

1. Summary of Proposed Research

What will the housing needs of aging Atlantic Canadians be over the next 20 years? What housing options should be developed to meet these needs? A series of meetings of concerned stakeholders in the fall of 2003 identified the answers to these questions as a research priority. This proposal, *Projecting the Housing Needs of Aging Atlantic Canadians*, has arisen from the collective efforts of a research alliance encompassing all four Atlantic Provinces, and representing universities, seniors' organizations, housing developers, service providers, and government departments. Our experience has defined a collaborative project that addresses a critical set of issues facing aging Atlantic Canadians. Our work has already facilitated dialogues about these issues within provincial and regional settings.

Housing options available to Canada's rapidly aging population narrow as the everyday demands of living become more onerous and increasing assistance is required¹. Health status and income levels are important determining factors for the type of supportive housing options that will be available to an individual². Additionally, the needs and wants of contemporary seniors are very different from those of their parents and we know very little about how these differences will impact future living choices^{3,4}.

We propose to address these needs through a region-wide research alliance. The alliance will build community-university research capacity respecting seniors' housing. It will project current trends in seniors' health states and income levels to inform understanding of seniors' housing needs over a 20-year period. The population of seniors in Atlantic Canada differs from that in other Canadian provinces in three main respects⁵. First, the proportion of the region's senior population is higher and growing faster when compared with trends in other provinces, resulting in a greater demand for a variety of housing options. Second, the income level of the region's seniors is lower than the national average and housing solutions available in other parts of the country may not be financially feasible for many Atlantic Canadian seniors⁶. Finally, when viewed nationally, a larger proportion of the Atlantic Provinces' population, including seniors, lives in rural areas. While a variety of urban area housing options are being developed, rural areas may need to devise different strategies.

To project aging Atlantic Canadians' future housing needs from 2009 to 2029, we will begin with the current census Forward Sortation Area (FSA) data, combined with health state and wealth predictors, to construct a predictive geo-demographic model. The Applicant has used a version of this model to successfully estimate assisted living demand in several communities in Nova Scotia^{7,8,9,10}. The model will then be enhanced by surveying Atlantic Canadian seniors. The research alliance has reviewed the CMHC "Seniors' Housing and Support Services Survey"¹¹ and determined that it can be effectively revised to expand our understanding of the special challenges and issues facing our aging population. Sixteen focus groups sited in urban and rural areas will then ask seniors how their health, income status, life transitions and other factors are likely to affect future housing wants and needs. The demographic projections, along with the qualitative information, will be compared with an inventory of the region's housing options and models of innovative seniors housing from other countries.

This CURA will increase the capacity of university faculty and students to conduct community-based research. The resulting analysis of available supply and anticipated demand will be presented in policy documents designed to assist government decision makers, housing developers and community organizations in planning for seniors' housing needs. Alliance meetings and workshops throughout all phases of the collaboration will develop capacity to design and conduct research, to analyze research-sourced data, and to influence policy within a systematic knowledge mobilization strategy that develops and disseminates information from the project's outset. The involvement of four provincial Seniors' Housing Stakeholder Groups and a culminating regional Seniors' Housing Needs Conference will facilitate the development of public policy solutions. The central role played by our participants and partners in all aspects of this CURA will enhance understanding of aging Atlantic Canadians' housing needs and wants, at all social and economic levels, by both public and private organizations.

2. Detailed Project Description

Relevance/Importance

As the Baby Boomer generation moves into older age and the proportion of seniors within Canada increases, it is clear that we need to address the housing needs of very different age cohorts¹². However, at present we know little about the housing needs and wants of both seniors and those rapidly approaching 65, nor do we know how these needs and wants will impact our society. As people age, their available choices for living arrangements may narrow as they become less able to cope with the everyday demands of living. Some people will be reasonably healthy and have sufficient financial security to live where and how they want, but many will not. This research program is designed to build a detailed picture of aging Atlantic Canadians and their potential living arrangement needs over the next 20 years.

Studies on seniors' housing needs consistently report that seniors prefer to remain in their own homes for as long as possible¹³. They also want to make their own decisions with respect to their needs and lifestyle¹⁴. Seniors say that the benefits of aging in place include a feeling of independence and control, feelings of safety and security, being near family, and having familiarity with their surroundings¹⁵. Major barriers to aging in place include the inability to maintain property followed by inadequate finances, illness, the need for safety and security, and inadequate family support and transport¹⁶. To overcome these barriers, creative housing initiatives are needed.

For aging-in-place initiatives to be successful, they require the involvement and input of all levels of government policy makers, housing developers, support services, communities, and most importantly, the involvement and input of seniors. Aging-in-place initiatives must also take into account the diversity of situations and needs of seniors given differences in age, ability, economic status, gender, rural/urban status, housing situation, culture and personal preference.

Decisions made by seniors choosing from an array of housing options are directly related to health and income status. We need to be able to describe and predict these variables accurately for the senior population. Furthermore, health and income will vary considerably across geographic regions, between men and women and between attached and unattached seniors. An article in Canadian Social Trends¹⁷ described the measures of four states of health: dependence-free, moderate dependence, severe dependence and institutionalized dependence. Each of these states of health and their relationship with housing options are presented in Table 1.

