencies.

5.2 Setting Goals and Objectives

Following the establishment of the planning committee, the goals and objectives must be defined. These goals and objectives must convey the unique concerns of the team and the community at large. Moreover, they are to serve as a yardstick for evaluating performance after each initiative has been completed.

One of the goals recommended is to improve the housing conditions among the elderly population within the Manitoba Japanese Canadian community. The objectives are to identify the housing and support service needs of Manitoba Japanese Canadian seniors and address them within the capacity of the MJCCA and others. The term "others" pertain to government and non-profit organizations involved in assisting seniors.

By articulating the goals and objectives, the planning committee can either determine or reinforce the important reasons for building a senior housing facility. When the committee assesses the funding and resident resources, this goal will become important when answering questions from potential sponsors, fund raisers and residents.

5.3 Issue Identification

The next step in the planning process is to identify the specific issues that need to be addressed. From the survey results, these issues surrounding the Manitoba Japanese Canadian seniors are as follows:

1) Socio-Demographic Trends -- Next 5 to 10 Years:

   a) A higher proportion of seniors 75 years and older is expected;
   b) The ratio of men to women is forecasted to be higher than national figures;
   c) The female proportion is to remain higher than males among the Manitoba Japanese Canadian elderly;
   d) The widowed female population is expected to increase;
   e) Females living alone is expected to increase;
   f) The proportion of married seniors is forecasted to decrease;
   g) As age increases, higher proportions are expected to have incomes less than $20,000; and
   h) A higher proportion of females have lower incomes than males.

2) Current Housing and Living Arrangements:

   a) The majority of the seniors own their properties
   b) The renters are typically widowed females over the age of 75 and living alone;
   c) As age increases, the proportions renting are expected to increase;
   d) Seniors owning their own properties have higher incomes than renters;
   e) High proportions live in the St. James / Brooklands, Central and North End areas of the city;
   f) Seniors are long term residents;
   g) The common housing type is the single-detached dwelling built between 1946 and 1960 with a current value of $50,000 to $100,000; and
   h) About 21 per cent of the surveyed population are in "core need," primarily facing affordability problems.

3) Support Service and Transportation Needs:

a) Generally, seniors need assistance with home repairs, help with yard work, snow removal and transportation service;
b) Elders 75 years and older need help with transportation, heavy cleaning and grocery shopping;
c) Request for support for house repairs is needed among the 65 to 74 years old seniors. This is anticipated to be significant in the next few years.
d) Although health and financial problems are not evident, 29 per cent of the households have problems driving;
e) The seniors' center and church are the most difficult places to access.
f) The reasons for difficulty in traveling are: i) didn't like to ask for rides; and ii) no regular drivers;
g) Transportation assistance is needed primarily in the Central, North End and St. James / Brooklands areas;
h) As age increases, the need for transportation assistance is expected to increase, especially in the suburban areas of the city; and
i) A preference for a door-to-door transportation service sponsored by the MJCCA is supported by 61 per cent of the surveyed population.

4) Difficulties with Personal Care and Activities of Daily Living:

a) The majority are in good to excellent health;
b) As age increases, the status of health declines, especially among the male population;
c) Higher proportions of the widowed and those living alone are in poorer health;
d) The relationship between low income and poor health is not evident;
e) A higher proportion of renters perceive themselves to be in fair to poor health than owners. This proportion is expected to increase as seniors age and move into rental accommodations; and
f) Problems with climbing stairs, hearing, and vision are the most problematic among the surveyed population.

5) Future Housing Plans:

a) Only 27 out of 151 surveyed anticipate to move within 1 to 5 years and the majority are planning on staying in Winnipeg;
b) Reasons for moving include: i) homes too large and too difficult to maintain; and ii) isolation and health problems;
c) Preference is to remain in their same area of the city; and
d) The type of housing accommodation seeking is a senior housing type.

6) Feelings about Housing Options:

   a) The majority do not favor homesharing and private suites in homes;
   b) Reverse mortgages and life-hold lease arrangements are not supported;
   c) Home modifications are not generally favored; and
   d) Less than half support an emergency response system.

7) Housing Options Preference:

   a) The housing preferences among the surveyed population are special retirement housing, sheltered housing and congregate housing.

5.4 Strategic Option 1

5.41 For Seniors Choosing to Move

For seniors choosing to move from their existing housing, the preferred housing types are the special retirement, congregate and sheltered housing. However, as noted in the previous chapter, the need is more apparent among those who were 75 years and older, female, living alone, widowed, with incomes of less than $15,000, and those in "core need". This group preferred the sheltered housing project. Moreover, about 62 per cent of the population who selected the special retirement or congregate housing, supported the sheltered housing option as well. Because of these reasons, the recommendation to the planning team is to focus on sheltered housing and begin the project development process.

To successfully meet the current and future needs of the Manitoba Japanese Canadian seniors, an evaluation of the demand for and the resources available to support a sheltered housing project should be conducted immediately. It should be

noted that to develop a housing project requires a series of systematic steps. These stages, as indicated in Table 25, begin by establishing a task force committee that will carry the project from the feasibility stage to occupancy. Along with each stage is a brief description of what should be involved in the planning and development process.

Table 25: Stages of the Planning and Development of a Housing Project

Planning Stages	Planning Activity	Description
Preliminary Phase	Feasibility	Assessing the viability of the housing project. A series of evaluations investigating the need and the resources available to support the project are to be undertaken.
Planning and Development Phase I	Programming	Deals with what the facility will look like and how it will run on a day-to-day basis. Design and operation decisions have to be integrated.
Planning and Development Phase II	Designing and Construction	Deals with the actual designing and construction of the facility. Firm design directions must be maintained.
Planning and Development Phase III	Developing Management and Services	Focuses on the planning of the staffing and support services. Includes the evaluation of resident service needs.
Planning and Development Phase IV	Marketing	Involves marketing, resident recruitment, and project publicity.
Occupancy Phase	Occupancy	Emphasis is to create and maintain the sheltered community. Focus is to keep the "life" of the sheltered project going.

5.42 Creating a Shared Image

One of the first steps is to mutually agree on what the sheltered housing project will look like and whom will it serve. It is possible that some members of the task force may see the project as a multi-storey complex while others may envision a series of renovated single-storey homes.

Sheltered housing consists of purpose-built apartments, or groups of small single-storey homes, in developments of 20 to 50 dwellings. A key feature is that each unit is linked to the project manager by an emergency alarm system. There is usually a resident staff member available to organize or provide help to residents when necessary. Some projects include meeting rooms and guest rooms and often there is a provision for limited-care services, such as meals. Occupants can often choose between buying the dwelling out-right, or opting for a life-tenancy or shared equity arrangement. They also pay monthly charges to cover operating costs and services, similar to those living in condominium units in Canada.

By developing a shared image, the planning committee provides themselves with a target and a way to assess the directions that achieve the desired end. It will be critical to establish a common base of assumptions when evaluating the feasibility of the project. The shared image of the sheltered housing project will not evolve immediately but will develop over several meetings. This evolution depends on what is needed, what is available and what is affordable within the Japanese Canadian community at large.

The most common starting point in developing the image is the scale of the project. This basically depends on two factors: the need for housing within the

potential client base in the community; and the financial capacity to meet that need. More specifically, it will be the preferred site location; the number of residents targeted; and the building type. When viewed together, this vision will determine the project size.

Based on the need for support services and preferences, this sheltered housing project should not only serve as an independent living arrangement but should incorporate the use of an emergency response system and provide transportation services. With reference to the survey findings, the preferred type of building would be a senior housing type located in the St. James / Brooklands area of the City of Winnipeg. On the basis of the numbers who responded favorably towards the three preferred housing types, the target population size is estimated to be from 70 to 80 people.

5.43 The Feasibility Study

Once the image of the sheltered housing project has been defined, although not finalized, conducting the feasibility study is the next step. As recommended by Welch, Parker and Zeisel (1987:30), a feasibility study should cover five components: 1) needs of potential residents; 2) available services; 3) available buildings and sites; 4) available funding and affordability; and 5) possible constraints.

As part of the feasibility study, the task force should visit several existing or similar sheltered housing type facilities. "What to do and what not to do" should be asked when conversing with the sponsors and operators of these projects.

While visiting these projects, questions should focus on the project's goals and objectives, how the project got started, how the residents were found, how formal services are provided, and what informal services are used among others. It is important to document these findings for the planning process.

5.44 Needs of Potential Residents

To identify the potential demand for the sheltered housing project, the task force should ask themselves if there are people in the community for whom sheltered housing solves a problem, what kind of shelter and services might they use, and if they choose to move in, what services can be provided. The results of the survey employed in this study should be used to support the demand projections.

To assess any market, the distinction between need and effective demand must be assessed. There are many people in the community who can fit the profile for sheltered housing but only some can afford the costs to live there. In reference to the survey, there were 77 senior-led households that preferred the sheltered housing choice. Within this group were sub-groups that fall in both the effective demand and need categories. The criteria recommended to separate the two groups is the measurement of "core need."

Of the 77 households choosing the sheltered housing option, only 18 per cent or 14 households were in core housing need. The majority faced affordability problems (11 households) and the remainder lived in inadequate housing conditions. In comparison to the elderly outside of "core need," there were higher proportions of seniors over 75, widowed and living alone. Higher

proportions were also discovered to live below the poverty line of less than $15,000. Although the single-detached dwelling was the norm, a higher proportion was renting in comparison to those not in "core need."

Those considered to be effective demanders consisted of a slightly higher proportion of younger seniors. Over two-thirds were married and about 40 per cent had household incomes greater than $40,000. The majority owned and lived in single-detached dwellings typically valued between $50,000 and $100,000. As a group, their preference was to remain in their present neighbourhood, in this case, the St. James / Brooklands area.

When it comes down to actually selling their homes and buying or renting, the elderly may not make the commitment even though they have the financial ability. Effective demand, in this case, may not occur. In this circumstance, the demand should be assessed in terms of: 1) the market demand for the sheltered housing project; 2) community interest in the project, and; 3) those who are attracted to and appropriate for sheltered housing. In the later, this pertains to the occupant's ability to contribute positively to group living. Moreover, to get an accurate picture includes careful observations of community interactions and behavior patterns of individuals the project can serve. Interviews with social service professionals and community leaders can also provide feedback on this initiative.

For those considered to be non-effective demanders, those in "core need", it will be important to assess the funding options that can subsidize these potential occupants. Such options are discussed later in Section 5.48 and 5.49.

Because there are no absolute numbers or answers to prove that this sheltered housing project will be successful, additional facts are needed. The availability and deployment of the service component of the project must be assessed to clarify the demand.

5.45 Service Availability

Whether services are provided in-house or used from the community at large, there will be a need to assess what services in the surrounding community are available and understand the nature of service resources, their limitations, and the ways they can be optimized by the sheltered facility. The focus is typically on the provision of an emergency response system and transportation services. It should be noted that a project that provides services independent of community resources can be costly. It is therefore recommended that all avenues be explored to access existing community resources to support resident needs (see Section 5.53).

5.46 Building and Site Location

The choice in developing a sheltered housing facility takes shape either through new construction or through the re-use of existing buildings such as old schools, residential buildings used for institutional purposes, or existing single-family houses. Chia Ming Sze (1982: 104-105) sites several advantages in rehabilitating existing buildings. Because rehabilitation deals with an existing infrastructure, there are savings in building materials, advantages to a

community in using existing utilities, not taking up undeveloped land or open space, and not destroying familiar local landmarks. It is generally easier to obtain community acceptance for a popular rehabilitation project than for a new construction proposal. There is also no need to make basic design decisions as to the style, scale and siting as there is in new construction. There are disadvantages. These can be unseen or hidden construction costs due to under estimating and structural limitations that may prohibit size.

Another site option is to integrate the facility with other uses within an existing building. An ideal site is within an apartment building where adjacent bedroom units can be combined. Separate floors can also be dedicated as a sheltered resident area. If the design of the building provides clear distinctions between what belongs to the sheltered and what is open to the entire community, the integration with community facilities will be successful. In the survey, the seniors supported the idea for a seniors' housing complex that integrated a cultural center facility. There may be a trade-off concerning location preferences among the elderly if such an approach is taken. Whether the project is pursued as new or a re-use of an existing building, both approaches should be considered to determine which is more cost effective and appropriate in meeting the needs of the potential senior residents.

To locate the appropriate physical setting for a sheltered housing facility, there is a requirement to match what is available with what may be needed. When searching for a site, it is important to note that the location will have an impact on the level of activity and participation in the community. Isolation, alienation and restricted activity may result if the site is located where it is difficult to access services. These include health, social and recreational facilities, shopping areas

and public transportation. The vast majority of older people want to live "where the action is." It should be kept in mind that physical isolation naturally increases with age thus limiting the physical distance one can cover. However, at the same time, walking increasingly becomes a major mode of transportation. For these reasons, site location has a greater impact on the quality of life for older people than for any other age group. To offset social isolation and encourage resident independence, site locations are usually found near the center of town or in a residential neighborhood where shopping and social events can be accessed within a 1/4 mile or less radius. Although a transportation service is to be provided, regular public transportation links should be examined to determine their accessibility for shopping needs, doctor's' appointments, church attendance, eating out and recreational purposes.

