



ASCHA

ALBERTA SENIORS COMMUNITIES
& HOUSING ASSOCIATION

COMMON
TERMINOLOGY REPORT:
WHAT WE
HEARD
2018





COMMON TERMINOLOGY SURVEY: WHAT WE HEARD

In January 2017, the Alberta Seniors Communities and Housing Association (ASCHA) undertook a campaign to better understand public perception of common terminology used in the seniors housing industry. While there is provincial legislation that guides terms used to categorize seniors housing and care options, interpretations and usage of these terms have remained inconsistent. This is due to a number of factors, including the existence of multiple information sources, marketing by housing providers, and terms that enter the industry from changes/enhancements to programs and from other provinces or countries. Adding to the confusion is the likelihood that accommodation and services may be called something different at referral than what the actual provider offers, adding to frustrations and potentially unmet expectations. ASCHA receives numerous calls each month from frustrated seniors and family members attempting to navigate the confusing terminology as they look for housing options.

...this study asked Albertans what terms they understood, what terms they would like to see, and how they defined seniors housing options.

Exploration into common language is a primary focus within the industry. It has been identified as a priority in most collaborative meetings with seniors housing and continuing care agencies, stakeholders and other resource providers. The approach, until now, has been to adopt a common language and focus on promoting the concepts and terms to the public through education and communication. This effort has been misguided as industry consensus does not yet exist, and the public use alternative or informal terms, borrowed from everyday conversation, which is perpetuated by popular culture and the media.

Rather than dictating to the public what the various types of seniors housing should be called, this study asked Albertans what terms they understood, what terms they would like to see, and how they defined seniors housing options.

If a common language is going to be widely accepted, understood and adopted, it is important to start with the opinions of those the industry serves.

METHODOLOGY AND DATA SET

The survey was created in consultation with ASCHA's Public Awareness Working Group. In order to ensure the questions were unbiased and non-leading, a statistics consultant at the University of Alberta advised on the survey. As well, numerous stakeholders from non-profit organizations, government public bodies, and seniors centres were invited to provide input during the planning and development phase.

A total of 1,187 responses from Albertans were collected over the course of eleven months. The data was then analyzed and categorized by professional statisticians, rather than by industry experts, to ensure that responses were reviewed and summarized objectively. The data analysis was then provided to ASCHA for writing this report.

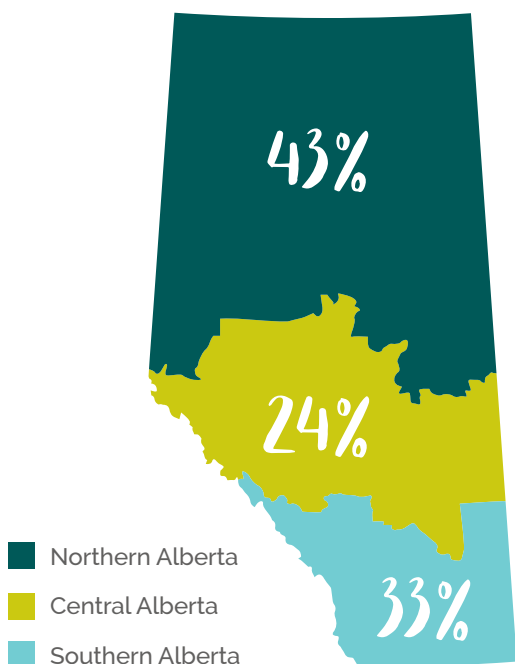
TOTAL OF 1,187
RESPONSES
FROM ALBERTANS.