Table 1: States of Health and Potential Living Choices for Seniors

Dependence –free/ Good Health	Individuals who do not need assistance, with the possible exception of heavy housework, and who generally live in single family or multiple-unit housing, either rented or owned.
Moderate Dependence	Individuals who need assistance with meal preparation, shopping, or everyday housework. Home care may be provided within their private residence by family caregivers and/or paid care providers.
Severe Dependence	Individuals who need a high level of support, including assistance to move about or for their personal care. They may continue to live in their own home with significant support or may move into an assisted living facility or seniors retirement residence.
Institutionalized Dependence	Individuals whose very high level of required assistance usually dictates that they reside in a nursing home or other institution where they can receive extensive support and specialized care.

Source: Canadian Social Trends, 2000¹⁷

The article also notes some important differences between men and women in the way they age. In 1996, a 65 year old male could expect to live another 16.1 years, with 3.4 years in some state of dependency, while a 65 year old female could expect to live another 20 years, with 6.5 of those years in one of the dependent states. Furthermore, the analysis indicated that, of those aged 84 and older, 65% of males and 75% of females would spend their remaining years in some state of dependence. Males and females will spend approximately 15% and 20% of this time institutionalized, respectively. Currently, we can expect males, on average, to move into a dependent situation when they are 77.7 years of age, and females when they are about 78.5 years of age. These health state factors can be used to estimate the percentages of males and females that would seek different types of living arrangements at specific points in time.

The Survey of Financial Security¹⁸ asked a sample of Canadian families and unattached individuals about the value of their assets and the amount of their debts. The total value of the assets, less the debt, is referred to in this report as net worth. When looking at those 65 years of age and older, the report concluded that senior families (in which the major income recipient was aged 65 and older) had the highest estimated net worth of any type of family unit (\$302,900), in part because many live in their own mortgage-free home. In 1991, Statistics Canada estimated that 60% of those aged 65-79 owned their home without a mortgage and this dropped to 48% for those 80+. This should not be interpreted to mean that all elderly families have relatively high income. The relationship between income and net worth does not hold for those 65 years of age and older. The median after-tax income of elderly families was in fact lower than for most other families of two or more. Their net worth is a reflection of previous income and purchases rather than of current income.

Another important conclusion of the study was that the Baby Boomer cohort had higher net worth than their parents did at the same age. Furthermore, *A Portrait of Seniors in Canada*¹⁹ reported that the average income of people aged 65 and over in 1994 was 16% higher than in 1981, once the effect of inflation had been taken into account. In contrast, in the same period, there was almost no change in the average income of people under age 65. Much of the increase in the incomes of seniors has been accounted for by increases in employment-based pension plans, both public and private. This means that there will be an increased demand for supportive living arrangements financed by the individual over the next forty years, such as purchasing personal care services or assisted living facilities. As well, the rising incomes of seniors have led to a decline in the proportion of people in this age group with low incomes. Between 1980 and 1994, the percentage of Canadians aged 60 and over considered to have low incomes decreased from 34% to 19%. Despite this overall decline, levels of low-income remain relatively high among unattached senior women, 53% of whom lived in a low-income situation. Thus, any examination of the housing needs of seniors must be addressed separately for each demographic cohort. We propose to use the health and wealth factors in combination with detailed demographic information to produce geo-demographic predictions through 2029 for our aging population.

This research alliance will specifically examine the housing needs of seniors in Atlantic Canada. This region differs from the other regions in Canada in three main age-related aspects. First, the Atlantic Provinces have seen a higher rate of increase of the elderly population compared to the rest of Canada. Only a decade ago, the median age for the four Atlantic Provinces was lower than the median age for the nation. By 2001, the median age had increased above the national average²⁰, largely as a result of continuing out-migration²¹. As these trends continue, Atlantic Canada will need to increase its capacity to accommodate this rapidly increasing elderly population. Second, the income level of seniors in the Atlantic Provinces is lower than the national average. The median income of individual seniors in 1995 was \$14,200 in the Atlantic region²². Quebec was the only province with a lower median income (\$14,000 for individual seniors). Because of this limited income, housing costs usually represent the largest single expense for seniors. Although the average income of seniors has been increasing over the last few decades as noted above, the average income of Atlantic seniors will still be

lower than the national average, limiting their housing options. Third, the proportion of Atlantic Canadians living in rural areas is considerably greater than those in other areas of Canada. According to the 2001 Census, 46% of the Atlantic Canadian population lives in rural areas compared to 20% of the nation's population. The median age of residents in rural areas in Atlantic Canada is also higher than the national level. The greater proportion of the population living in rural areas will affect the living choices of seniors as well, as they will not have the variety of options available to those living in urban areas. This combination of higher median age, lower income level and larger rural population makes Atlantic Canada a unique area with an urgent need to address both the current and future housing needs of seniors.

This research alliance will provide a detailed profile of Atlantic Canadians and their housing needs as they age over a 20-year period and match that profile with the emerging options in housing choices. The research component of this project will identify seniors' housing needs, predict future demand for an array of housing options, and identify gaps in supply. The crucial involvement of community collaborators, partners and stakeholders will provide valuable insight into the housing needs of seniors in Atlantic Canada and identify problems and concerns specific to each province. It is unlikely that there will be one common solution for all areas and it is imperative that stakeholders from each area be included in this process. Furthermore, the results from the research component of the project will aid in informing public policy development and community groups will have increased their capacity to engage all three levels of government in the implementation of recommended changes.