In the survey, the seniors were asked why they would choose to move to a specific location within Winnipeg. The majority selected proximity to family and friends and their familiarity with the area. Their preference generally was the St. James / Brooklands area.

5.47 Design Considerations

An important requirement of any elderly housing project is to maintain independent living through the provisions of barrier-free, accessible and functional designs. Equally important is that housing for older people should not be overly designed for aging. Independence is a priority and therefore each unit should be modified according to their immediate needs. As they grow older, additional modifications can be made available as required.

When examining the design elements for the project, five major environmental design attributes for the elderly should be considered. As mentioned earlier in Chapter Two, these consist of legibility, accessibility, usability, adaptability, and choice / challenge / change. Based on the findings from the survey, these design considerations should concentrate on legibility and accessibility design needs that can alleviate the problems with climbing stairs, hearing, and vision. By addressing these considerations, an enriched environment can be provided to respond to the changing needs for the aging.

5.48 Financial Assessment and Affordability

The financial assessment of a sheltered housing project will be determined through an examination of the costs in designing, construction and maintaining the project. The cost must be evaluated to determine whether the housing project will be affordable for the users. Such costs include capital costs (land and construction), operating expenses (municipal taxes, utilities, maintenance, administration, and support services), and debt servicing (mortgage and loan payments and interest). It must be recognized that there has to be some assurance before purchasing an existing structure or beginning construction that occupancy charges are sufficient to cover debt services and operating costs.

Critical to the potential tenants is their affordability in paying for the costs of shelter and support services. Generally, the shelter costs should not exceed 25 per cent to 30 per cent of their gross annual income. If affordability problems are anticipated, it will be necessary to find some means of subsidizing the project. Government programs as well as community and church organizations may be

considered as subsidy sources. As indicated earlier, 11 out of 77 households (14%) preferring sheltered housing indicated that they had shelter costs over 30 percent of their household incomes.

Romank (1992) recommends that if the cost and affordability factors can't be balanced by means of independent funding or subsidies, the project will have to be reformulated to reduce the costs of a housing project. He suggests:

1) provide a lower level of services initially and add services as they become feasible to operate;
2) contract out services and utilize community services; or
3) build higher density projects.

If the project is to be an existing building requiring renovation, government and community assistance should be accessed to increase the affordability of the project. One such program is the Federal government's Rental Residential Rehabilitation Assistance Program (Rental RRAP). Included are allowances for disabled occupants. This program can benefit the elderly by providing the landlords with loans and grants to improve accessibility to, and within, their rental properties. All renters however must qualify under the program's parameters, such as being in "core need". If the units in the project are to be under ownership status such as in condominiums, these units can be renovated under the Homeownership RRAP and RRAP Disabled Program if occupants meet income criteria. It should be noted that this Program terminates by the end of 1995.

Whether or not the senior qualifies for assistance, the MJCCA should access their resources within the community to reduced the renovation costs wherever

possible. Both labour and capital costs can be reduced through volunteer work and from private business donations. If these organizations are targeted, a community relations strategy should be developed prior to pursing these resources (see Section 5.50).

If the outcome of the financial feasibility verges on the border line and cost efficiencies are in order, the task force should explore innovative ideas to reduce the costs by initiating discussions with key players. These people would likely be the ones involved in the development phase of the project. They include financial institutions, governmental agencies, third sector groups, and private investors.

The federal government through Canada Mortgage and Housing Corporation's Center for Public Private Partnerships in Housing continues to venture into innovative tenure and financial arrangements with various private, public and third sector groups to produce cost-effective housing for low to moderate income households, without the need for government subsidies. The Center acts as a catalyst, initiator and source of best advise to advance and encourage housing partnership projects. It bridges the public and private sectors and ventures into untried areas to advance the cause of cost-effective, accessible housing, without tax subsidies, through innovative financing and tenure arrangements. Recent projects include several community sponsored projects for the elderly and the physically disabled. A family-oriented equity cooperative and several life-lease proposals have already been approved.

5.49 Project Financing and Life-Lease Consideration

The project financing requires interim financing throughout the stages of development. In general, there will be an assortment of financial arrangements to be made:

1) *Project development funding or start-up funds.* These monies come from savings, government grants or building funds that are used to fund zoning applications, commission architect's plans, marketing costs and meet other miscellaneous development costs and professional fees that arise before construction starts;

2) *Equity funding.* These funds also come from savings or a building fund and are used as a downpayment to raise a mortgage. The downpayment usually represents between 25 per cent and 35 per cent of the project cost;

3) *Interim Financing.* This is money borrowed from lending institutions or provided by financial backers which fills the gap between the construction start and the availability of the actual mortgage;

4) *Mortgage funding.* These funds come from lending institutions and are offered over a long period to cover the remaining construction costs. If a project involves renovations to a property that is already owned, a building loan in the form of a second mortgage can be used to finance the construction costs;

5) *Bridge financing.* In multi-unit projects, these funds are used to bridge the gap between completion of the project and cash flow (rental income); and

6) *Rental income or occupancy fees.* These funds are generated by residents or owners and must cover operating expenses. This includes municipal taxes, mortgage and loan repayment, maintenance, insurance, utilities and management fees. If services are provided in a project for all occupants, these costs must be covered through this fund. If the operating expenses cannot be covered by the rent revenue generated, some form of subsidy will be needed, such as from government rent subsidy programs if available.

Although closer details of financing are done during the planning and development stage, the viability of the project will be determined by the available funding sources. The main purpose is to have an initial indication that the size and scope of the project are not outside the financial limit.

After assessing the operating and development costs, a financing strategy should be developed. These figures can help sell the sheltered housing project on the basis of its economic soundness as well as it's social contribution. Typical funding sources range from the potential residents to investors who may be interested in tax advantages.

One approach used in financing housing projects is through life-lease arrangements. As mentioned earlier, a life-lease is where a senior makes an interest free loan to the project sponsor to cover the cost of the unit. This lease is a legal agreement that permits its purchaser to occupy a dwelling unit for life in exchange for a lump sum prepayment and monthly charges.

Included in life-lease arrangements are monthly fees that are paid to cover maintenance, insurance in common areas of the building, managerial fees, property taxes, superintendent fees, utilities, appliances and air conditioning, funding replacement reserves, among others. Services such as insurance for private units, recreation activities, housekeeping, transportation, parking and congregate meals are generally not covered in the monthly fees.

The form of agreements made in life-lease arrangements vary due to the nature of the project type and provincial jurisdiction. In Manitoba, most of the projects were supported under Manitoba government initiatives and used documentation

in a form proposed and recommended by the government. These projects were either entirely developed and funded under the life-lease concept or complimented with federal / provincial non-profit housing funding. The basic agreement used was in the form of a residential lease. The resident was considered a tenant and the project sponsor, the landlord. This relationship is legalized under the Province's Landlord and Tenant Act.

Typical in many life-lease projects are leases that could be terminated by death of the resident or the last surviving spouse in the case of a couple. There are also clauses in the agreements that allow the project sponsor to terminate the agreement if the resident could not live independently in the dwelling. In addition, agreements can be terminated by the sponsor if the resident did not abide by the project rules or contravened other conditions of the agreement such as failure to pay monthly fees. It should be noted that there are methods employed by which the entry fee is repaid upon termination. These approaches tend to vary among projects. Some projects base repayment on the actual entry fee paid while others base it upon the market value of the unit upon termination.

In addition to the above agreements, are considerations for residents who join prior to or during the development phase of the project. These are agreements that deal with the way the initial investment is paid and how the sponsor can use the funds prior to occupancy. In Manitoba, a detailed and complex approach is established to up-front the development costs of life-lease projects. The approach involves documentation. This includes an offer to lease, deposit agreement, entrance fee refund agreement, escrow agreement, security agreement and a lease agreement. There is also a requirement for specific conditions to be met before the project sponsor can use any of the potential

residents' funds. Because of these agreements and requirements, initial deposits are well protected and the risk is limited.

Overall, the advantages of the life-lease option, according to CMHC's study (1993:3), are:

(1) the ability to offer security of tenure;
(2) a reduction in costs compared to outright purchase; and
(3) the potential to provide a reassuring and supportive environment for seniors living alone.

Many life-lease projects require an entrance fee from purchasers to cover the development costs of the project. This is the lump sum prepayment made by the purchaser that permits him or her the legal right to occupy a particular unit. These payments typically range from a minimum to maximum entrance fee schedule, (see Appendix C). The amount of the entry fee is usually judged to reflect the current market value of the unit. In some cases, these fees range between 10 per cent and 20 per cent below market value. Construction cost and location of the project are also used to determine entry fee levels. Projects developed in Manitoba have entry fees ranging from about $20,000 to $40,000 and are usually based on only 25 to 30 per cent of the total development costs. These entry fees are used to cover the difference between the development cost and the mortgage financing obtained. It may also reduce the need for interim financing.

If the purchaser elects to go with a minimum entrance fee, he or she would pay a maximum monthly fee payment to cover the maintenance and operation costs of the project. However, if the purchaser chooses to pay a higher lump sum, the

monthly fees would be lower. The purpose of this scheduling is to provide the purchaser with flexibility. More critical however is the need to cover the costs of the debt servicing. The higher the amount of entrance fee collected, the lower the payments required for debt servicing. The ability to cover the operating expenses is also increased.

As demonstrated in Appendix C -- Scenario A & B, a project of 103 units was converted from a condominium project to a life-lease complex. The total development cost was $6.3 million. To cover these costs without debt servicing, the entry fees would have to range from $50,000 to $80,770 per unit. To cover 30 per cent of the total development cost, the minimum entrance fees would be from $15,600 to $24,970 per unit. With 70 per cent of the development cost financed at a rate of 9.45 per cent (5 year term and a 35 year amortization), the total effective income revenue amounted to $703,966. This was derived from maximum monthly charges and parking fees. With operating expenses projected at $278,358, the net income was estimated at $3,031.

When taking into consideration the level of household incomes and estimated values of homes among the Manitoba Japanese Canadian seniors, the minimum entrance fees from $15,600 to $24,970 are not significantly large. The majority would remain in a position with sufficient disposable incomes for retirement.

However, not all the seniors are expected to be in this financial position. To address the housing and support service needs of the less fortunate, several options may be available. One option recommended is to have the MJCCA purchase units at the maximum entrance fee level and provide the elderly the option to occupy the units at a much reduced monthly rental charge (See

Appendix C: Scenario C). Housing costs are lower and, therefore, affordability is enhanced. By providing this form of subsidy to these particular individuals, a supportive and independent environment is being served.

The majority of the seniors generally do not understand the concept of life-lease tenancies. This was identified in the needs survey. If this consideration is to be pursued, it is recommended that a strategy be developed and implemented to explain how life-lease projects operate and how they may or may not be suitable for them. A workshop or seminar conducted by a financial and legal consultant specializing in life-leases is recommended.

5.50 Possible Constraints

Another set of factors vital to the project is the approval for zoning, building inspections and community acceptance. Whether the project is an existing building or new construction, it is necessary to assess the degree of difficulty approvals may constitute. Issues likely to affect community or neighborhood attitudes towards the project will include the type of residents targeted both in age and ethnicity and the compliance to the zoning by laws and building regulations. Depending on the municipality, most housing projects usually required some form of zoning variance or building code amendments. If approval for these alterations cannot be obtained, changes to the project will be needed. This in turn may affect both the capital costs and even the operations of the project.

If community resistance is anticipated, there will be a need to develop and implement a community relations strategy. As recommended by Welch, Parker and Zeisel (1987), the approach should include implementation of an outreach program. Outreach is the process of creating and sending out to the community the message about what sheltered housing is and how it works. Examples of outreach messages are: (1)an apartment for dynamic people who don't want to live alone; and (2) a supportive environment where the elderly live independently and with dignity.

With a positive and realistic message defined, the objective will be to generate community support, including labour and financial contributions for the sheltered housing complex that will promote the project's goals. The procedure is through networking, both formally and informally. This involves doing presentations at social gathering functions, to referral agencies, church groups, municipal planning officials, neighborhood groups, and community organizational groups, as well as, to the potential funding sources involved. A public relations component should also be included through press releases, educational seminars, brochures, and community newspapers. Moreover, the marketing of the sheltered housing project should not only to be targeted to seniors but to their adult children and to various community organizations. These groups can be used to convey information about the project to potential clients, provide the moral support for the project when needed, and act as a referral service.