RESPONDENT DEMOGRAPHICS AND CATEGORIES

Geographic Location

ALBERTA RESPONDENTS BY REGION

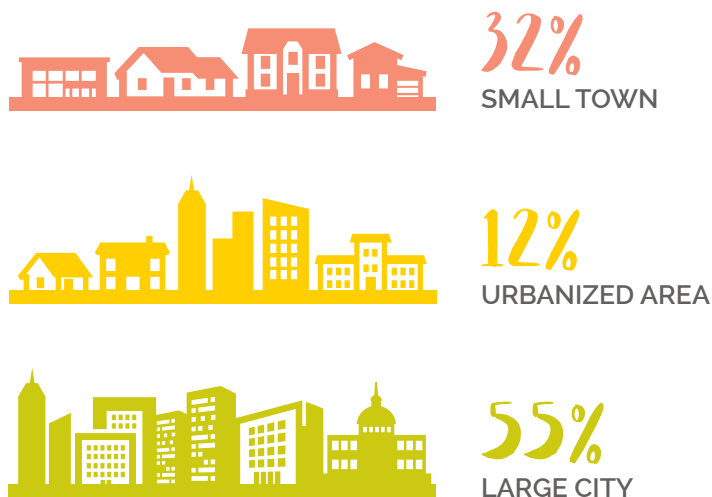
The breakdown of respondents' geographical location is as follows:



RESPONDENTS BY MUNICIPALITY SIZE

Respondents were asked to identify whether they lived in a small town/rural community (population of 10,000 people or less), an urbanized area (population of 30,000 people or less), or a large city or metropolitan area (population of more than 30,000 people).

The responses were as follows:

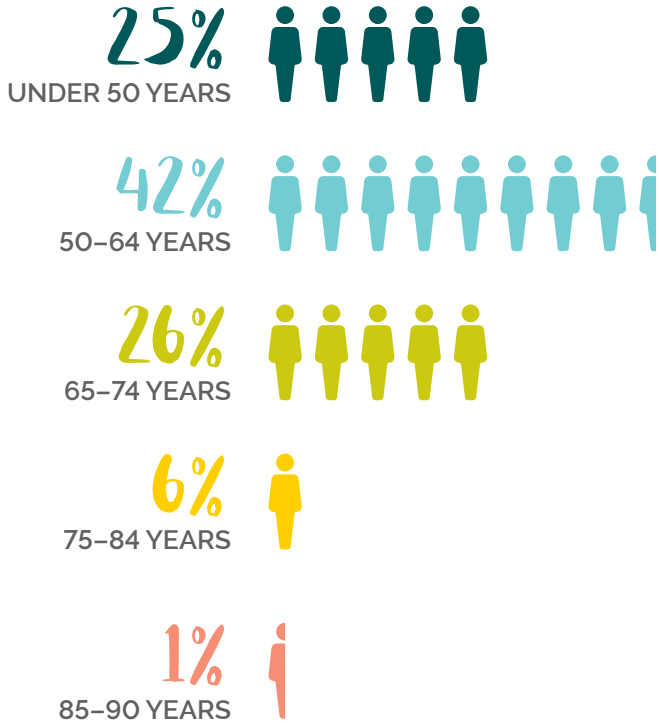


RESPONDENT DEMOGRAPHICS AND CATEGORIES

Age

AGE OF RESPONDENTS

The ages of respondents were also collected and are reflected as follows:



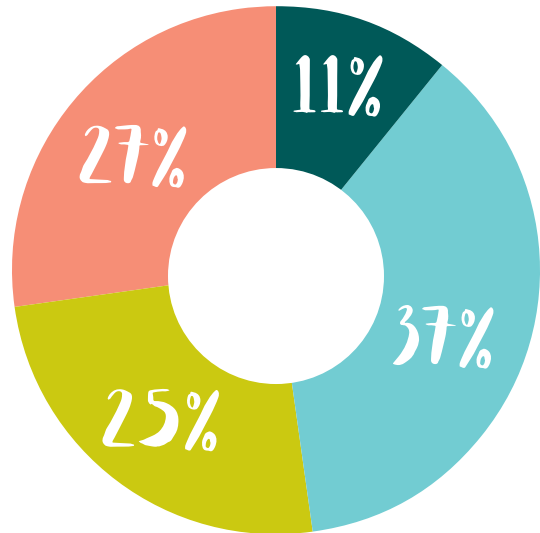
Point of Reference/Reference Groups

RESPONDENT POINTS OF REFERENCE

Respondents were also asked to identify their point of reference with seniors housing by stating whether or not they or someone they know has ever lived in seniors housing in Alberta (i.e. a resident point of view). They were also asked whether they or someone they know has ever worked in Alberta's seniors housing industry (i.e. an industry point of view).

This report analyses responses by considering the respondents' points of reference (i.e. level of familiarity with the industry).