Methodology

This project is divided into four phases. Phases One and Two will focus on the demand for housing by Atlantic Canadian seniors. Phase Three will focus on the supply of housing options/choices and housing policy. Phase Four will focus on the development of policy recommendations and dissemination of results. The objectives and the methodologies to be used for each phase with timeframes are described below.

Phase One *January - December 2005 (12 months)*. The objectives for this phase are to ascertain the housing demand of the target population based on the 2001 census data (which will be updated in 2006) at the local level of three digit postal codes (FSAs) and to predict the likely housing choices seniors could need based on health and wealth. A geo-demographic model that identifies where our aging population is most likely to live for the next 20 years will be developed. Geo-demographic models combine statistical projections with the richness of geographic or place based information allowing the development of dynamic maps that portray the changes in the selected population variables. Our model will be based on age, gender, rural/urban status, the predictive factors of health outcomes and wealth (using standard measures of health states where available) and, where possible, culture for each FSA. The specific methods/activities include the following:

1. Develop a memorandum of understanding between MSVU and all the participants and partners.
2. Develop a research protocol document reflecting the collaborative spirit and intentions of the CURA, while assuring full community partner engagement and informed participation.
3. Design a visual identity program for the project.
4. Design the predictive geo-demographic model based on an existing model used successfully to predict seniors demand for assisted living choices.
5. Acquire the 2001 geo-demographic files for each of the 218 FSAs in Atlantic Canada.
6. Produce the model.
7. Develop a user-friendly searchable web site that houses the geo-demographic model within a searchable application. The web site will be updated regularly throughout the CURA.
8. Develop the design, instruments and infrastructure for the qualitative phase (Phase Two) of the project ensuring participatory input and decision-making from project co-applicants, collaborators and partners.

Phase Two *January 2006 - June 2007 (18 months)*. The objective for this phase is to identify and to analyze other determinants of demand for housing choices/options relevant to an aging population, i.e., the expectations, desires and fears. The methodology will include the use of surveys and focus groups to collect data on housing needs and preferences with both qualitative and quantitative analyses. The methods/activities include the following:

1. Adapt the CMHC “Seniors’ Housing and Support Services Survey” (1998). The original questions will be maintained and augmented through feedback from provincial Research Implementation Teams. Additional questions will strengthen the CMHC instrument and allow the researchers to include measures of health outcomes predictors. The sampling calculations for the modified CMHC survey are based on an infinite population since the populations all four Atlantic Provinces exceed 100,000 (as per standard statistical conventions). Proportionate random sampling will be used to ensure that the categories of males and females aged 60-69 and 70-79 in rural and urban Atlantic Canada are represented in our sample in the same proportions that they exist in the true population. To achieve a sample size based on a confidence interval of $\pm 4\%$ (95% confidence level) at the provincial level requires a sample size of 601 per province (a total sample of 2404). With this sample size, the level of confidence in reporting on rural versus urban sub-groups, for example, will be associated with a confidence interval of $\pm 6\%$ or better. The proportional representation within each provincial sample will be built up from the actual proportions of males and females in each FSA falling within the two target age groups of 60-69 and 70-79. This will allow the results to be linked back to the statistical model based on FSA files.
2. Administer the survey instrument through our collaborators, community partners and other recruited organizations (2404 surveys). They will receive training on the administration and completion of the survey forms using tools such as a trainer CD, web based instruction and support from the MDC, MSVU. This training will enable community organizations to assist seniors who require support to fill out forms.
3. Collect and analyze survey data using SPSS. For details see Section 7 on Training.
4. Plan focus groups based on the survey results and train the moderators and facilitators for qualitative data collection and analysis^{23, 24}. Training sessions for survey and focus group implementation with community collaborators and partners in the four Atlantic Provinces will enable collaborators and community partners to assist respondents to complete survey questions and will build capacity in administration of focus group methodology. The specific training process is described under Section 7 on Training.
5. Conduct 16 focus groups in the four Atlantic Provinces - two rural and two urban focus groups in each province. Collaborators, partners and stakeholder seniors’ groups in each province will be involved in recruiting a diversity of focus group participants based on the criteria of age, gender, socio-economic status and culture.
6. Analyze focus group data (sessions conducted in French will be translated) using Qualitative Solutions Research Non-numerical Unstructured Data Indexing, Searching and Theorizing (QSR), a computer package designed to aid qualitative analysis by processes of coding data in an index system, searching text or searching patterns of coding and theorizing about the data. The data analysis will take place under the direction of co-applicants responsible for the analysis.

In preparing this proposal the alliance has discussed the challenge and importance within the proposed CURA of examining, in depth, the meaning of culture and family support networks for future housing choices. This alliance will continue to work within the project teams and stakeholder groups to develop and explore opportunities for research in this area.

Phase Three *July 2007 – June 2008 (12 months)*. The objective for Phase Three is to document the existing supply of housing choices and how to identify emerging innovative options. Activities include the following:

1. Examine a range of the available solutions for housing choices for seniors, both in North America and other countries, and match these against the needs identified in the previous two phases.
2. Develop at least twenty profiles of emerging housing options for an aging population from other locales. Then develop case studies based on a review of these possible models of seniors housing.
3. Examine housing policies for seniors within the Atlantic Provinces to build a detailed picture of the choices available at the time of the research and planned for the future. The forthcoming report on the seniors housing policy within the Atlantic Region, being prepared by the Atlantic Seniors Health Promotion Network will provide a foundation for this work. Secondary research and key informant interviews in each of the four Atlantic Provinces will also be used.
4. Develop a supply inventory describing the full range of available housing choices within the Atlantic Provinces including assisted living, seniors' residences and nursing homes (including location, contacts and services provided).