5.5 Strategic Option 2

5.51 For Seniors Choosing to Stay

Aside from focusing on a sheltered housing project, the MJCCA should take immediate action on catering to the housing and support services needs for those who wish to remain at home. This constitutes about 82 per cent of the total population surveyed. The priority issues evolve around providing transportation services, home modifications and addressing the problem seniors face with climbing stairs. An assessment of an Emergency Response System is recommended.

5.52 Home Modifications

Many elderly are increasingly finding living at home difficult. The major difficulty was with climbing stairs and the need for assistance with home repairs. This was particularly identified with the elderly over the age of 75 years. For those seniors who wish to remain at home, it is recommended that they be presented with a housing option that combines the many advantages of home sharing and yet, maintains their level of privacy. This is the creation of a self contained apartment through conversion of their existing house. The apartment unit or accessory apartment should be located on the ground floor for the senior to maximize independence and care free living.

There are two types of apartment arrangements: (1) families adding an apartment in their home to bring an elderly parent(s) to live with them, or (2) an older person or couple adding an apartment in a home too large for their own use and renting to a

tenant. Although many seniors did not prefer this choice, there are some advantages with this option. By renting a unit, not only is there the added income and security for the homeowners, but affordable housing for the tenant(s) can be provided. Household incomes among the older seniors, as described earlier, were lower than those of younger senior households. Companionship and assistance with home maintenance can also be provided by tenants. As well, assistance around the home instead of rent payments or discounts in rent can be arranged with the homeowner.

The apartment rent arrangements are usually made privately, but there are agencies that assist people in either finding a home or a tenant. This service usually includes an agency fee that is tied into the rent charged by the homeowner. One role the MJCCA can serve is to act as the property manager for these units. Client screening, mutual compatibility, rent collection, and lease arranging, among others, would be the services provided on behalf of the seniors in the community.

There are however some disadvantages involved. There are some prerequisites needed prior to proceeding with this option. The home must be suitable for conversion and the homeowner must have access to financial resources for the completion of the renovation work. Costs of reconstruction can range from $5,000 and up to $20,000, depending on the situation. If the senior has paid-off his or her mortgage, reversing the mortgage is one way of using the equity from the home to finance a major expenditure, such as construction of an accessory apartment. Although this option is available, the perception of reverse mortgages was not favored within the community. Further details and research therefore should be conducted prior to re-introducing this option to the senior community.

For the homeowners who wish to make the necessary modifications but are unable to afford to do the work on their own, the possibility of acquiring Federal government assistance under such programs as the Residential Rehabilitation Assistance Program (RRAP) including RRAP Disabled should be pursued. This program can benefit the low-income elderly by providing them with loans and grants to improve accessibility to, and within, their homes. As mentioned above, all households must qualify under the program's parameters. If the senior does qualify and still requires additional funding to complete the renovation work, funding from within the MJCCA community resources should be proposed. Moreover, labour costs can be reduced through volunteers and this should be pursued within and external to the community. Private businesses and corporations should be approached because they are always looking for opportunities to participate in community relations activities.

When re-designing the home, especially for the purpose of installing an accessory apartment unit, accessibility and barrier-free design principles should be considered. The design considerations would likely focus on accessibility and legibility needs. Depending on the person's physical challenge, design changes could include improving lighting, adding grab bars and exterior ramps, barrier-free bathrooms, among others. Adjustable kitchen counters and cabinets could also be designed and built for accessibility. It should again be noted that over modification must be prevented. Not only because it can become very expensive, but it also can lead to negative consequences. The individual's ability to function in an independent manner may be affected. There are a growing number of publications available on home modifications for the aging and these should be referenced prior to commencing reconstruction on any existing home.

5.53 Emergency Response System

Maintaining independence among the elderly cannot be accomplished solely through the renovation of homes. Support services will also have to be provided. One of the more popular options preferred was the employment of an ERS service. As described earlier, this system employs an emergency response device that allows a person in an emergency to summon help with the push of a button--either on an existing telephone or on a separate device that is worn on the body or mounted on a wall. Examples of emergencies include accidents and falls, health difficulties, security problems such as home intrusions by strangers, fires, among others. Although this system is usually linked to a hospital or nursing facility, other links can include non-profit service agencies or senior centres. Involved with this system are monthly subscription costs. Depending on the system, the costs can range as low as $20.00 per month (1991 estimates).

To assess this option, the potential demand for the ERS service should be examined. As indicated in Chapter Four, this demand would likely come from households between the ages of 65 and 74 years. They lived in the Central, North End and St. James / Brooklands areas in single-detached dwellings. The majority would be married with household incomes ranging from $25,000 to $30,000. Critical within this group will be the need to target the older widowed population living alone, those in core need and most importantly, those facing health related problems.

The next stage is to determine if any emergency response system services are available in the City of Winnipeg, especially in the areas noted above. If they are available, accessible and affordable, preference should be given to the hospital or nursing care facilities. In these establishments, the staffing would likely be the most

qualified to handle the potential medically complicated nature of the problems of the aged.

If no such services are available, a couple of options are recommended. The first is to examine the details on the operation of the system. Reference to research material such as "the Study of Emergency Response Systems for the Elderly" by CMHC, 1988, is suggested. Following this review, it would be necessary to assess the operating costs of this service to the community. To economize the scale and increase the demand, other senior organizations should be approached. Corporate or business sponsorship should again be pursued to reduce the anticipated costs in operating such a system.

5.54 Transportation Assistance

The provision of transportation assistance is based on the need for access and availability to a variety of commercial, service and recreational facilities. This is an important factor for the elderly because it allows them to engage in normal daily activities and leads them to independent living.

The need for assistance in transportation was evident among the older population especially for those female, widowed and living alone. Almost half of this population lived in the Central area with the majority living in apartment dwelling types. Although their health was good, many had low incomes of $15,000 to $19,999 and over a third lived in "core need." When examined by place of destination, both the seniors' center and church appeared to be the most difficult places to access. The main reason they had difficulties in getting to places was because they did not like

to ask for rides. This behavior leads them to resort to public transportation and walking. It was noted also that when aging and mobility decreased, the difficulty in utilizing and accessing public transportation was expected to increase. Moreover, about a third of the total population group had problems driving and this can be anticipated to increase. An indication of the need for transportation assistance was reinforced when over half of the surveyed population responded favorably towards a door-to-door transportation service sponsored by the MJCCA.

To meet the transportation needs for those who choose to remain at home, it is suggested that resources be deployed to provide a transportation service to households living alone in the Central area of the city. The main points of service would be to the seniors' center and church. For the MJCCA to sponsor a door-to-door transportation service alone is considered unlikely due to the associated costs. Therefore existing seniors' transportation services in the city should be accessed. In seniors' housing complexes, the provision of transportation services to frequently visited destinations, such as the health center, is available. These types of complexes and non-profit agencies should be approached to identify if their services can be utilized. Some operate on a fare basis while others do it free of charge. If a fee structure is required, a subsidy should be provided from within the Manitoba Japanese Canadian Community. Co-ordination and management of this service should be conducted by the service agency provider. By adding to the demand for their services, they are being provided with an opportunity to recoup their operating costs. Moreover, these service providers should be reviewed in terms of their quality and reputation. Many buses are designed with special safety features such as ramps, or fewer steps, for the convenience of persons who find boarding the bus a slow and laborious chore. These considerations should be examined, as well as, the bus driver's patience and safety concerns. It should be noted that a driver's

sensitivity to the passengers' needs is important. Examples such as helping passengers get on or off the vehicles and helping them with their packages are essential to their safe passage and enjoyment of the trip. Periodic monitoring of this service would be required.

In determining whether to use, and how to use, community resources, Thompson and Donahue (1980:39) note that the continuity of service provision through most community service agencies is not guaranteed. Second, the services provided to residents must be made available on an on-going basis. Because of this situation, it is necessary to ensure that the services will continue over the years. Should these services be discontinued, contingency plans must be implemented. Because support services are used by other organizations, the need tends to be greater than what can be provided. It will therefore, be necessary to assess the availability of each service.

5.6 Conclusion

Seniors are individuals that need, want and deserve a wide range of housing and support service options throughout their life span. The elderly people of Japanese Canadian ethnicity living in Manitoba are no different. They need a wide range of support services from transportation assistance to help around their homes. Their preference for future housing is to age in place in their existing homes until the time comes for them to move. This would be due to reasons beyond their capacity in maintaining an independent lifestyle. They would then prefer to move to sheltered housing, special retirement housing or

congregate housing. Their needs will be multifaceted and will have to be addressed on a comprehensive scale.

What the task force should note when conducting the feasibility assessment is that the planning process must be integrated and overlapping. The findings in each of the components, from identifying the potential residents to seeking the development approval, cannot be conducted independently from each other. The information collected will influence, add to, and possibly change the outcome of the other findings.

The benefit in conducting a well-planned feasibility study will refine and develop a community support base. It will provide a reading on the viability of the project and a clearer picture on the project's image based on community participation. Successful studies involve a broad community base that identifies what is needed to support housing projects. This foundation includes the potential clients, as well as the community who live and work with these people. These individuals are critical informants and potential supporters of the project.

The findings of the feasibility study represent a basis on which the task force makes their assessment of the risks and rewards in developing a sheltered housing project. To continue with the project will mean making a commitment to find the financial resources and seeing the project through. The decision should be based on what the feasibility study says about whether there is a need, what will satisfy the need, what risks are involved, and what resources are available.

Governments and non-profit agencies face very limited funding situations. They are in need of innovative avenues to deliver social services. Social issues have

become highly interrelated and are no longer seen as a single problem. Housing is viewed as a shelter issue as well as an economic and social concern. Moreover, there tends to be a lack of a framework for inter-departmental decision-making and co-operation on policy initiatives that are in areas of overlapping or related responsibility. Many governmental departments and non-profit agencies, at all levels, have similar goals and objectives that relate to issues of providing care to senior citizens.

Whether the focus is to provide the housing and service support to those who choose to stay at home or elect to move, it is a necessity that partnership and participation by members of the Manitoba Japanese Canadian Community and others be involved. A strategy will be required to provide a balanced and equitable way to involve outside stakeholders within the planning process.

As a reflection of the above interests, there will be a need to coordinate these interests into a workable and effective effort. With respect to MJCCA, the main issue in providing housing and support services to seniors has become the responsibility of not only the various governmental and other non-profit agencies, but to the organization itself. To meet and address the various issues, all stakeholders involved in providing seniors' housing services will need to participate in group decision-making and formulate partnerships in the planning and implementation processes. Central to the planning process will be the recognition of coordination, management and control.

Appendix A

Manitoba Japanese Canadian Seniors' Housing and Support Services Needs Assessment

Questionnaire

Manitoba Japanese Canadian Seniors' Housing and Support Services Need Assessment

Supported by the MJCCA and Funded by the Community Fund
April 1992

MANITOBA JAPANESE CANADIAN SENIORS' HOUSING AND SUPPORT SERVICE SURVEY

As our community ages in place, there becomes a pressing need to ensure that our senior citizens can continue to live a healthy and comfortable life. To begin to identify the housing needs of our seniors and the kinds of support services that will enable them to remain independent and active, seniors themselves must play an important role. What are their current housing and living arrangements like? What difficulties with personal care and activities of daily living do they face? What type of housing options and services do they prefer? By providing valuable information about themselves, their housing and particular needs for support services, we can begin to develop practical solutions to meet their needs.

Attached to this is a questionnaire for you to complete. It should take about 45 minutes to complete. Please answer all questions fully. Assistance will be given if you have any questions or concerns. Following the completion of the questionnaire, refreshments and dainties will be served.

Please note that all the information gathered by this questionnaire will be kept strictly confidential. This information will be turned into statistics about seniors as a whole. Your help in this survey is greatly appreciated.

Yours sincerely,

Ed Suzuki
Senior Housing and Support Service Survey Coordinator

QUESTIONNAIRE NO. _____

SURVEY OF HOUSING AND SUPPORT SERVICE NEEDS OF JAPANESE CANADIAN SENIORS

I CURRENT HOUSING AND LIVING ARRANGEMENTS

1 What area in the City of Winnipeg are you presently living in? *(Use attached map and select number)*

___ area number

2 How many years have you lived in Winnipeg?

___ years

If you have lived here for more than 15 years, skip to question 4.

3 In the year before you moved here:

a Where did you live?