The responses were grouped as follows:



- Industry, Not Resident
- Resident and Industry
- Resident, Not Industry
- Neither Resident, nor Industry



SUMMARY OF FINDINGS

Defining Various Seniors Living Environments and Scenarios

As part of the online polling, respondents were presented with examples of individuals who lived in some type of seniors living setting. A list of possible terms to describe the living situation were offered and respondents were asked to read the scenario and select a term from the list they felt best described the example. Colloquial language was used, avoiding any direct synonyms, with just enough information given to have the respondent understand the situation.

... the same terms were consistently used to describe different scenarios.

While there were definite trends or preferences for a term when considering each scenario, the same terms were consistently used to describe different scenarios. This suggests that respondents thought multiple housing situations could fall under the same term. This overall

public perception, one in which there is considerable overlap between scenarios, differs from the industry's distinct definitions of terms. In addition, as one respondent remarked in reference to a scenario, hiring staff to help with household chores is something many wealthy individuals do, regardless of age. Yet their lifestyle is not assigned a label. Some of the individual comments provided by respondents reflect confusion or frustration over having so many terms.

The following is a breakdown of responses to each scenario. The "expected response" reflects a broad category or categories of seniors housing types alluded to in the scenario, and is based on industry interpretation and language. For each scenario, the expected response has been compared to those selected by respondents, broken down by points of reference.



I GET WEEKLY CLEANING SERVICES TO HELP WITH CHORES.



THE SCENARIO

72 year old Carol Hughes lives alone in her own home. A worker comes once a week to help her with household chores that she is not comfortable with or able to do.