Phase Four *July 2008 – December 2009 (18 months)*. The objectives for the final phase are to produce policy recommendations and to disseminate project results. Activities include the following:

1. Develop a gap analysis, which will identify the areas where supply and demand of seniors' housing choices are likely to be mismatched.
2. Develop policy implications for each of the four Atlantic Provinces as a discussion paper.
3. Develop recommendations on what types of housing need to be developed and where such housing should be located to meet the demand for the next 20 years.
4. Organize an Atlantic Region Seniors' Housing Needs conference for the spring of 2009 involving all interested stakeholders to disseminate the research findings. The conference will include workshops whereby participants will look at policy barriers and develop implementation recommendations.
5. Compile a final report, which will include recommendations arising from both the project process and the Regional Conference.

Project Outcomes

Outcomes identified for this project include the following:

1. Innovative research, training and advancement of knowledge. This project will use a predictive geo-demographic model. By combining detailed demographic files with health and wealth predictors, a new and innovative tool will be developed that will allow community-based researchers to create local profiles of current and future housing needs. Further enriching these profiles with the survey results will provide an exciting new way to examine the emerging needs of an aging population. The applicant has proven the functionality of the first components of the model and used the output to accurately predict assisted living demand in various rural and urban areas in Nova Scotia, including Lunenburg, Beaverbank, Dartmouth and Halifax.
This research collaboration is an example of combining quantitative and qualitative research for triangulation purposes and to provide richer detail²⁵. It is also unique in the nature and degree of community participation and regional collaboration in the design and delivery of the research program.
2. Sharing of knowledge, resources and expertise between universities and organizations in the community. The analysis of available supply and anticipated demand will be presented in policy analysis documents designed to assist government policy makers, housing developers and community organizations in planning for seniors' housing needs. Involvement of project participants (university, government and community-based) at workshops and meetings throughout all phases of the collaboration will develop capacity to design and conduct research, to analyze research-sourced data, and to influence policy within a systematic knowledge mobilization strategy that develops and disseminates information from the outset. The involvement of four provincial

Seniors' Housing Stakeholder Groups and a culminating Regional Seniors' Housing Needs Conference will facilitate the development of public policy solutions. The central role played by our participants and community partners in all aspects of this CURA will enhance understanding of aging Atlantic Canadians' housing needs and wants, at all social and economic levels, and by both public and private organizations. Research results will be communicated to academic peers through the publication of professional journal articles discussing the future housing needs of seniors in Atlantic Canada. The planned publications include the following:

- A quantitative results document which presents the geo-demographic data and associated projections.
- A document that discusses the model and how it can be used, as well as the preliminary predictions and what they may mean to policy makers.
- A choices document that details the supply inventory of existing housing options in Atlantic Canada and describes alternative choices in other jurisdictions.
- A user-friendly web site including a searchable application to make the data available to government, industry, community organizations as well as the general public.
- Power Point/overhead presentation packages, publications, conferences and on-line forums.
- Public policy documents to aid community advocates and government decision makers in their planning for future housing needs.

3. Enrich research, teaching methods and curricula in universities. The extensive partnerships developed between the universities and the community as a result of this proposal will greatly facilitate additional research on these important issues. The experience of the co-applicants and students working within seniors' communities will enrich bring practical experience into the classroom. Specific outcomes include the following:

- Peer-reviewed research papers published using data generated by the project (the applicant and co-applicants represent five Atlantic Canadian universities).
- Related university course curricula augmented with up-to-date data on seniors' housing from Atlantic Canada and the results from research on seniors' housing options available in other locales.
- Collaborative networks of Atlantic researchers that will facilitate the identification of additional research opportunities.
- Opportunities for faculty involved with the project (applicant/co-applicants) to share areas of expertise (i.e., QSR) and teaching methods (i.e., webCT).

4. Capacity building at the community level. We have been collaborating for the past year on developing this proposal and our work has already facilitated dialogues about these issues within provincial and regional settings. The value of the proposed model of participation for the collaborators and community partners is that it allows interested stakeholders to be involved with the research at various levels of commitment. The reality for many organizations, particularly non-profit associations, is that they have very limited resources, both staff and volunteers. The proposed CURA will enable organizations to contribute the resources they already have available and will develop their capacity by equipping them with the skills and knowledge respecting the conduct and dissemination of research. For example, the decision-making and problem-solving capacity related to seniors housing issues will be enhanced at both the urban and rural community level. It will be of significant benefit to rural communities where the higher proportion of seniors in the population creates an increased challenge to provide adequate housing solutions. Specific outcomes identified at the community level include the following:

- A model of housing needs that stakeholders can access and manipulate. Both government and community stakeholders will be able to conduct their own detailed analysis of their market area.