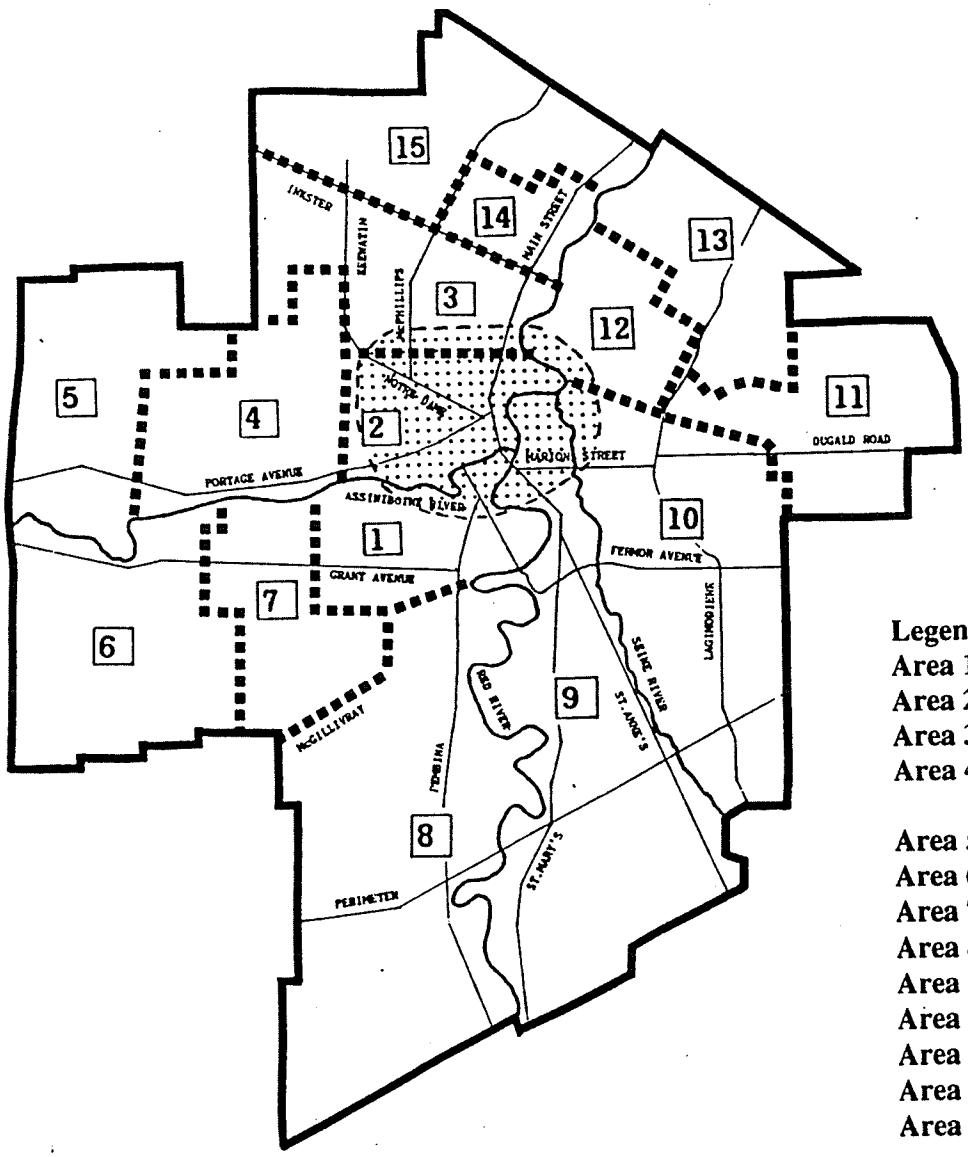
___ (1) area surrounding this city
___ (2) elsewhere in this province
___ (3) elsewhere in Canada
___ (4) other *(specify)* _____

b What made you decide to move to this city?
Check all applicable reasons.

___ (1) employment
___ (2) spouse lived here
___ (3) family/friends lived here
___ (4) climate and natural environment

Japanese Canadian Seniors' Housing and Support Service
Needs Assessment 1992

City of Winnipeg
Locational Areas



Legend:
Area 1 - Fort Rouge
Area 2 - Central
Area 3 - North End
Area 4 - St. James / Brookland
Area 5 - Assiniboia
Area 6 - Charleswo
Area 7 - Tuxedo
Area 8 - Fort Garr
Area 9 - St. Vital
Area 10 - St. Bonifac
Area 11 - Transcona
Area 12 - East Kildo
Area 13 - North Kildonan
Area 14 - West Kild
Area 15 - Old Kildo

___ (5) health care services available
___ (6) recreational facilities and services available
___ (7) better/more suitable housing available
___ (8) lower cost of living
___ (9) other *(specify)* _____

4 What type of home do you now live in?
___ (1) single-family detached house
___ (2) semi-detached, duplex, row house, townhouse
___ (3) suite or room within a house
___ (4) apartment building or multi-unit complex
___ (5) mobile home
___ (6) other *(specify)* _____

5 Not counting the basement, how many floors are there in your home or the building you live in?
___ floors

If you <u>don't</u> live in an apartment building or multi-unit complex, skip to question 7.

6 Answer only if you live in an apartment building or multi-unit complex.

a What floor do you live on?
___ floor

b Does your building have an elevator?
___ (1) yes
___ (2) no

c Is your building or complex for seniors only or do younger people also live there? *(Check best answer)*
___ (1) built for seniors only
___ (2) not purposely built for seniors, but mostly seniors in it

___ (3) adults only live there
___ (4) people of all ages live there, including families with children

Everyone Answers

7 When was your home or the building containing it originally built? Check when the building was completed, not the time of any later remodelling, additions or conversions.

___ (1) 1920 or before
___ (2) 1921-1945
___ (3) 1946-1960
___ (4) 1961-1970
___ (5) 1971-1975
___ (6) 1976-1980
___ (7) 1981-1985
___ (8) 1986 or later

8 For how many years have you lived in your current home?

___ years

9 Do you live in your current home all year around?

a ___ (1) yes
___ (2) no

If yes, skip to question 10.

b How many months per year do you usually live here?

months

c Where do you live when you are not here?

___ (1) elsewhere in Manitoba
___ (2) elsewhere in Canada
(specify) _____
___ (3) outside of Canada

10 To be counted as a bedroom, a room must be furnished and used as a bedroom, even though use may be occasional. A room is not considered to be a bedroom if it is currently furnished and used primarily for other purposes, such as a study or even a room used for dual purposes such as a bed-sitting room.

a How many bedrooms are there in your home?
___ bedroom(s)

b How many persons live in your home?
___ person(s)

If you live alone or with your spouse only, skip to question 11.

If you live with non-family or with family other than or in addition to your spouse, indicate below the age and sex of all persons living in your home (including yourself). Place their age under column (A); and indicate their sex under column (S) by circling F for female and M for male. Separate couples from single persons. In the case of couples include both members. A couple means two persons who are married, consider themselves married, or otherwise cohabitate as spouses.

Couples			*Single Persons*		
(A) Age	*(S) Sex*		*(A) Age*	*(S) Sex*	
___	F	M	___	F	M
___	F	M	___	F	M
___	F	M	___	F	M
___	F	M	___	F	M
___	F	M	___	F	M

11 Do you own or rent the home you now live in or do you have other arrangements?

___ (1) own property and dwelling
___ (2) own dwelling and lease land

___ (3) own condominium or strata title
___ (4) share in a co-operative
___ (5) rent

Co-op members and renters, skip to question 14.

___ (6) family owns home
___ (7) other *(specify)* _____

Only owners answers question 12 and 13.

12 What do you estimate your home would sell for of you were to sell it now?

___ (1) less than $50,000
___ (2) $50,000-$99,999
___ (3) 100,000-$149,999
___ (4) $150,000-$199,999
___ (5) $200,000-$249,999
___ (6) $250,000 or more

13 Do you have any difficulty meeting your housing-related costs, that is, finding enough money to pay your property taxes, home maintenance costs, mortgage payments, condominium fees and utility costs?

___ (1) yes
___ (2) no

If you own your own home, skip to question 15.

Only renters and co-op members answer question 14.

14 In an average month, about how much do you pay in:

a 1) rent or co-op payments? $ _____ /mo.
2) utilities (electricity, heat, water)? $ _____ /mo.

b Do you have any difficulty meeting your housing-related costs, that is, finding enough money to pay your utilities and rent or share of co-op expenses?

___ (1) yes
___ (2) no

c Is your rent geared to income (for example, do you live in a subsidized seniors' apartment?)

___ (1) yes
___ (2) no

If you are a co-op member, skip to question 15..

Only renters answer 14d.

d Are you or your landlord presently receiving a monthly rent subsidy or shelter allowance cheque from the provincial government?

___ (1) have not heard about such a program
___ (2) am receiving a rent subsidy now
___ (3) know about such a program but haven't applied
___ (4) don't qualify for benefits

Everyone Answers

15 Are there things about the design of your home that you find difficult to cope with? For example, are there too many stairs at the entrance or leading to the bedroom or basement? Are kitchen cupboards too high? Is the bedroom too far from the bathroom? Is storage space inadequate?

Go over the following check list. Place a check in front of those things you have a problem with and briefly describe the problem you have:

Check here		*Describe the problem here*
___	(1)	no design problems
___	(2)	stairs _____
___	(3)	kitchen _____
___	(4)	bathroom(s) _____
___	(5)	bedroom(s) _____
___	(6)	storage spaces _____
___	(7)	windows _____
___	(8)	entrance _____
___	(9)	other _____

Renters skip to question 25.
Co-op members skip to question 26.

Only owners answer question 16.

16 Is your home in need of any repairs? Do not include desirable remodelling, additions, conversions or energy improvements.

___ (1) no, only REGULAR MAINTENANCE is needed (for example, painting, fixing leaking faucets, cleaning clogged gutters or eaves troughs)

___ (2) yes, MINOR repairs are needed (to correct, for example, small cracks in interior walls and ceilings, broken light fixtures and switches, leaking sink, cracked or broken window panes, some missing shingles or siding, some peeling paint)

___ (3) yes, MAJOR repairs are needed (to correct, for example, corroded pipes, damaged electrical wiring, sagging floors, bulging walls, damp walls and ceilings, crumbling foundation, rotting porches and steps)

II FEELINGS ABOUT VARIOUS HOUSINGOPTIONS

Only owners answer question 17.

17 Some seniors who experience financial, health or other difficulties think their only option is to sell their homes. In fact, there are a number of other things people can do that will enable them to stay in their homes for as long as they want to.

a For example, have you heard about homesharing?

___ (1) yes

___ (2) no

The definition of homesharing is an arrangement where two or more unrelated people live together in a dwelling. Each person has a private space while sharing common areas such as bathroom, kitchen, living and dining rooms. In most cases, one person owns the home and the other pays rent or provides some services to the homeowner, such as cooking, housekeeping or gardening, in exchange for free or reduced rent.

b Is homesharing something you, personally, would seriously consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Only owners answer question 18.

18 Adapting their existing home to put in a private suite that can be rented out is another option some older homeowners have considered. Would you consider this option?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

19

a Have you ever heard of a reverse mortgage?

___ (1) yes
___ (2) no

A reverse mortgage is a plan that allows seniors to have extra income by using their equity - value - they've built up in their homes. Under this plan, an older homeowner would take out a mortgage on the home and the plan quarantees the homeowner a monthly income for a fixed period of time (usually 10 to 15 years), or in some plans, for life. The mortgage and interest don't have to be repaid until the terms expires, the owner dies or the home is sold.

b Is a reverse mortgage something you personally, would seriously consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Only owners answer question 20.

20 Another thing some people do is sell some of the equity in their home while retaining occupancy rights. There are two basic ways people can do this. They can sell their home to an investor, who immediately leases it back to the seller for life. The seller becomes a renter in the home she or he has just sold. This is called sale-leaseback. The other way of doing it is called a life hold lease. In this case you again sell your home to an investor but title to the property doesn't transfer until the owner passes away. Is a sale-leaseback or life hold estate something you would seriously consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Only owners answer question 21.

21 Some older homeowners modify their home to make it more accessible. For example, they add a ramp or stairlift, make a den on the main floor into a bedroom, or install grab bars in the bathroom.

a Have you modified your home in any way to make it more accessible?

___ (1) yes
___ (2) no

If no, skip to question 22.

b What modifications have you made? *Check all applicable modifications.*

___ (1) installed grab bars in bathrooms
___ (2) modified bathtub, installed shower
___ (3) added hand railings to stairs
___ (4) added ramp or stairlift
___ (5) relocated bathrooms to main floor
___ (6) modified kitchen cupboards and counters
___ (7) other *(specify)*_____

Only owners answer question 22.

22

a Have you considered modifying your home to make it more accessible?

___ (1) yes
___ (2) no

If no, skip to question 23.

b What modifications have you considered making? *Check all applicable modifications.*

___ (1) installing grab bars in bathrooms
___ (2) modifying bathtub, installing shower
___ (3) adding hand railings to stairs
___ (4) adding ramp or stairlift
___ (5) relocating bathrooms to main floor
___ (6) modifying kitchen cupboards and counters
___ (7) installing a bathroom on the main floor
___ (8) other *(specify)*_____

Only owners answer question 23.