YOU SPOKE OUT

Expected Response: Home Living or Living At Home With Hospitality Services



NEITHER LIVE NOR WORK IN SENIORS HOUSING

Home Living: 24%
Independent Living: 24%



LIVE BUT DO NOT WORK IN SENIORS HOUSING

Home Living: 27%
Independent Living: 21%



DO NOT LIVE BUT WORK IN SENIORS HOUSING

Home Living: 38%
Community Care: 15%



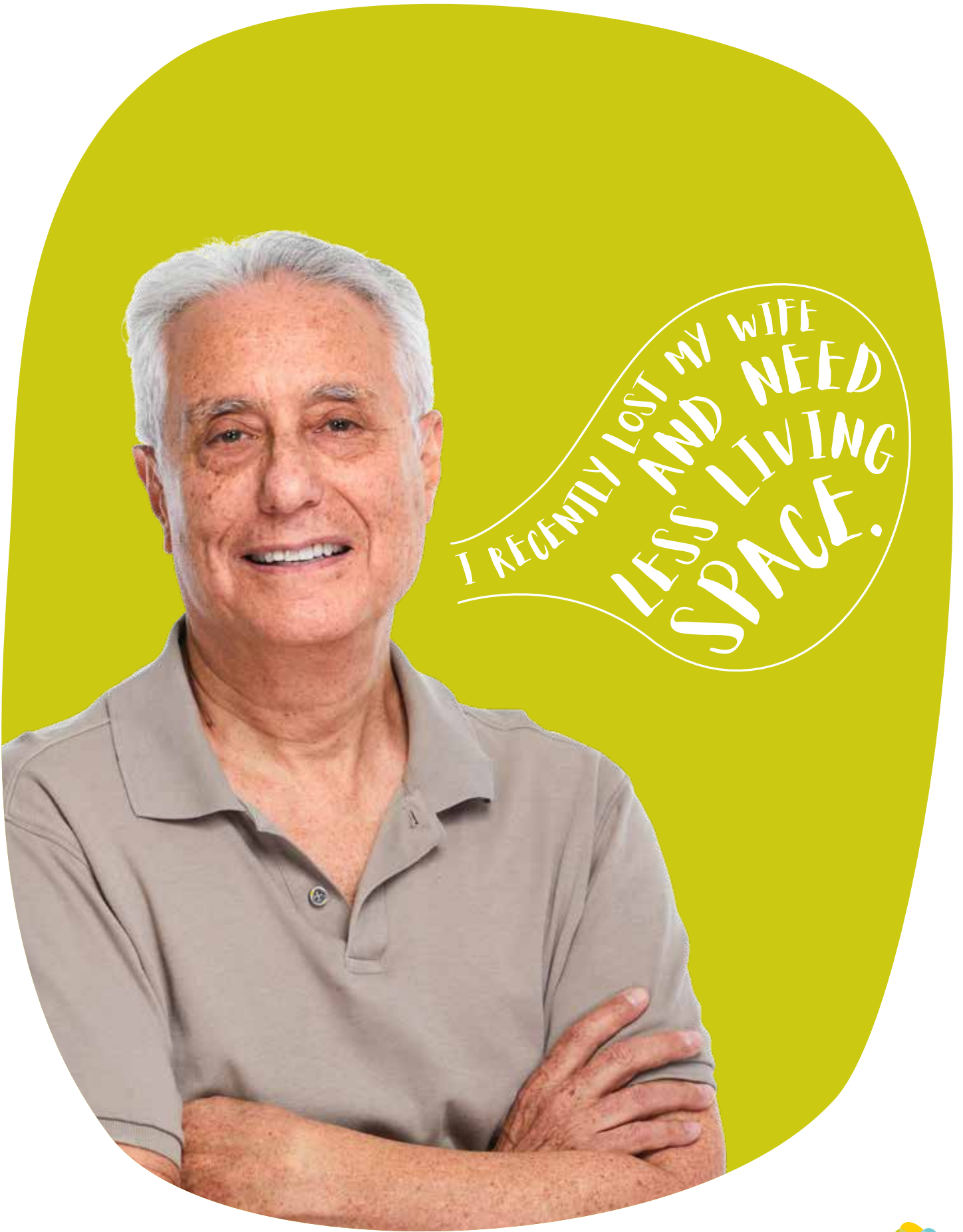
LIVE AND WORK IN SENIORS HOUSING

Home Living: 36%
Independent Living: 20%

WHAT WE HEARD

Many respondents referred to this scenario as 'Home Living' (average of 30% across all points of reference), followed by 'Independent Living' (average 20% across all four points of reference). Other responses included synonyms of these two terms. Some respondents who work in seniors housing, but do not live in seniors housing, viewed the scenario as "Community Care." Although Home Living was selected as the top response, only between 24%–36% of respondents selected this term. In other words, respondents were not overwhelmingly confident as a group about what term best describes the scenario.

RESULTS SHOW AN AVERAGE OF 30% REFERRED TO THIS SCENARIO AS 'HOME LIVING'





THE SCENARIO

Robert Batra, 65, just lost his wife and has decided to move. He now rents a one bedroom unit in a building specifically for seniors.

YOU SPOKE OUT

Expected Response: Seniors Housing Without Supports



NEITHER LIVE NOR WORK IN SENIORS HOUSING

Seniors Apartment: 58%
Independent Living: 42%



LIVE BUT DO NOT WORK IN SENIORS HOUSING

Seniors Apartment: 56%
Independent Living: 17%



DO NOT LIVE BUT WORK IN SENIORS HOUSING

Seniors Apartment: 49%
Independent Living: 19%



LIVE AND WORK IN SENIORS HOUSING

Seniors Apartment: 45%
Independent Living: 20%

WHAT WE HEARD

There was a higher degree of consensus, in all respondent groups, that this scenario refers to a seniors apartment, which is very similar to what was expected. Outside of 'seniors apartment', respondents with industry knowledge were more likely to use 'independent living' and 'seniors self-contained housing' than those with less familiarity of seniors housing (having no residential or industry point of reference). Those with less familiarity preferred the term 'seniors apartment.' Only 2% of respondents referred to this as a 'retirement home.' Generally, comments indicated an understanding that the senior in this scenario was living in an environment with little to no supports or services (i.e. the individual was self-sufficient/independent).

98% DID NOT REFER TO THE SCENARIO AS A RETIREMENT HOME.

I LIVE IN A
SENIORS PLACE
SO THAT I CAN GET CONTINUOUS
SUPPORT.





THE SCENARIO

Jordan Thompson, 25, has a severe developmental delay. He lives in a small rural community in a building for seniors. He receives medical help on-site for his disability as well as housekeeping services and meals.