- Policy documents that will aid all three levels of government in Atlantic Canada to plan ahead and efficiently budget for the future needs of their aging population.
 - A website that will assist seniors and their families in Atlantic Canada in making informed choices about their future housing options and to help them to determine which services are best suited to their needs.
 - Training of collaborators and community partners in qualitative research methodology that can be applied in other situations.
 - A framework for coordinated and collaborative dialogue on seniors' housing within Atlantic Canada, initiated and supported by the research project through the four provincial stakeholder groups that will facilitate networking and problem solving.
 - Twice-yearly meetings in each province of the Research Implementation Teams and stakeholder groups, a yearly Research Management Team meeting in Halifax, conference calls and the culminating Regional Conference that will support the research goals and will further develop the capacity of researchers, policy makers, service providers and the community to ensure that affordable and accessible supportive housing is available throughout the region.
5. Enhance student education and employability. Housing issues and their impact on seniors will grow in importance over the next 20 years and will become key areas for study and employment. Opportunities and benefits available to undergraduate and graduate students through their involvement in the project may include the following:
- Acquisition of skills in project management, qualitative and quantitative methodology and the research roles and responsibilities of a member of a large, multi-stakeholder group.
 - Completion of an Honours and/or Masters thesis research as part of the project.
 - Source for student course papers related to seniors' housing issues and challenges.
 - Opportunities for project funded work experience through the 18 student work terms.
 - Opportunities for student placements through the MSVU Bursary Program.
 - Opportunities for work terms/work placements with community organizations.
 - Engagement at the team level in translating research into applied settings.

Ongoing Evaluation Plan

This project, based on extensive participatory and collaborative partnerships, will benefit from a dynamic and ongoing participatory internal evaluation. The evaluation will be conducted through the University of Prince Edward Island, coordinated by two project co-applicants: Dr. Lori Weeks and Dr. Judy Lynn Richards. The evaluation framework includes both a process and outcome evaluation. The process evaluation will enable the Applicant, Research Management Team and Implementation Teams to make adjustments to the project as a result of participatory feedback from committee members of the partner organizations, focus group participants and students. Challenges encountered during the project process and subsequent lessons learned (responses/solutions) will be documented with feedback provided to the Applicant and project teams in a timely and ongoing basis. The outcome evaluation will enable the Research Management Team, partner organizations, the stakeholder groups and the funder to determine if the project goals and objectives are met with the anticipated outcomes, as well as identify any unexpected outcomes.

Some of the key questions that can be answered through the evaluation include the following:

1. How did the partnerships function? Who participated in the project and what was their level of involvement? Were initial expectations realized concerning the level of involvement in the project and the project outcomes? Indicators include (i) the number and characteristics of participants and (ii) participant satisfaction with their level of involvement (did actual involvement meet expectations?), the decision-making processes and project outcomes.

2. Was capacity built within academic disciplines, government and community organizations as a result of this project? Did the CURA equip community and non-profit organizations with methodological and project management skills? Did the grassroots knowledge of community stakeholders inform the design and implementation of the research at all stages? Indicators include (i) the number of individuals trained in survey support and focus group organization and facilitation, (ii) the number and characteristics of participants at the Regional Conference and their assessment of the conference, (iii) the number of curricula that incorporated project information, and (iv) participant assessments of their learning and identification of benefits accruing to them from the project.
3. Did students gain from their involvement in the project in terms of skills learned or experience gained? Indicators include (i) the number of students involved in the project, (ii) the type of training provided and (iii) students' satisfaction with their overall involvement, degree of mentoring experienced and perceived benefits to their education, skills and career development.
4. Was new knowledge created? At what level did the model, data collection methods and analytical techniques meet tests for accuracy and validity? Did the CURA process and reports lead to any change in policy? Were the research data used to develop a range of housing options within local communities and throughout the region? Indicators include (i) appropriate checks to ensure reliability and validity of methods used, (ii) the number and characteristics of focus group participants and key informants, (iii) the number of refereed journal articles produced, newsletter articles and media releases, (iv) the number of meetings/forums held where research findings were presented, (v) number and type of participants at conferences and participants' assessment of project's value, (vi) the number of policies identified by key informants that were implemented or influenced by the research findings, and (vii) assessments of the relevance of project reports by participants and other community stakeholders.
5. Were stakeholder/umbrella groups created in each of the four Atlantic Provinces able to work toward the creation and implementation of innovative housing options? Were the resources identified to sustain, post CURA, the collaborative framework of these groups? Did these groups continue to meet? Indicators include (i) the number, mandate and membership of groups created during the CURA, (ii) the number of forums/presentations made by these groups, (iii) group members' assessment of sustainability and (iv) the number of groups that continue to meet 6 months, post CURA.

Methods that will be used for data collection include semi-structured interviews, evaluator observation, document review, pre and post surveys (training sessions and focus groups), and interviews (at the outset of the project and at the end of each phase) with collaborators and all project partners/stakeholders, students and other key informants to the process. Both quantitative and qualitative information will be collected. Quantitative information will be collected on focus group participation, project reports completed, journal articles written, presentations made by partners, website hits, course curricula changed, conference participation, students involved in the project and papers/theses written related to the project. Qualitative information will be collected through interviews, surveys and document review/analysis and include perceptions of the impact, value and usefulness of the reports produced, the downloadable website, the training provided to stakeholder groups and partners and student involvement/experience.

Data collection and analyses will be ongoing with quarterly evaluation updates to identify and facilitate any changes required to the project process. Evaluation reports will be produced at the end of each phase and distributed to the participants for feedback. A final evaluation report will be prepared at the end of the project. Contingent on funding availability, the evaluation will be extended to six months beyond the end of the project to begin to ascertain the sustainability of stakeholder groups and the longer-term impact on housing policy for seniors.