23 Listed below are a number of federal and provincial programs that provide financial assistance to eligible persons so they can obtain suitable and affordable housing, or repair their home or make it more accessible. BY CHECKING ONE BOX ON EACH LINE, please tell us:

(1) if you have not heard about the program before;
(2) if you've applied to it and received benefits;
(3) if you are aware of the program but haven't applied; or
(4) if you've found you don't qualify for benefits.

	Federal Programs	(1) Have not heard about	(2) Applied and received	(3) Aware of but haven't applied	(4) Don't qualify for benefits
a	The Residential Rehabilitation Assistance Program (RRAP) for Homeowners				
b	The Residential Rehabilitation Assistance Program (RRAP) for Disabled Persons				
c	Emergency Repair Program (ERP)				
d	Rural and Native Housing Program (RNH)				
e	Non-Profit Housing Program (N-P)				

f	Rent Supplement (RS)				
g	ILM Co-op Program				
	Provincial Programs				
h	Shelter Allowances for Elderly Renters				
i	School Tax Assistance for Tenants 55 Plus				
j					
k					
l					

Only owners answer question 24.

24 As an alternative to staying in your present home, you could sell it and use the proceeds to rent, or to purchase a smaller house, shares in a co-op, a garden suite, a mobile home, a unit in an age-mixed complex or in special retirement housing. In the next set of questions, we'd like to find out what you think of these housing ideas.
First of all, is buying a smaller single-family detached house something you would seriously consider doing?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Only renters and owners answer question 25.

25 Purchasing shares in co-operative housing is another option of interest to some older people. Members of a co-op share in both the ownership and the management of the complex they live in. After initially buying shares, they make monthly payments that cover part of the building's mortgage, interest, taxes and operating costs. This gives them the right to occupy a specific unit. When they leave, their shares are redeemed by the co-op. Is buying shares and moving into a co-op something you, personally, would seriously consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

26 What about purchasing a unit in special retirement housing? Here we are talking about a housing development specially built for seniors, not a nursing home. Would you seriously consider this type of housing for yourself?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

27 Sheltered housing is a type of senior's housing that consists of self-contained apartments or smaller one-storey homes that are clustered in projects of 20 to 50 units. A key feature is that each unit is linked to the project manager by an alarm system.

Would you, personally, seriously consider this type of housing?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

28 Congregate housing differs from sheltered housing primarily in terms of the number of services provided. Residents have their own private apartments, which usually include a kitchen so they can prepare light meals, but the main meals are eaten in a communal dining room. Housekeeping and personal care services are also usually included as part of the accommodation package.
Would you seriously consider congregate housing for yourself?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

29 Some people who need help maintaining their home have hired a live-in housekeeper.

a Is this something you, personally, would consider doing?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

b What about sharing a housekeeper with some other seniors? Some people (usually 7 to 10) have moved into a large house, called an Abbeyfield House, where they each have their own private room,

and share one or more meals a day and the services of a housekeeper in a family atmosphere. The house is acquired and operated by a non-profit society but the residents share in the operation of the house. Is this something you would consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

30 Have you heard of garden suites (otherwise known as 'granny flats')? Garden suites are small self-contained houses that are placed on the same lot as the home of close family members. They are designed for seniors who want to live close to their children while maintaining their independence and privacy. Most suites have one bedroom, a living room, a kitchen, a bathroom as well as storage and laundry facilities. The suites are not intended as permanent additions to the lots. They are usually factory-built and can be quickly erected and easily moved when no longer needed. Is a garden suite a form of housing you, personally, would seriously consider?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

31 What about a mobile home in a planned retirement community. Would you, personally, consider purchasing a mobile home in this type of development?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

32 If the costs were the same, would you rather live in a housing development or building:

___ (1) for seniors only;
___ (2) for Japanese Canadian seniors only;
___ (3) for seniors and middle-aged adults; or
___ (4) for people of all ages, including families with children.

33 If financially feasible, would you rather live in a housing development or building for seniors that includes a cultural/community centre?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Everyone answers.

III TRANSPORTATION NEEDS

Questions in this section deal with how you get to places you want to go.

34

a Is there anyone in your household who drives regularly?

___ (1) yes
___ (2) no

b Do you regularly drive a car now?

___ (1) yes
___ (2) no

c Do you have any problem driving a car?

___ (1) yes
___ (2) no

35

a **If you're married**, does your spouse regularly drive a car now?

___ (1) yes
___ (2) no

b Does your spouse have any problem driving a car?

___ (1) yes *(specify)* _____
___ (2) no

36

a In good weather, how do you mostly get to the following places? *Check one box on each line?*

		(1) Walk	(2) Drive myself	(3) Spouse drives	(4) Others drives	(5) Taxi	(6) Regular bus	(7) Seniors' handi-capped bus
a	doctor							
b	post office							
c	drug store							
d	grocery store							
e	seniors' centre							
f	bank							
g	church							

b In bad weather, how do you mostly get to these places? *Check one box on each line?*

If you get there the same as in good weather, skip to question 37.

		(1) Walk	(2) Drive myself	(3) Spouse drives	(4) Others drives	(5) Taxi	(6) Regular bus	(7) Seniors' handi-capped bus
a	doctor							
b	post office							

c	drug store							
d	grocery store							
e	seniors' centre							
f	bank							
g	church							

37

a How often do you have difficulty getting where you want to go when you want to go?

___ (1) very often
___ (2) fairly often
___ (3) occasionally
___ (4) never

If never, skip to question 38.

b Why do you have difficulty?

___ (1) can't afford to pay for rides
___ (2) don't know who to ask for a ride
___ (3) don't like asking for a ride
___ (4) need assistance getting in and out of vehicle
___ (5) regular driver(s) not available
___ (6) other *(specify)*_____

38 Would you be in favor of a door-to-door transportation service for seniors operated and/or managed under the MJCCA?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

IV DIFFICULTIES WITH PERSONAL CARE AND ACTIVITIES OF DAILY LIVING

39 Below is a list of activities seniors sometimes have difficulty with. Please tell us if any of these is a problem for you, and if so, whether it's a minor problem, a fairly serious problem or a very serious problem. *Check one box on each line.*

	Do you have any problem:	(1) No problem	(2) Minor problem	(3) Fairly serious problem	(4) Very serious problem
a	Seeing (even when wearing glasses)?				
b	Hearing (even when wearing a hearing aid)?				
c	Going up or down stairs?				
d	Getting into or out of bed or a chair?				
e	Getting on and off the toilet?				
f	Taking a bath or shower?				
g	Doing chores around the house?				
h	Moving about the house?				
i	Getting around outside the house?				

V SUPPORT SERVICES

40 Listed below are a number of support services older people receive in some areas. For each service listed, go across the line and circle **Y** for 'yes' or **N** for 'no' to the following questions:

- do you need the services?
- do you get the service now?
- who provides it? If the service is provided by your spouse, your children, or another relative, circle '1' Family; if the service is provided by a friend or neighbour, circle '2' Friends; and if the service is provided by a public, private or no-profit agency, circle '3' Formal.
- do you currently pay for the service?
- would you pay to get it, if it became available in your area?

For each service, be sure to answer all parts of the question.

	Support Service	I need the service		I get the service now		Service is provided by	I pay for the service now		If available I would pay to get it	
a	help with grocery shopping	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
b	help with cooking	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
c	hot meals delivered to your door (e.g., meals-on-wheels)	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N

d	help with heavy cleaning (e.g., washing windows, floors, vacuuming)	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
e	help with laundry	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
f	someone to run errands for you	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
g	help taking a bath or shower	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
h	someone to regularly visit you	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
i	help with repairs around the house	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
j	help with yard work, outside maintenance	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
k	help with snow removal	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
l	nursing care in your home	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N
m	some to drive you places	Y	N	Y	N	1 Family 2 Friends 3 Formal	Y	N	Y	N

n Some agencies and non-profit organizations offer emergency response system services to seniors. These usually consist of a button you wear around your neck or wrist, which you can press in case of an emergency to call for help.

(a) Do you have an emergency response system button now?

____ (1) yes
____ (2) no

(b) **If YES**, what is the name of the agency you rent it from?

_____

(c) **If NO**, would you use such a service if it was available in your area?

____ (1) yes
____ (2) no

o (a) Do you currently attend a seniors' centre or a seniors' program in your local area?

____ (1) yes
____ (2) no

(b) **If NO**, would you attend if one was opened in your area or a neighbouring area?

____ (1) yes
____ (2) no

p Some areas have an adult day-care centre for seniors who need or want more services than provided by a seniors' centre.

(a) Do you currently attend an adult day-care centre?

____ (1) yes
____ (2) no

(b) **If NO**, would you attend if one was opened in your area or a neighbouring area?

____ (1) yes
____ (2) no

41 Besides those items mentioned in question 40, are there any other services that would make your life happier, more comfortable or enable you to remain in your current home? If yes, what are these services and how much would you be willing to pay per month for them?

	(a) services	(b) monthly fee
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____

Everyone answers.

VI FUTURE HOUSING PLANS AND NEEDS

42 Do you have any plans to move from your present home?

___ (1) yes
___ (2) no

If no, skip to question 48.

43 How soon do you expect to move?

___ (1) within 1 year
___ (2) 1-2 years
___ (3) 3-5 years
___ (4) 6-9 years
___ (5) 10 or more years

44 Why are you planning to move? *Check all applicable reasons.*

___ (1) physical difficulty maintaining home and/or garden
___ (2) home too large
___ (3) design barriers (for example, too many stairs in current home)
___ (4) decline in health of self or spouse

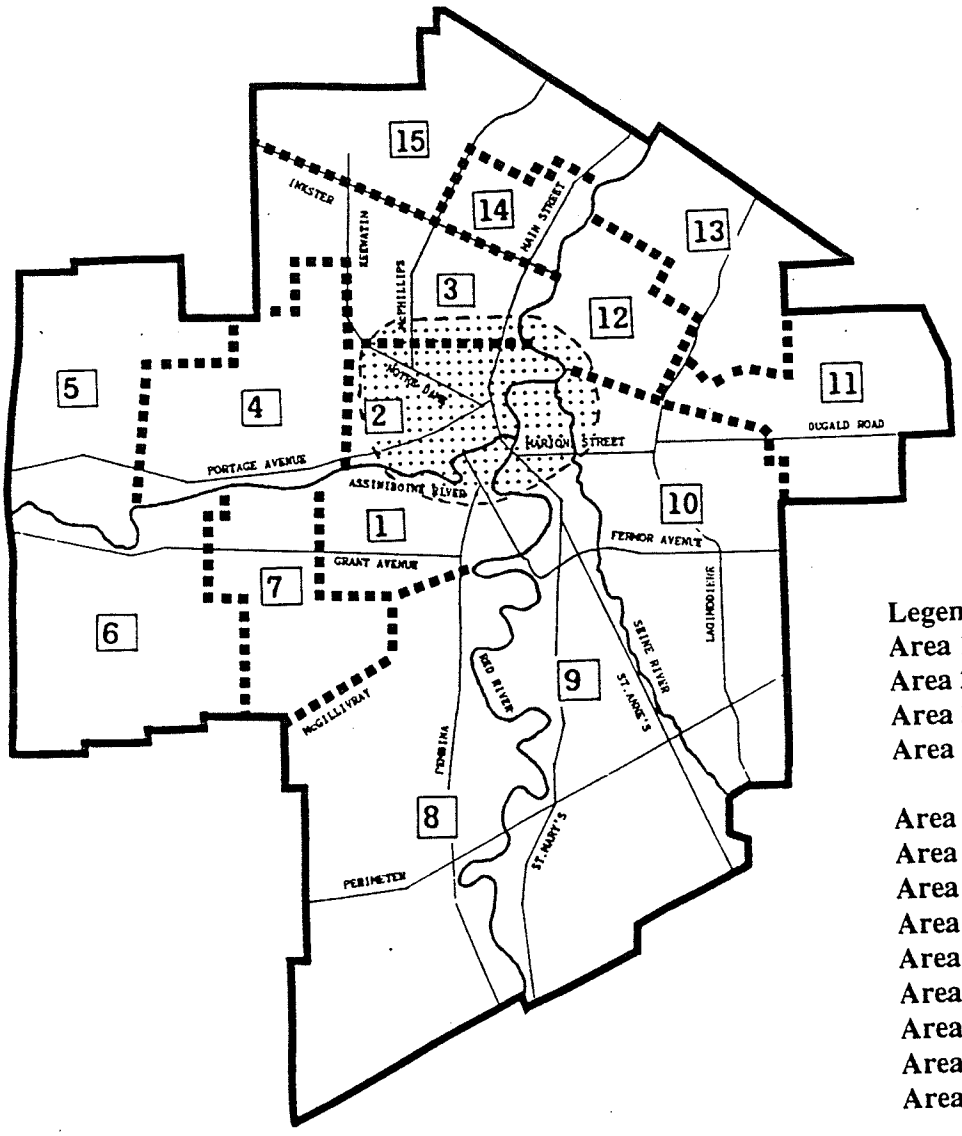
___ (5) death of spouse
___ (6) insufficient local health care services
___ (7) insufficient leisure and recreational facilities and services here
___ (8) cost of living too high
___ (9) isolated from family and friends here
___ (10) problems with transportation
___ (11) unsafe neighbourhood
___ (12) other *(specify)* _____

45
a Where will you move?
___ (1) same City
___ (2) elsewhere in the province
___ (3) elsewhere in Canada
*(specify)*_____
___ (4) other *(specify)*_____

b If same City, what area are you moving to? *(use attached map and select number)*
___ area number

46 What are the reasons for choosing that location? *Check all applicable reasons.*
___ (1) family and friends live there
___ (2) climate and natural environment
___ (3) more or better health care services there
___ (4) more or better recreation facilities and services there
___ (5) better/more suitable housing there
___ (6) lower cost of living
___ (7) easier access to shopping, banks, etc.
___ (8) better transportation there
___ (9) neighbourhood safety/appearance

City of Winnipeg
Locational Areas



Legend:
Area 1 - Fort Rouge
Area 2 - Central
Area 3 - North End
Area 4 - St. James / Brooklands
Area 5 - Assiniboia
Area 6 - Charleswood
Area 7 - Tuxedo
Area 8 - Fort Garry
Area 9 - St. Vital
Area 10 - St. Boniface
Area 11 - Transcona
Area 12 - East Kildonan
Area 13 - North Kildonan
Area 14 - West Kildonan
Area 15 - Old Kildonan

___ (10) other *(specify)*_____

47 What type of accommodation will you be seeking?

___ (1) single-family detached house
___ (2) semi-detached, duplex, townhouse, rowhouse
___ (3) apartment
___ (4) mobile home
___ (5) senior citizens' housing
___ (6) nursing/personal/intermediate care home
___ (7) chronic care hospital
___ (8) other *(specify)*_____

Everyone answers.