YOU SPOKE OUT

Expected Response: Designated Housing With Healthcare and Hospitality Services



NEITHER LIVE NOR WORK IN SENIORS HOUSING

Assisted Living: 21%
Designated Supportive Living: 18%
Permanent Supportive Housing: 15%



LIVE BUT DO NOT WORK IN SENIORS HOUSING

Designated Supportive Living: 23%
Assisted Living: 20%
Long Term Care: 13%



DO NOT LIVE BUT WORK IN SENIORS HOUSING

Supportive Living: 21%
Designated Supportive Living: 19%
Assisted Living: 10%



LIVE AND WORK IN SENIORS HOUSING

Designated Supportive Living: 23%
Assisted Living: 19%
Supportive Living: 12%

WHAT WE HEARD

There was more variance in responses to this scenario across respondent groups than in the previous scenarios, suggesting a greater degree of confusion or ambiguity for respondents. The most popular response from respondents with a residential point of reference was 'Designated Supportive Living' (DSL) (21%), followed by 'Assisted Living' (19%). Compared to the formal term, which refers to Designated Housing, the selection of Designated Supportive Living as a top term across respondent groups suggest some knowledge of this industry term among the public. Still, DSL was not overwhelmingly selected as a top term, and respondents also selected Assisted Living and Supportive Living to represent this scenario.



HOUSEKEEPING AND
A DAILY MEAL
MAKES OUR LIVES
EASIER.





THE SCENARIO

Li and Brenda, a couple in their late 60's, live in a multi-story building for seniors where they receive housekeeping services and one meal a day.

YOU SPOKE OUT

Expected Response: Seniors Housing With Hospitality Services



NEITHER LIVE NOR WORK IN SENIORS HOUSING

Assisted Living: 18%
Supportive Living: 16%
Housing with Supports: 14%



LIVE BUT DO NOT WORK IN SENIORS HOUSING

Seniors Lodge: 18%
Assisted Living: 16%
Housing with Supports: 14%



DO NOT LIVE BUT WORK IN SENIORS HOUSING

Seniors Lodge: 24%
Supportive Living: 15%
Assisted Living: 11%



LIVE AND WORK IN SENIORS HOUSING

Seniors Lodge: 20%
Assisted Living: 19%
Housing with Supports: 13%

WHAT WE HEARD

Across all respondent groups, either 'Housing with Supports,' 'Seniors Lodge' or 'Assisted Living' were selected by a majority of respondents. This was consistent with the expected response of 'Seniors Housing With Hospitality Services.' 'Supportive Living' was another term selected by individuals who were not very familiar with the industry. Of these, there was no single term that was selected by an overwhelming majority of respondents. The highest percentage by which a term was selected (24%) was Seniors Lodge, and by respondents who did not live but worked in seniors housing. Even among respondents who should have had a high degree of confidence with industry terms (live and work in seniors housing), response rates for the top responses were only between 13% and 20%. This points to a major issue with consistent understanding and interpretation.

24% OF RESPONDENTS SELECTED THE TERM 'SENIORS LODGE.'

I'VE BECOME A BIT
FORGETFUL
AND
NEED **HELP WITH**
MEDICATIONS
& PERSONAL CARE.





THE SCENARIO

Emily Kowal, 90, has been experiencing a decline in her health for the past three years. She requires assistance with her medications and personal care needs. She lives with other seniors.

YOU SPOKE OUT

Expected Response: Seniors Housing with Healthcare and Personal Care Services



NEITHER LIVE NOR WORK IN SENIORS HOUSING

Nursing Home: 23%
Long-Term Care: 14%
Seniors Lodge: 13%
Assisted Living: 13%



LIVE BUT DO NOT WORK IN SENIORS HOUSING

Assisted Living: 21%
Nursing Home: 18%
Long-Term Care: 17%



DO NOT LIVE BUT WORK IN SENIORS HOUSING

Assisted Living: 23%
Nursing Home: 13%
Supportive Living: 13%
Long-Term Care: 13%