3. Communication of Results

We have planned a systematic knowledge mobilization strategy that develops and disseminates information from the outset. Findings must be communicated to several different audiences (academics, policy makers, practitioners, developers, general public) and must serve differing needs (policy development, information search, comparisons). These differences will require a wide range of communications approaches and varied dissemination strategies. Academics will be reached through conference presentations and journal publications while policy makers will be accessed through policy papers, a website and a regional conference. The general public will use the project website to research options and communities can develop profiles of the emerging housing needs of their local aging population. Another strategy is to employ students from the Department of Public Relations, MSVU under the MSVU Bursary Program to assist in creating editorial pieces and background reports that will be systematically released to local and regional press throughout the five years.

At each of the four phases, support has been included to produce high quality reports both for the in-print and on-line versions. To ensure the design of all public materials is based on understanding the needs of the various target audiences, using best practices in information presentation will be a priority. An intranet on the web site will provide easy access to minutes of all meetings, any workshop notes and drafts of developing issues and policy papers. The core planned communication will include:

Phase One. A report describing the model, how it was developed, the components and how individuals, community groups and government departments can access and use the model to produce analyses specific to their own area of interest. This report will also describe the variables of age, gender, rural/urban status, wellness and wealth and how each of these will interact to determine the future demand for housing and the implication on the choices available to an aging population.

Phase Two. A report detailing the results of the modified CMHC Survey and the focus groups will also explain how these results have been integrated into the model developed in Phase One. Profiles of several rural and urban areas in each of the four Atlantic Provinces will be used to illustrate the nature of our aging population's likely demand for housing options for the period from 2009-2029. Policy implications of both the existing and emerging needs as highlighted by the research will be prepared with specific sections dealing with the unique situation in each province.

Phase Three. A report that discusses the existing inventory of housing choices, presents in detail alternative approaches from four other jurisdictions, and discusses the policy implications and challenges of moving to newer, emerging approaches to providing housing for our aging population.

Phase Four. Two reports will be produced. The first is designed for the concluding conference as a thought piece, discussing options and potential implementation strategies for policy makers. The second is the final report, which includes the outcomes of workshops held during the final conference.

The CURA website plays a critical role in allowing the public to access and manipulate the model and to communicate results (i.e., a photo essay format featuring alternative examples from other countries will enable interested persons to explore different approaches to the housing of an aging population).

The CURA's partners and stakeholder groups play a critical role in reaching a wide and diverse audience. Almost all have an active internal communications program with newsletters and web sites. All partners will have PDF versions of all material, progress reports and updates to use in their communications. Press releases and prepared newsletter articles will be widely distributed as the research results are released. We have also incorporated plans to develop and distribute Power Point slide and overhead presentations to interested groups as an outcome of each phase. These presentations will be designed for use at community meetings. The active support of our provincial stakeholder groups will ensure that the project results reach seniors no matter where they live in Atlantic Canada, and our national partners and those with national affiliations will help us make the material readily available to a wider Canadian audience.

4. Citations

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5. Description of Team

The **Applicant**, **Dr. Donald Shiner**, *Associate Professor, Mount Saint Vincent University (MSVU)*, is an expert in applied consumer behaviour and understanding how the needs and wants of our aging population will translate into demand for services. He will be responsible for directing and managing the project, in collaboration with the 7 co-applicants and 8 collaborators described below, as well as the 21 community partners presented in Section 6 on Partnerships and Alliances.

Co-applicants: **Dr. Janice Keefe**, *Associate Professor and Canada Research Chair in Aging and Caregiving Policy, MSVU*, has expertise in rural aging, caregiving, and home and continuing care policy. She will supervise graduate students, provide space for focus group training, assist with the survey data analysis, and provide access to qualitative and quantitative data analysis software. **Cathy Crouse**, *Executive Director, Nova Scotia Centre on Aging, MSVU* has experience with project coordination, community development, and policy analysis. She will provide office space and support for the project staff and MSVU students, and will continue in her role as co-chair of the NS Stakeholder Group. **Dr. Robin Stadnyk**, *Assistant Professor, Dalhousie University* has a background in the social, physical and policy aspects of housing for seniors and will support the supervision of students and the analysis of housing choices. **Dr. Kathleen Cruttenden**, *Assistant Professor, University of New Brunswick*, will use her background in gerontology, health planning and resource development to design and deliver focus group training. She will also Chair the NB Implementation Team and Co-chair the NB Stakeholder Group. **Dr. Lori Weeks**, *Assistant Professor, University of Prince Edward Island (UPEI)*, will use her expertise in service and support options for seniors to assist with the analysis of housing choices. She will Chair the PEI Implementation Team and Co-chair the PEI Stakeholder Group. She will also coordinate the project evaluation with her colleague **Dr. Judy Lynn Richards**, *Assistant Professor, UPEI*, who is an expert in population projections and aging, quantitative methodology, and evaluation. Dr. Richards will oversee qualitative questionnaire construction and PEI's data collection and statistical projections. **Dr. Patrick Parfrey**, *Research Professor at Memorial University of Newfoundland (MUN)* is a clinical epidemiologist and internationally recognized researcher who has conducted several health services projects. He will supervise data collection in NL and assist with policy analysis and translation of research findings.