48 If you found that you could no longer maintain your home and had to move into retirement housing or a care facility,

a would you prefer to:

___ (1) remain in the neighbourhood you currently live in
___ (2) move elsewhere in the city
___ (3) move elsewhere in this province
___ (4) move elsewhere in Canada
___ (5) other *(specify)*_____

b Why would you choose to live in that particular location? *Check all applicable reasons.*

___ (1) proximity to relatives or friends
___ (2) I am familiar with that location
___ (3) proximity to support services or care facilities
___ (4) other *(specify)*_____

c If you prefer to remain in this city, where would you prefer that your retirement housing or care facility be located? *(Use attached map and select number)*

____ (1) area number

Everyone answers.

49 Besides the things already mentioned, what suggestions do you have to improve housing for seniors in your community?

_____
_____
_____
_____

Everyone answers.

VII DEMOGRAPHIC INFORMATION

This section asks some questions about you and your spouse (if you're married). We need this information to describe the people who took part in the survey.

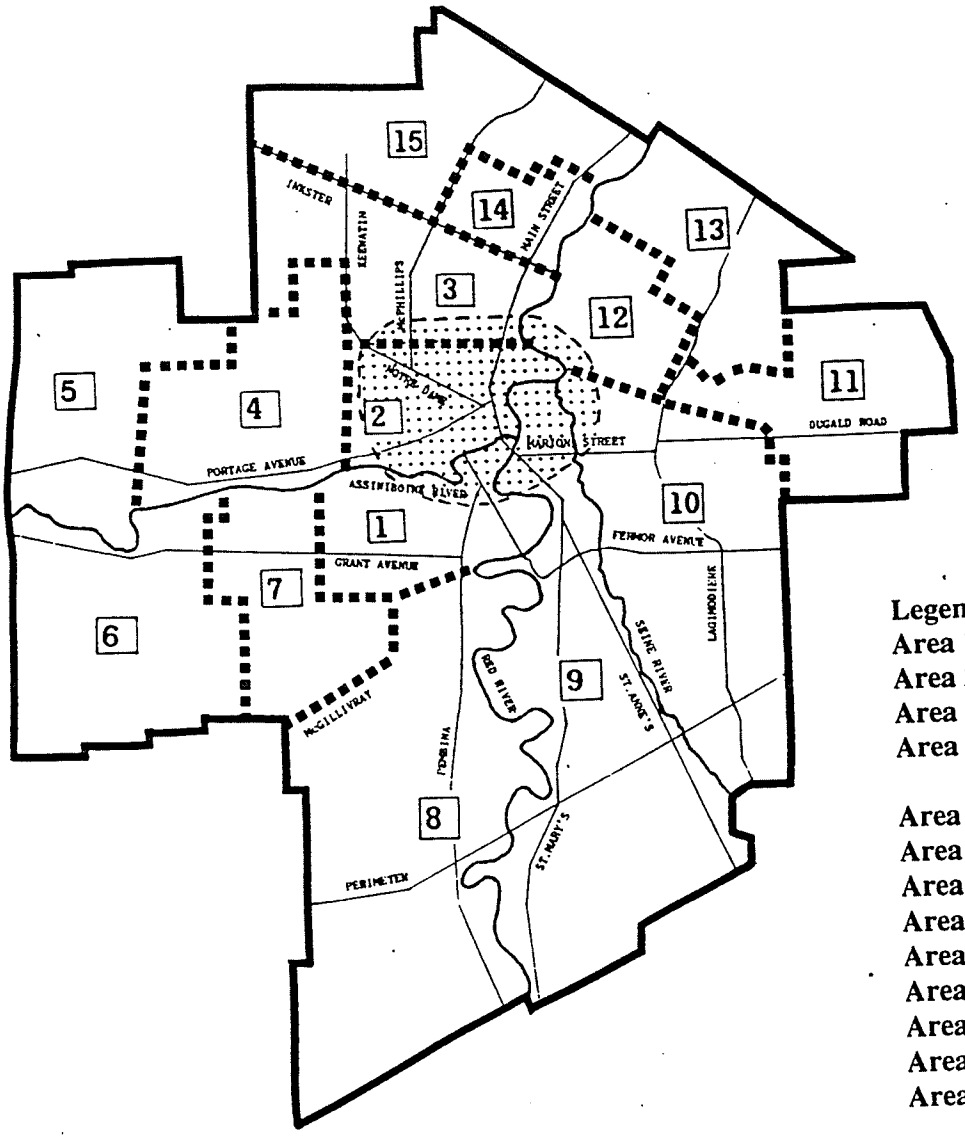
50 First of all, are you male or female?

___ (1) male
___ (2) female

51 What is your current marital status?

___ (1) married
___ (2) separated
___ (3) divorced
___ (4) widowed
___ (5) never married

City of Winnipeg
Locational Areas



Legend:
Area 1 - Fort Rouge
Area 2 - Central
Area 3 - North End
Area 4 - St. James / Brooklands
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Area 10 - St. Boniface
Area 11 - Transcona
Area 12 - East Kildonan
Area 13 - North Kildonan
Area 14 - West Kildonan
Area 15 - Old Kildonan

52

a How old were you on your last birthday?

___ years

b **If you're married**, how old is your spouse?

___ years

53 Who lives in your household?

___ (1) live alone
___ (2) with spouse
___ (3) with spouse and other family member(s)
___ (4) with spouse and non-family
___ (5) with spouse, other family members(s) and non-family
___ (6) with other family member(s)
___ (7) with non-family
___ (8) other *(specify)*_____

54 If you live with non-family or with family other than your spouse, what is their relationship to you? *Check all applicable.*

___ (1) son, daughter, grandchild
___ (2) mother, father
___ (3) brother, sister
___ (4) landlord
___ (5) boarder
___ (6) housekeeper
___ (7) other *(specify)*_____

55 Do <u>you</u> presently do any paid work? If so, full-time or part-time?

___ (1) don't do any paid work
___ (2) work full-time
___ (3) work part-time

56 What kind of work have you done most of your adult life? *Check only one.*

___ (1) housewife
___ (2) professional (e.g., architect, engineer, teacher, nurse, chemist, dietitian)
___ (3) managerial
___ (4) clerical (e.g., secretary, clerk, receptionist, typist, personnel assistant, bank teller)
___ (5) sales (e.g., cashier, insurance salesperson, grain merchant, real estate agent)
___ (6) personal service (e.g., waitress, barber, domestic work, caterer)
___ (7) protective service (e.g., police officer, armed forces, firefighter, customs officer)
___ (8) skilled (white collar) (e.g., computer operator, cartographer, library assistant, photographer, insurance claims adjuster, bookkeeper)
___ (9) skilled (blue collar) (e.g., carpenter, ship builder, sheet metal mechanic, electrician, plumber, stone mason)
___ (10) semi-skilled or unskilled labour (e.g., janitor, general labourer, bus driver, letter carrier, gas station attendant)
___ (11) primary sector (e.g., farmer, fisherman, miner, logger)

57 What was the highest level of formal education you completed?

___ (1) no formal education
___ (2) elementary school only
___ (3) some high school
___ (4) high school graduation
___ (5) technical school
___ (6) some college or university
___ (7) university degree
___ (8) graduate or professional degree

58 How would you rate your health at the present time?

___ (1) excellent
___ (2) good
___ (3) fair
___ (4) poor
___ (5) very poor

59 **If you're married**, how would you rate your spouse's health at the present time?

___ (1) excellent
___ (2) good
___ (3) fair
___ (4) poor
___ (5) very poor

60 Turning now to some questions about financial status, please tell us whether you or your spouse receive income from any of the following sources. *Check all sources of income.*

	Income Source	(a) I receive	(b) My spouse receives
1	Old Age Security pension		
2	Federal Guaranteed Income Supplement		
3	Canada Pension Plan		
4	other government sources including provincial income supplements, Veteran's Pension, Spouse's or Widowed Allowance		
5	retirement pensions, superannuation or annuities		
6	wages, salaries, self-employment income		
7	savings or investments		
8	other		

61 What was your household's total income last year?

___ (1) less than $9,000
___ (2) $9,000-$11,999
___ (3) 12,000-$14,999
___ (4) $15,000-$19,999
___ (5) $20,000-$24,999
___ (6) $25,000-$29,999
___ (7) $30,000-$39,999
___ (8) $40,000 or more

62 What proportion of your total household income is spent for all your shelter costs (utilities, rent, mortgage, property taxes, maintenance and condominium fees)?

___ (1) less than 25%
___ (2) 25-29%
___ (3) 30-49%
___ (4) 50% or more

63 If you currently spend 30% or more of your income for shelter, you may be eligible for housing assistance. If you qualified for housing assistance, would you seriously consider:

a renting in a subsidized senior citizen's apartment building?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

b receiving a shelter allowance?

Reasons

___ (1) yes _____
___ (2) maybe _____
___ (3) no _____

Note: When you completed the questionnaire, could you please hand your completed questionnaire over to one of the project volunteers to check.

Pleasen note that the results of the survey will presented at the Manitoba Japanese Canadian Cultural Centre. The time and date will be posted in the Outlook.

THANK YOU FOR YOUR COOPERATION ON FILLING OUT THIS QUESTIONNAIRE.

Appendix B

Manitoba Japanese Canadian Seniors' Housing and Support Services Needs Assessment

Survey Tasks

Telephone Script for Contacting Seniors and Arranging for them to Complete the Survey

Hello. Is this **(Name of Senior)**?

My name is _____ of the MJCCA Seniors' housing and Support Service Committee.

I am phoning about the letter that we sent you on March 14th, 1992 in connection with the seniors' survey on housing and support services in Winnipeg, Manitoba.

We would like a person from each seniors' household in the community to fill out a questionnaire. It should take you about 45 minutes. Refreshments and dainties are to follow after the completion of the survey.

Two meetings at the Manitoba Japanese Canadian Cultural Centre have been set up where the questionnaire can be filled out.

The 1st meeting will be on April 22nd at 7:00 to 9:00 pm in the evening.

The 2nd meeting will be on April 29th at 7:00 to 9:00 pm in the evening.

Are you available to attend one of these meetings?

_____ Yes, Meeting #1 _____ Yes, Meeting #2

_____ No

(If Yes) Do you need a ride to the meeting? _____ Yes _____ No

(If Yes, Ride Needed)
What is your address? _____

You will be picked up at:
_____ day _____ date_____ time

(If no ride needed)
The meeting is being held at the Manitoba Japanese Cultural Centre, Logan Avenue and Arlington Street.

(If no, can't make meetings) Can a volunteer drop off a questionnaire at your home for you to fill out? _____Yes _____No

(If yes) What is your address? **(Add name and address to Questionnaire Drop-off List)**

A questionnaire will be dropped off on
_____ day _____ date_____ time

Thankyou.

Note: If a senior refuses to participate in the study, thank them for their time. Keep track of the number who refuse and write down any reasons that give for doing so. This information will be useful to the project coordinator.