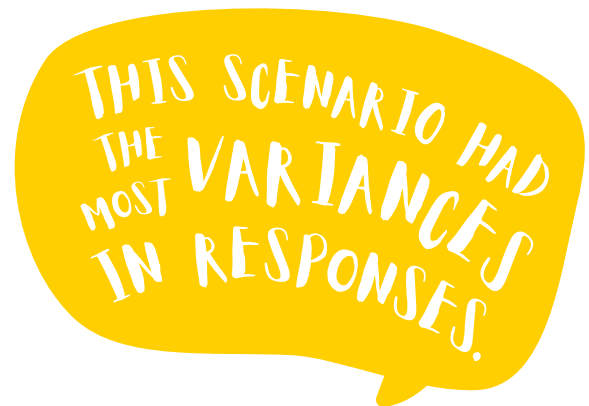


LIVE AND WORK IN SENIORS HOUSING

Seniors Lodge: 20%
Nursing Home: 16%
Assisted Living: 15%

WHAT WE HEARD

This scenario had the most variances in responses. Respondents with no residential or industry frame of reference were more likely to choose the term 'Nursing Home,' however 'Nursing Home' was still a top term selected even by respondents who live and work in seniors housing. Other popular terms were Long-Term Care and Assisted Living.



FAMILIARITY WITH INDUSTRY ADOPTED LANGUAGE

The survey also asked respondents to provide their own definitions for terms and concepts currently used within the seniors housing industry. The terms included for definition in the survey are ones that are commonly used by information providers when seniors and families are navigating their

seniors housing options. Respondents were instructed to describe what the terms meant to them, and to try their best to define the term regardless of familiarity. Respondents did have the option of entering 'N/A' if they were unable to think of a definition.

ANALYSIS

Respondents were confident in defining some terms, and there was general agreement about their definitions. However there were also terms that many respondents were not confident in defining, and for which there were no strong trends or patterns to indicate a consensus about the definitions. This suggests familiarity with only some terms.

The highest rates of response were for the terms 'Independent Living' (91%), 'Supportive Living' (88%) and 'Long Term Care' (89%), suggesting that respondents had greater familiarity or exposure to these terms. As well, most responses indicated a general consensus and understanding for each of these. On the other hand, terms such as 'Designated Supportive Living' (DSL) had a lower response rate (70%), and half of those who responded perceived the term as synonymous with 'Supportive Living'. The terms 'Memory Care,' 'Congregate Living,' and 'Personal Care Home' had significantly lower rates of response. This suggests that overall respondents were unfamiliar with these terms.

In defining certain terms, such as 'Seniors' Lodge,' 'Seniors' Self Contained,' and 'Congregate Living,' many respondents used the same few terms with higher response rates, namely "Independent Living" or "Supportive Living". This indicates greater familiarity with terms such as Independent Living and Supportive Living, and an understanding that these are synonymous with many of the other terms respondents were asked about. Overall, there is an apparent preference for a smaller handful of terms, rather than the variety respondents were presented with.

Overall, there is an apparent preference for a smaller handful of terms, rather than the variety respondents were presented with.

For some terms, there was a great degree of congruence with the expected responses than with others. In defining 'Independent Living,' 'Supportive Living,' 'Long Term Care,' 'Aging in Place,' 'Aging in Community,' 'Nursing Home,' and 'Personal Care Home,' respondents provided responses that were very similar to the expected answers corresponding with industry definitions for these categories of seniors housing and care. Those respondents who provided definitions for 'Congregate Living' and 'Memory Care' were also close to the expected answers, however there were many respondents who said these terms were not applicable or they do not know how to define them (63% and 51% respectively).

Respondents provided definitions incongruent with expected responses for the terms 'Seniors Lodge,' 'Designated Supportive Living' (DSL), 'Continuing Care,' and 'Seniors' Self Contained.' As well, between 16% and 30% of respondents indicated 'N/A' or 'I Don't Know' for each of these terms, meaning that between 190 and 350 Albertans could not define these terms.

The following is a summary of the most common definitions provided for each term. The percentage of respondents who indicated “N/A” or “I Don’t Know” is also provided for context.

INDEPENDENT LIVING

EXPECTED RESPONSE:

Housing without any supports or services available.

Most Common Response Self-Sufficient: 50%

At Home, No Supports: 34%
Apartment Living: 10%
N/A or I Don’t Know: 8%

SUPPORTIVE LIVING

EXPECTED RESPONSE:

Housing with some form of hospitality supports or services available on-site.