Collaborators: **Stephen Coyle**, *Research/Policy Analyst, NS Senior Citizens' Secretariat* has experience with collaborative research at federal and provincial levels, including survey methodology. He provides a linkage to policy tables convened by the Secretariat, and their extensive mailing lists. **Bruk Melles**, *Researcher, NS Department of Community Services, Housing Services Division*, will contribute to policy analysis, particularly in relation to affordable housing, and use the project data to inform provincial government planning. **Debra Leigh**, *Executive Director, Continuing Care Association of NS*, provides a link to supportive housing and nursing home providers in NS and will continue in her role as Co-chair of the NS Stakeholder Group. **Jo-Ann Fellows**, *Board Member of the Third Age Centre* (located at St. Thomas University), has broad experience with management and policy development in academic and public sectors, and will Co-chair the NB Stakeholder Group and assist with subject recruitment. **Gary Richard**, *Projects Manager, Atlantic Peoples Housing Ltd.*, has developed a wide range of seniors housing options and will assist with all stages of implementation. **Irene Larkin**, *Executive Director of the PEI Senior Citizens' Federation* has extensive community development experience and will Co-chair the PEI Stakeholder Group and assist with subject recruitment through a network of seniors' councils and clubs. **Jacquelin McDonald**, *Research Nurse Coordinator, Health Sciences Centre, MUN*, has coordinated provincial projects assessing gaps in institutional care and conducting policy impact analysis. She will Chair the NL Research Implementation Team, and Co-chair the NL Stakeholder Group with **Rosemary Lester**, *Executive Director, Seniors Resource Centre Association of NL Inc.*, who has experience with seniors housing and community outreach, and extensive networks of contacts in NL and the throughout the region.

6. Partnerships and Alliances

Background

In October of 2002, Dr. Janice Keefe, Canada Research Chair in Aging and Caregiving Policy and Associate Professor in the MSVU Family Studies and Gerontology Department, and Marlene MacLellan, Associate Director of the Nova Scotia Centre on Aging at MSVU, co-hosted a two-day workshop on “Building Capacity in Continuing Care: Bridging Researchers and Decision Makers in the Atlantic Region.” Forty-three people from across Atlantic Canada attended: 15 provincial government representatives, 13 researchers, 7 representing community based organizations and one individual from Veterans Affairs Canada. Workshop participants discussed the topic area of *Alternatives along the Continuum of Care*, defined as “Estimating the need for facility-based services and alternative supports in Atlantic Canada, including supports such as assisted living, enriched housing, and ambulatory care”. Two of the specific projects identified for future action were to “develop profiles of past, current and future users of continuing care services” and to “determine gaps in services, programming and residences”²⁶.

As a result of the collaborative discussions at the MSVU workshop, the Nova Scotia Centre on Aging (NSCA) conducted a literature search to survey the current status of assisted living developments within Canada and the United States, and a Synthesis Report on “Assisted Living: Policy Implications in the Atlantic Provinces” was prepared by Clare Parks for distribution and discussion. In April 2003, close to 80 people attended an Atlantic Region conference on Assisted Living hosted by the Continuing Care Association of Nova Scotia (CCANS) held in Halifax. The conference underscored the need for ongoing dialogue to share information and to address public policy issues related to this rapidly growing area of supportive housing. On September 26, 2003, the results of the NSCA literature search were presented to a group of community stakeholders at a meeting jointly convened by the NSCA and CCANS in Halifax. The participants included representatives from seniors’ organizations, government, housing developers and service providers. The group agreed to continue to meet as an Assisted Living Stakeholders Group to 1) provide input into the development of research proposals, and 2) to articulate public policy issues and solutions related to supportive housing.

The Assisted Living Stakeholder Group in Nova Scotia continued to meet throughout the fall and winter of 2003 and identified the research questions for the CURA Letter of Intent submitted on December 8, 2003. Because the research questions are of equal interest to stakeholders within the other three Atlantic Provinces, participants at the 2002 Capacity Building Workshop, and other key organizations, were invited to participate in the proposed CURA project. As a result, the LOI proposal garnered the support of university-based co-applicants representing MSVU, Dalhousie, UNB, UPEI, and Memorial. During the development of the formal proposal, Dr. Don Shiner and the university-based co-applicants have worked with the community-based collaborators and partners who supported the LOI to develop the following collaborative structure for participation in the proposed research. During this time, new participants have been recruited and a number of initial participants have opted to change their category of support. *It is important to note that the Nova Scotia Provincial Health Council has been disbanded by the provincial government and therefore it was not possible for us to pursue their involvement in the formal proposal, as recommended by the LOI review committee.* Also, several government departments in New Brunswick and Prince Edward Island, as well as other organizations interested in the research were not able to partner because of human resource restrictions. Their letters of support are appended to the proposal, following the letters of confirmation.

Structures for Governance and Participation

The collaborative effort that has generated this proposal will be maintained within the research project through the NS-based stakeholder group and similar groups initiated by the project within each

Atlantic Province. Twice yearly meetings in each province, as well as one regional meeting each year, conference calls and the culminating Regional Conference will support the research goals and will further develop the capacity of researchers, policy makers, housing developers, service providers and seniors' organizations to ensure that affordable and accessible supportive housing is available throughout the region. The large number of research participants and the widespread interest in the results of the study require a three-tiered structure for governance and participation.