Questionnaire Drop-off List

Name	Address	Drop off (day, time)	Pick Up (day, time)	Assistance Required (language) Yes	No

MANITOBA JAPANESE CANADIAN SENIORS' HOUSING AND SUPPORT SERVICES NEED ASSESSMENT

As senior citizens age in place, there becomes a pressing concern among the community in terms of their current housing needs and preferences. What are their current housing and living arrangements like? Do they face any difficulties with personal care and activities of daily living? What type of housing options and services do they prefer?

To begin to identify the housing needs of our seniors and the kinds of support services that will enable them to remain independent and active, seniors themselves must play an important role. By providing valuable information about themselves, their housing and particular needs for support services, we can begin to develop practical solutions to satisfy their needs.

With the support of the MJCCA and funded by the Community Fund, I would like to propose to conduct a survey to identify the housing and supportive service needs of Japanese Canadian seniors from the ages 60 years plus. The results will evaluate several housing and support service options. The survey is scheduled to take place on Wednesday, April 22, 1992, at the Japanese Canadian Cultural Centre. Further details of the meeting is explained through mail and by personal contact via phone.

At this meeting, there will be a questionnaire to complete. It should take about 45 minutes and assistance will be given to anyone with questions or concerns. Following the completion of the questionnaire, refreshments and dainties will be served.

Please note that all the information gathered by this questionnaire will be kept strictly confidential. This information will be turned into statistics about seniors as a whole.

Your help in this survey will be greatly appreciated.

Yours sincerely,

Ed Suzuki
Senior Housing and Support Service
Survey Coordinator 1992

Tentative Schedule for Seniors' Housing Survey

MJCCA Seniors' Housing and Support Service Committee 1992

Task Title	Project Task Description	Month	Days
Mail List	Complete Mailing List of all Seniors living in Manitoba	March	1-17
Set Committee	Establish committee task force: a) Phoning - to telephone seniors to make contact and to arrange for them to complete the survey; b) Transportation - pick-up/drop off seniors who are attending the survey meeting; c) Set-up - to arrange tables/chairs and to make arrangements for dainties and refreshments; d) Survey Assistance / Interpret - assist seniors in filling out the survey and to check for completion	March	9-17
Review Survey	Review Survey and make amendments	March	9-17
CMHC Publication	Obtain CMHC Booklets	March	9-17
Meeting 1: Planning Organization	Seniors' Housing Meeting at Cultural Centre: a) Set survey date (April 22 and 29, 1992) at the Cultural Centre b) Review survey and make amendments c) Establish Survey Task Force d) Set survey test date e) Set next meeting date (March 25)	March	18
Notice	Forward Notice to Outlook & Cultural Centre News	March	15
Mail Letter	Mail out Introduction Letter and booklet	March	19-20
Meeting 2: Test Survey	Meet with Task Force - phone and transportation; conduct test of survey	March	25
Telephone	Telephone Seniors and make arrangements for them to complete the survey - Telephone Committee	March	26-31
Binding	Send Surveys to be photocopied, collated, and bound	March	26-31
Speaker	Make arrangements with CMHC speaker - presentation	April	1-5
Survey Preparation	Make arrangements for refreshments, chairs and tables for survey dates		

Tentative Schedule for Seniors' Housing Survey

MJCCA Seniors' Housing and Support Service Committee 1992

Meeting 3: Transport	Meet with Survey Preparation & Transportation Committee	April	7
Survey 1	Conduct 1st Seniors' Housing Survey	April	22
Survey 2	Conduct 2nd Seniors' Housing Survey	April	29
Data Coding	Data Coding and Entry	May	1-9
Data Analysis	Data Analysis and Preliminary Report	May	10-23
Meeting 4: Survey Results	Seniors' Housing Committee Meeting: a) Discuss findings b) Plan for Senior's Housing Workshop Series: i) Presentation to the Seniors ii) Begin Strategy/Action Planning	May	27

MJCCA Seniors' Housing and Support Service Committee 1992

Manitoba Japanese Canadian Seniors' Housing and Support Services Need Assessment

March 24, 1992

Mr. & Mrs. Jun Suzuki

Winnipeg, Manitoba
R3N 1C5

Dear Mr. & Mrs. Jun Suzuki,

The Manitoba Japanese Canadian Citizens' Association proposes to conduct a survey to identify the housing and support service needs of Japanese Canadian seniors in Manitoba. The results will be used to evaluate options to meet these needs.

The survey will take place on April the 22nd (Wednesday) from 1:30 to 3:00 pm at the Japanese Canadian Cultural Centre -- 936 Logan Avenue. The survey meeting will be carried out by the MJCCA Seniors' Housing and Support Service Committee.

This letter is to inform you about the survey and invite you to participate. As a participant you will be asked to fill

out a questionnaire, which should take about 45 minutes of your time to complete. Assistance will be given if you have any questions or need translation from English to Japanese. The objective is to collect information about Japanese Canadian seniors, their current situation, their concerns, and their needs and preferences relating to housing and support services. All information gathered will be kept strictly confidential.

During the month of April, you should expect a telephone call from one of the members of the Committee who will give you additional information.

Moreover you will find enclosed a publication provided by Canada Mortgage and Housing Corporation entitled "Housing Choices for Older Canadians." In short, this booklet describes various seniors' housing options. Please review this material because some of the questions in the survey pertains to housing options. If you have any questions or concerns, please feel free to call.

Sincerely yours,

Ed Suzuki

Ed Suzuki
Coordinator
MJCCA Seniors' Housing and Support Service
Committee 1992
889-5768

マニトバ市民協会は日系シニアのための住宅並びに支持サービスを計るにあたり、
まずどのような形で必要とされているのか、調査を行なうことを提案いたします。
その結果はその必要性に応ずるべく検討される対象になります。

この調査は	期日	四月二十二日　（水曜日）	
	時間	午後一時から三時まで	
	場所	日系文化センター	で行なわれます。

この手紙は各シニアの方々に調査についてご報告し、これに参加していただきたく
皆様のご協力をせつに願っております。
この調査の参加者は質問書に答えていただき、（これには約四十五分かかるものと
推測いたしております）質問または英語から日本語への翻訳が必要な場合にも係員が
控えております。この調査の目的は現在のシニアの住宅状況、問題、それにどんな
サービスが望まれているかの情報を集めるためです。調査から得たすべての情報は
厳重に内密に取り扱われます。
四月中に委員会から各シニアにこの調査の詳細について電話をさしあげます。

尚、カナダモーゲッジ住宅公社からでている”シニアのための住宅選定”という
パンフレットも同封いたしますのでぜひご一読ください。
どんな質問でもございましたら下記へ電話をかけてくださるようお願いいたします。

Senior Housing and Support Service Needs Assessment Survey Meeting Agenda

Date: April 22, 1992
Time: 1:30 to 3:00 PM

A) Necessary Set Up Required before Lunch - 12:15 PM

1) Chairs and tables for approximately 80 to 90 people;
2) Speaker podium with PA System;
3) Refreshments and Dainties Table;
4) Registration and Drop-off Survey Desk near the front of entrance; and
5) A Display Table of CMHC and Manitoba Housing Senior Housing Program material.

Note: The purpose of the front desk is to have the seniors drop off the surveys with their names marked on. If the Executive feels this is inappropriate because of privacy in disclosing personal information, the seniors would have to register each senior so as to identify who participated and have each survey checked at the same time to ensure that the survey is properly completed.

B) Check List to be completed before survey:

1) refreshments and dainties for 80-90 people;
2) chairs and tables for 80-90 people;
3) a PA System and Speaker Podium;
4) English-Japanese translators who are familiar with the project;
5) A list of the seniors' names to check-off; and
6) The Seniors Housing and Support Service Needs Assessment Program.

Note: The role of the translation volunteers is to assist the seniors in completing the questionnaire if they have difficulty in understanding the question.

Survey Meeting Agenda

1) A brief introduction that will cover:

a) opening remarks to greet and thank the seniors for coming;
b) a welcome and thank you to Mr. Richard Goatcher of CMHC;
c) the purpose of the project -- to identify the current housing needs and problems faced by the seniors and to identify the future housing needs;
d) an outline of what will be questioned in the survey;
f) what follows after the survey:
- a presentation of the findings;
- an examination of what options can be made; and
- planning workshops to develop strategy.

2) A presentation by Mr. Richard Goatcher who will discuss senior housing options and the future directions of Federal senior housing policy.

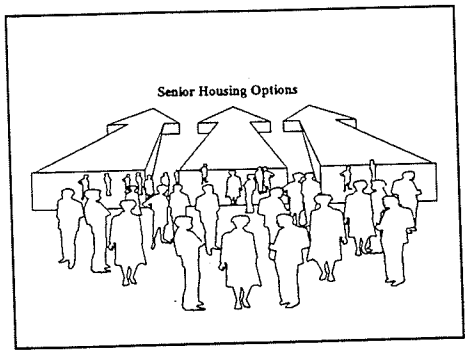
3) The Needs Assessment Survey. After each senior is given a survey, basic instructions will be explained in how to fill out the survey and how to ask for assistance, if required. They will also be instructed to keep the noise down once they completed the survey since others will still be answering the questions.

4) The Serving of the Refreshments and Dainties. This is not until the last survey is completed.

Note: Prior to the presentation, the seniors should all be seated with the Senior Housing and Support Service Need Assessment Program.

Option: To have the Introduction and Survey Instructions conducted in Japanese.

MANITOBA JAPANESE CANADIAN SENIORS' HOUSING AND SUPPORT SERVICES NEED ASSESSMENT



From the results of the Manitoba Japanese Canadian Cultural Centre (MJCCC) Task Force Study on Seniors' Housing, there appeared to be some initial response for senior housing accommodations. Though the results of their survey were positive, there was a lack of information on the needs and preferences of seniors. What are their current housing and living arrangements like? What difficulties with personal care and activities of daily living do they face? What type of housing options and services do they prefer?

Because our mandate is to serve the community, we must begin to identify the housing needs of our seniors and the kinds of support services that will enable them to remain independent and active. Seniors themselves must play an important role. By providing valuable information about themselves, their housing and particular needs for support services, we can begin to develop practical solutions to satisfy their needs.

The MJCCA Seniors' Housing and Support Service Committee propose to conduct a survey to identify the housing and supportive service needs of Japanese Canadian seniors from the ages 60 years plus. The results will evaluate several housing and support service options. The survey is tentatively scheduled to take place during the end of the month of April, 1992 at the Japanese Canadian Cultural Centre. Further details of the meeting (specific date and time) will be explained through mail and by personal contact via phone.

At this meeting, there will be a questionnaire to complete. It should take about 45 minutes and assistance will be given to anyone with questions or concerns. Following the completion of the questionnaire, refreshments and dainties will be served.

Please note that all the information gathered by this questionnaire will be kept strictly confidential. This information will be turned into statistics about seniors as a whole.

Your help in this survey will be greatly appreciated.

Yours sincerely,

Ed Suzuki
MJCCA Senior Housing and Support Service Committee
1992

Manitoba Japanese Canadian Seniors' Housing and Support Services Need Assessment

Supported by the MJCCA
and
Funded by the Community Fund
April 22, 1992

Executive Summary

As senior citizens age in place, there becomes a pressing concern among the community with their current housing needs and preferences. What are their current housing and living arrangements like? Do they face any difficulties with personal care and activities of daily living? What type of housing options and services do they prefer?

To identify the housing needs of seniors and the kinds of support services that will enable them to remain independent and active, seniors themselves must play an important role. By providing valuable information about themselves, their housing and particular needs for support services, we can begin to develop practical avenues in addressing those needs.

With the support of the MJCCA and financed by the Community Fund, I would like to welcome and thank you for participating in this afternoon's survey.

The focus of this questionnaire is to identify the housing and supportive service needs of seniors from the ages 60 years plus and who are associated with the Manitoba Japanese Canadian Citizens' Association. The outcome of the survey will enable us to evaluate several senior housing and support service options.

The survey meeting will begin with a brief presentation from Mr. Richard Goatcher of Canada Mortgage and Housing Corporation. He will provide you with some insights on senior housing options and the future direction of senior housing policy. Immediately following, we will begin conducting the needs' assessment by providing you with a questionnaire to complete. It should take about 45 minutes and assistance will be given to anyone with questions or concerns. Once completed, could you please return the survey to the front desk. If you wish to stay, we have provided you with some refreshments and dainties to enjoy.

Please note that all the information gathered by this questionnaire will be kept strictly confidential. This information will be turned into statistics about seniors as a whole.

Your help in this survey is greatly appreciated.