Most Common Response Lives in Own Home with Support: 28%

Lives in Own Home or Facility, with Services: 19%
Lives in Congregate Setting/Facility with Services: 17%
N/A or I Don’t Know: 12%

DESIGNATED SUPPORTIVE LIVING (DSL)

EXPECTED RESPONSE:

Different than supportive living. DSL units are designated by a public authority for people assessed by the health care system and 24 hour basic health supports are in place.

Most Common Response Same as Supportive Living: 50%

Requires Some Assistance: 31%
N/A or I Don’t Know: 30%

LONG TERM CARE

EXPECTED RESPONSE:

Medical housing model with medical services on-site for complex long term health conditions in a setting that is accessed through the health system.

Most Common Response Nursing Home Care: 38%

Requires Care 24 Hours: 30%
Requires Long-Term Assistance: 10%
N/A or I Don’t Know: 9%

CONTINUING CARE

EXPECTED RESPONSE:

Continuum of care, with all care options from home living to long term care, under one umbrella term.

Most Common Response Long Term Care: 34%

Continuing Care Spectrum: 10%
Supportive Living: 9%
N/A or I Don't Know: 27%

AGING IN PLACE

EXPECTED RESPONSE:

Individual can remain in their place of choice that can manage their changing levels of care as required on-site.

Most Common Response Stay at Home: 60%

Multi-Level Care Building: 19%
Aging in Same Place: 17%
N/A or I Don't Know: 38%

AGING IN COMMUNITY

EXPECTED RESPONSE:

Different than supportive living. DSL units are designated by a public authority for people assessed by the health care system and 24 hour basic health supports are in place.

Most Common Response At Home: 31%

Living in Home Community: 28%
N/A or Don't Know: 33%

NURSING HOME

EXPECTED RESPONSE:

Individual is empowered to age within their community of choice, with community resources and services available both within their residence and within in the community, and not necessarily under one roof.

Most Common Response Building with Medical Supports: 46%

Long Term Care: 23%
Total Care Needed: 18%
N/A or I Don't Know: 11%

SENIORS LODGE

EXPECTED RESPONSE:

Unique housing option in Alberta where seniors housing is offered within the municipality with some hospitality supports and services on-site made possible through government funding, targets to lower income individuals or those requiring subsidies.

Most Common Response Seniors Building with Activities and Services: 32%

Both Services and Low Levels of Care Provided: 15%
Independent Living with Some Supports: 14%
N/A or I Don't Know: 16%

SENIORS SELF CONTAINED

EXPECTED RESPONSE:

Same as independent living, targeted to lower income individuals and those requiring subsidies.

Most Common Response Apartments (Condos, etc.) for Seniors: 46%

Independent Living: 19%
Has Own Suite Within Facility: 15%
N/A or I Don't Know: 27%

CONGREGATE LIVING

EXPECTED RESPONSE:

Communal-style living where four or more unrelated individuals live together in the same building.

Most Common Response Communal Style Living: 53%

Seniors Lodge: 12%
N/A or I Don't Know: 63%

MEMORY CARE

EXPECTED RESPONSE:

Housing with health and hospitality services/ supports for those with dementia, Alzheimer's or other cognitive limitations.

Most Common Response Dementia and/or Alzheimer's: 88%

N/A or I Don't Know: 51%

PERSONAL CARE HOME

EXPECTED RESPONSE:

Smaller house-like setting for individuals who require on-site health care and support.

Most Common Response Home Care: 37%

House for 4-10 Seniors with Live-in Caregiver: 19%
Facility That Provides Services: 10%
N/A or I Don't Know: 32%

SENIORS HOUSING AS A TERM

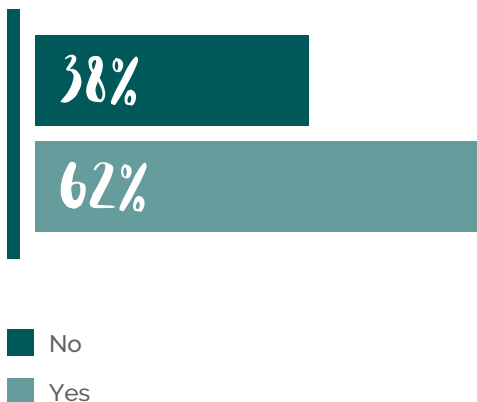
Respondents were presented with a multiple choice question where they were asked to select what they immediately thought of when they heard the term "Seniors Housing."