Yours sincerely,

Ed Suzuki
Senior Housing and Support Service Survey Coordinator
1992

Manitoba Japanese Canadian Senior Housing and Support Service Needs Assessment 1992

Introduction

Good afternoon, I am Ed Suzuki. With the support of the MJCCA and financial assistance from the Community Fund, I would like to welcome and thank you for participating in this needs assessment survey. Before we begin, I would like to express my deepest appreciation to the Horizon's Executive members and Phoning Committee and Mrs. Brandt for providing invaluable insight, assistance and constructive criticism in preparing for this survey meeting and hope that we can continue from here on in to address the future needs of seniors within our community. I would like to also welcome and introduce Mr. Richard Goatcher, the Senior Market Analyst of the Canada Mortgage and Housing Corporation who has been asked to come here this afternoon to provide us with some valuable insights on senior housing options and federal senior housing policy. As well, I would like to thank the Communications Department of the Canada Mortgage and Housing Corporation in providing us with the seniors' housing material.

You're all probably asking yourselves, "Why do we need a senior housing and support service needs assessment survey?"

As seniors age in place, there becomes a pressing concern among the community with their quality of living. How many seniors are there now? Will this number grow? What are their current housing and living arrangements like? Do they or will they face any difficulties with personal care and activities of daily living? What type of senior housing options and services would they prefer?

To identify and address the housing needs of seniors and the kinds of support services that will enable them to remain independent and active, seniors themselves must play an important role. By providing information about themselves, their housing and particular needs for support services, the community can begin to explore avenues and develop practical solutions in addressing those needs. With these facts, it will also be easier to discuss solutions for senior needs with officials, planners, developers and agencies.

The focus of this questionnaire is basically to identify the housing and support service needs and preferences of seniors from the ages 60 years plus and who are associated with the Manitoba Japanese Canadian Citizens' Association. It consists of gathering an assortment of information that will enable our community to:

1) develop profiles of MJCCA seniors, including age structure, living arrangements; and health, social and economic characteristics;
2) identify seniors' housing characteristics and conditions;
3) identify seniors' unmet needs for housing, support services and transportation;

4) identify the difficulties seniors have in undertaking activities of daily living and the types of support services they now use;
5) define what retirement housing options its seniors most prefer;
6) develop a range of accommodation options for seniors that will satisfy their needs and preferences; and
7) promote the participation of seniors as well as the community in expanding the housing choices for seniors.

When the information from the survey has been gathered; it will provide the community with an essential tool that will initiate and address the housing and support service needs and preferences of seniors. What is to follow is a community workshop involving yourselves as well as others to discuss senior housing and service options. The time and date will be posted in the Outlook. Such options may include an investigation in developing a senior housing complex and/or an integrated support service network involving homecare, transportation and home improvements. With all this information, we will be able to consider the options that might be open to seniors to meet future needs for housing and support services.

The agenda for this meeting will begin with a brief presentation on senior housing options and federal senior housing policy from Mr. Richard Goatcher. Immediately following, we will conduct the needs' assessment survey. Each of you will be given a questionnaire to fill out. Please note that assistance will be given to anyone with questions or concerns and that all the information gathered by this questionnaire will be kept strictly confidential. This information will be turned into statistics about seniors as a whole.

CMHC Presentation

To provide us with some insights to senior housing options and the future direction of Federal Senior Housing Policy, I would like to present to you Mr. Richard Goatcher of the Canada Mortgage and Housing Corporation...

Survey Instructions

Thank you Mr. Richard Goatcher in providing such valuable information. If you would like, you are welcome to stay and enjoy some refreshments and dainties.

(Could You Please Pass Out Surveys)

Before you begin filling out the surveys, I would like to go over some brief instructions and notes. First of all, how many would need assistance in English-Japanese translation?

Option 1: (Large Group Requiring Assistance)

1) Because there a large number of you requiring assistance, it would be best that we go through each question together - first in English and then in Japanese. If there are any questions, could you please put up your hand and we will answer each question as best as we can. Don't hestitate to ask, for others will be probably asking themselves as well.

2) Because seniors live in a wide variety of living arrangements, you will find some questions asking you to skip over to other questions. For example, if you live in an apartment building or multi-unit complex, the survey will tell you to skip over to a specific question pertaining only to those who occupy apartment suites only. When we arrive at this situation, could you skip to the appropriate question and wait until we come to that question.

3) Once we complete the survey, could you please return the survey to the front desk and register your names. The intent is to identify who attended this afternoon's survey and to contact those individuals with missing information. Again, please note that all the information gathered by this questionnaire <u>will be kept strictly confidential</u>. I myself would be the only person who would know your survey information.

4) Following this, you are welcome to stay and enjoy some refreshments and dainties. Please keep in mind though that others will still be filling out their survey. We would appreciate it if you kept the <u>noise level down until everyone has completed</u>. Please take your time in filling out the questions properly. Your help in this survey is greatly appreciated. Thank you.

Option 2: (Small Group Requiring Assistance)

1) For those requiring assistance in translation, could you please go to the boardroom downstairs where translation will be conducted on a group level.

2) For those remaining, in answering the questions, can you make note that some of the questions will continue on the back and/or the following page.

3) If you require clarification or assistance, could you please put up your hand and someone will get to you as soon as possible. If they happen to be busy at the time, could you skip over to the next question and then flag them later.

4) Because seniors live in a wide variety of living arrangements, you will find some questions asking you to skip over to other questions. For example, if you live in an apartment building or multi-unit complex, the survey will tell you to skip over to a specific question pertaining only to those who occupy apartment suites only.

5) You will also find questions that will ask for your opinion - yes, maybe and no. In these situations, could please take the time to state your reasons of choice.

6) Once completed, could you please return the survey to the front desk and register your names. The intent is to identify who attended this afternoon's survey and to contact those individuals with missing information. Again, please note that all the information gathered by this questionnaire will be kept strictly confidential. I myself would be the only person who would know your survey information.

7) Once you completed the survey, you are welcome to stay and enjoy some refreshments and dainties. Please keep in mind though that others will still be filling out their survey. We would appreciate it if you kept the noise level down until everyone has completed. Please take your time in filling out the questions properly. Your help in this survey is greatly appreciated. Thank you.

Appendix C

Manitoba Japanese Canadian Seniors' Housing and Support Services Needs Assessment

Entrance Fee Schedules

Appendix C
Entrance Fee Schedules

Minimum Entrance Fee - Scenario A

No. Units	Suite Type	Bed Type	Size	Mini-mum Entrance Fee $	Maxi-mum Monthly Rent $	Total Entrance Fee $	Total Rent Revenue $
31	Type 1A	One Bed	687	15600	470	483600	174840
5	Type 1B	One Bed	754	17200	560	86000	33600
28	Type 2A	Two Bed	886	20100	595	562800	199920
26	Type 2B	Two Bed	890	20200	598	525200	186576
6	Type 2C	Two Bed	1031	23400	690	140400	49680
2	Type 2D	Two Bed	825	18700	510	37400	12240
4	Type 2E	Two Bed	953	21600	685	86400	32880
1	Type 2F	Two Bed	1100	25000	815	25000	9780
103						1946800	699516

Project Conversion Costs - Scenario A

Project Conversion Costs		Up Front Costs $	Total Costs $
Acquisition Costs		30000	5200000
Add:	Captial Up Grades		550000
	Marketing Costs / Project Feasibility	50300	350000
	Legal	10000	25000
	Financing Costs	7500	100000
	Development Fees	25000	100000
	Sub-Total	92800	1125000
Total Development Costs		122800	6325000
Funded By	Entrance Fees	30.78 %	1946800
	Mortgage Financing	69.22 %	4378200
	Sub-Total		6325000
Entrance Fees Required	To Fund Development Costs		1946800
	To Fund Refund Account (1000 / unit)		103000
	Sub-Total		2049800

Projected Operating Budget - Scenario A

Projected Operating Budget		**$**
Gross Revenue	103 Units	699516
	Miscellaneous Parking (75 @ $25/Month)	22500
	Total Gross Income	722016
	Less Vacancy (2.5%)	18050
	Total Effective Income	703966
Operating Expenses	Property Taxes	85000
	Insurance	2850
	Operating Expenses	72860
	Repairs and Maintenance	37450
	Administration and Marketing	25000
	Janitorial	20000
	Management Fees (5%)	35198
	Sub-Total	278358
Net Income Before Debt Service		425608
Debt Service		422577
Net Income		**3031**

Appendix C
Entrance Fee Schedules

Maximum Entrance Fee - Scenario B

No.	Suite Type	Bed Size	Size	Min Entran $	Add Entran $	Total Entran $	Add Fee Cred $	Max Mth Rent $	Min Mth Rent $	Total Entran $	Total Rent Rev $
31	1A	One	687	15600	34840	50440	240	470	230	1563640	85560
5	1B	One	754	17200	38230	55430	291	560	269	277150	16140
28	2A	Two	886	20100	44910	65010	309	595	286	1820280	96096
26	2B	Two	890	20200	45120	65320	311	598	287	1698320	89544
6	2C	Two	1031	23400	52270	75670	360	690	330	454020	23760
2	2D	Two	825	18700	41830	60530	265	510	245	121060	5880
4	2E	Two	953	21600	48320	69920	356	685	329	279680	15792
1	2F	Two	1100	25000	55770	80770	424	815	391	80770	4692
103										6294920	337464

Projected Conversion Costs - Scenario B

Project Conversion Costs		Up Front Costs $	Total Costs $
Acquisition Costs		30000	5200000
Add:	Captial Up Grades		550000
	Marketing Costs / Project Feasibility	50300	350000
	Legal	10000	25000
	Financing Costs	7500	100000
	Development Fees	25000	100000
	Sub-Total	92800	1125000
Total Development Costs		122800	6325000
Funded By	Entrance Fees	99.52 %	6294920
	Mortgage Financing	0.48 %	30080
	Sub-Total		6325000
Entrance Fees Required	To Fund Development Costs		6294920
	To Fund Refund Account (1000 / unit)		103000
	Sub-Total		6397920

Projected Operating Budget - Scenario B

Projected Operating Budget		**$**
Gross Revenue	103 Units	337464
	Miscellaneous Parking (75 @ $25/Month)	22500
	Total Gross Income	357464
	Less Vacancy (2.5%)	22500
	Total Effective Income	350965
Operating Expenses	Property Taxes	85000
	Insurance	2850
	Operating Expenses	72860
	Repairs and Maintenance	37450
	Administration and Marketing	25000
	Janitorial	20000
	Management Fees (5%)	35198
	Sub-Total	278358
Net Income Before Debt Service		72607
Debt Service		0
Net Income		**72607**

Appendix C
Entrance Fee Schedules

Mixed Entrance Fee - Scenario C

No	Suite Type	Bed Typ	Size	Min Entra n Fee $	Add Entran Fee $	Total Entran Fee $	Add Fee Cred $	Max Mth Rent $	Mth Rent $	Entrance Fee Total $	Total Rent Revenue $
29	1A	One	687	15600	0	15600	0	470	470	452400	163560
2	1A	One	687	15600	34500	50100	240	470	230	100200	5520
5	1B	One	754	17200	0	17200	0	560	560	86000	33600
26	2A	Two	886	20100	0	20100	0	595	595	522600	185640
2	2A	Two	886	20100	44450	64550	309	595	286	129100	6864
24	2B	Two	890	20200	0	20200	0	598	598	484800	172224
2	2B	Two	890	20200	44670	64870	311	598	287	129740	6888
1	2C	Two	1031	23400	51750	75150	360	690	330	75150	3960
5	2C	Two	1031	23400	0	23400	0	690	690	117000	41400
2	2D	Two	825	18700	0	18700	0	510	510	37400	12240
4	2E	Two	953	21600	0	21600	0	685	685	86400	32880
1	2F	Two	1100	25000	0	25000	0	815	815	25000	9780
103										2245790	674556

Projected Conversion Costs - Scenario C

Project Conversion Costs		**Up Front Costs $**	**Total Costs $**
Acquisition Costs		30000	5200000
Add:	Captial Up Grades		550000
	Marketing Costs / Project Feasibility	50300	350000
	Legal	10000	25000
	Financing Costs	7500	100000
	Development Fees	25000	100000
	Sub-Total	92800	1125000
Total Development Costs		122800	6325000
Funded By	Entrance Fees	35.51 %	2245790
	Mortgage Financing	64.49 %	4079210
	Sub-Total		6325000
Entrance Fees Required	To Fund Development Costs		2245790
	To Fund Refund Account (1000 / unit)		103000
	Sub-Total		2348790

Projected Operating Budget - Scenario C

Projected Operating Budget		**$**
Gross Revenue	103 Units	674556
	Miscellaneous Parking (75 @ $25/Month)	22500
	Total Gross Income	697056
	Less Vacancy (2.5%)	17426
	Total Effective Income	679630
Operating Expenses	Property Taxes	85000
	Insurance	2850
	Operating Expenses	72860
	Repairs and Maintenance	37450
	Administration and Marketing	25000
	Janitorial	20000
	Management Fees (5%)	35198
	Sub-Total	278358
Net Income Before Debt Service		401272
Debt Service		393695
Net Income		**7576**

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