CONTINUING CARE

DO 'CONTINUING CARE' AND 'LONG TERM CARE' MEAN THE SAME THING TO YOU?

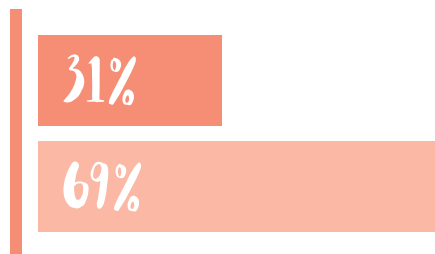
Continuing care is a term used to describe the entire continuum of care services, from home living to facility living. It is generally understood that home living, seniors housing and long term care are covered by the continuing care spectrum. Respondents were asked if they felt continuing care and long term care were synonymous, and if they felt seniors housing fell into the continuing care spectrum.



DOES SENIORS HOUSING FALL WITHIN THE 'CONTINUING CARE' SPECTRUM?

Those unfamiliar with the term were more likely to think that continuing care is the same as long term care, or healthcare-dependent living. Those with some industry knowledge were more likely to see continuing care and long term care as separate terms, but this group still preferred to use the terms interchangeably.

Nearly 70% of respondents felt that seniors housing was not part of the continuing care spectrum. Reasons for this were provided in the form of comments by the respondents. "Care" was equated to "healthcare" by those that did not see seniors housing within the continuum.



- Seniors Housing is in the Continuing Care Spectrum
- Seniors Housing is not in the Continuing Care Spectrum

PUBLIC PERCEPTION

PERCEPTION OF SENIORS HOUSING

The survey asked respondents to rate their perception of seniors housing (based on their own interpretation of the term).

Respondents who lived in seniors housing were most likely to have a "positive" and "somewhat positive" perception, especially if they also had industry familiarity by working in seniors housing. Respondents with the least familiarity with the industry were more likely to answer negatively. This indicates that the more exposure someone has to seniors housing, the more positively they tend to view it. Respondents were also more likely to view seniors housing as positive if they viewed it as a setting where independence, activities or dignity are preserved. Respondents were more likely to rate their perception as "somewhat negative" when equating seniors housing to a care facility focused on providing medical care.

THE FOLLOWING CHART PROVIDES A SUMMARY OF RESPONSES:

26.4%

POSITIVE



41.6%

SOMEWHAT POSITIVE



20.7%

SOMEWHAT NEGATIVE



11.2%

INDIFFERENT



SUGGESTIONS FROM THE PUBLIC

Overall, respondents said there should be better terminology for seniors housing.

71% felt that there is a need to clarify, reduce and simplify the terms to make them more understandable and consistently used. 23% of respondents felt they could not adequately define seniors housing terms and that the terminology is “too confusing.” Key themes included:

SIMPLER LANGUAGE

Albertans want simpler, more descriptive language—inconsistent use of the terminology creates confusion and issues for those in need.

Supportive living and designated supportive living are understood to be the exact same thing, and when terms are too close in language the public will make generalizations regardless of service levels provided.

THE PUBLIC MAKES GENERALIZATIONS

SERVICES CAN BE HOSPITALITY

Generally, Albertans understand that “services and supports” don’t always mean healthcare. Services can also be hospitality.

Albertans understand what services/supports would be provided in a seniors apartment (i.e. no services) and a “nursing home” (i.e. nursing care), but the various levels of supportive living and what is actually provided to the resident is too confusing and variant.

CONFUSION AROUND LEVELS OF SUPPORT

NEGATIVE VIEW OF CARE COMMUNITIES

Generally, Albertans have a positive view of seniors housing communities (where some independence can be maintained), but feel less positive about care communities (which are seen as settings where there is a loss of independence).

71% OF ALBERTANS
SAY WE NEED
TO CLARIFY,
REDUCE & SIMPLIFY
SENIORS
HOUSING TERMS.

CONCLUSION

Albertans simply want to know if their needs will be met.

The overall consensus was to focus less on terminology and more on clarifying what services/supports are offered and what is covered by the provider/government. Setting out clear expectations for seniors and their families is more desirable, regardless of the category given to the seniors housing setting.



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