Research Management Team (Regional)

Members: Applicant, Co-applicants and Collaborators

Chaired by: Dr. Don Shiner (Applicant)

Purpose: To design, direct and manage the implementation of the research methodology in conjunction with partner organizations.

Responsibilities:

1. Make decisions regarding research design and implementation in conjunction with partner organizations.
2. Hire and supervise the project coordinator, graduate students and other paid supports.
3. Monitor expenses and produce financial reports.
4. Produce documents on the research findings and policy implications.
5. Convene twice-yearly meetings of the Research Implementation Teams within each province.
6. Participate in annual regional meetings of the four Research Implementation Teams, and the culminating Regional Conference.

Meeting Schedule and Communication: Members of the Research Management Team will communicate directly with the Applicant as frequently as needed, primarily by telephone and e-mail. Collective communication will occur primarily by monthly conference calls. The Applicant will meet face-to-face with members of the Research Management Team at the twice-yearly meetings of the Research Implementation Teams, the annual regional Research Management Team meetings and the culminating Regional Conference.

Research Implementation Teams (Provincial)

Members: Applicant, Co-applicants, Collaborators and Partners within each province.

Chaired by: Dr. Don Shiner (Applicant) in Nova Scotia, Dr. Kathleen Cruttenden (Co-applicant) in New Brunswick, Dr. Lori Weeks (Co-applicant) in Prince Edward Island, and Jacquelin McDonald, R.N. (Collaborator), in Newfoundland and Labrador

Purpose: To participate in the design and implementation of the research methodology; review the research data; and identify public policy issues related to the research and to ensure they are addressed by a broad range of community stakeholders.

Responsibilities:

1. Provide input to the Research Management Team on the research methodologies design (focus group questions and additional survey questions), through provincial meetings held at least twice a year, as well as telephone and e-mail communication.
2. Assist the Research Management Team and project staff with the selection of focus group locations, participant recruitment, and organization of focus group meetings, as well as the distribution/retrieval of the survey instrument.
3. Designate individuals within their organizations to receive training in focus group development and survey support.
4. Review the initial research findings and advise the Research Management Team on the contents and format of published documents.
5. Identify public policy issues related to the data in conjunction with the Research Management Team.
6. Participate in the provincial Seniors' Housing Stakeholder Group meetings, and the culminating Regional Conference.

Meeting Schedule and Communication: The Research Implementation Teams will meet a minimum of twice a year with the Applicant. Additional meetings may be called and organized by the provincial Chairs. The members will also participate in their province's Stakeholder Group meetings and the Regional Conference. Communication between meetings will be primarily by e-mail and telephone.

Seniors' Housing Stakeholder Groups (Provincial)

Members: Research Implementation Team Members, project supporters, and other interested stakeholders from seniors' organizations, housing developers, service providers, government (municipal, provincial and federal) and universities.

Co-Chaired by: A university based co-applicant, and a community-based collaborator in each province (see Section 5 on Description of Team for identification of Co-chairs).

Purpose: To review the findings of the research, and to develop recommendations related to the public policy issues emerging from the data analysis.

Responsibilities:

1. Participate in discussions on the findings of the research and related public policy issues.
2. Use the research data to support the development of a range of housing options within local communities and throughout the region.
3. Articulate and debate identified public policy issues, and develop workable solutions and/or recommendations in conjunction with government decision makers.
4. Assess the merits of maintaining a structure of ongoing coordination and collaboration among stakeholders on seniors' housing and develop a plan for sustainability.

Meeting Schedule and Communication:

The Co-chairs of the Seniors' Housing Stakeholder Groups will convene meetings a minimum of twice a year, scheduled consecutively with the meetings of the Research Implementation Teams. Additional meetings may be called as required and communication will be primarily by e-mail and mail post. Participation of the stakeholder groups will be critical at the culminating Regional Conference.

Integration of Academic and Non-academic Expertise, and Value of the Research Alliance

The structures for governance and participation outlined above provides a framework to blend the research expertise of the university-based applicant and co-applicants, with the research interests, policy development experience, and knowledge of the grassroots issues possessed by the community based collaborators and partners. The structure allows for the participation of community-based collaborators in the Project Management Team, which will facilitate their development of methodological and project management skills. The Research Implementation Teams, which include a larger group of community-based partners, will ensure that the grassroots knowledge of representatives from a range of participants informs the design and implementation of the research at all stages. Finally, the Seniors' Housing Stakeholder Groups in each province will provide a forum for discussion of the research findings, policy implications and policy solutions among a group that assembles an even broader range of stakeholders.

Of major importance to the development of seniors' housing within Atlantic Canada is the framework for coordinated and collaborative dialogue that will be supported by the research project. In June of 1990, the Canada Mortgage and Housing Corporation (CMHC) and the Nova Scotia Department of Housing sponsored a conference on seniors housing entitled "Housing Our Changing Needs". Twenty-three recommendations were included in the Conference Summary prepared by Valerie White, the current Executive Director of the Nova Scotia Senior Citizen's Secretariat. One of the recommendations stated that "there be an integrated approach between seniors, the private sector and government. These groups need to communicate and work together to achieve new solutions. An umbrella group could work toward the creation and implementation of innovative housing options with respect to bylaws, zoning regulations, and incentives for private developers"²⁷. Almost 15 years later,

the proposed CURA will bring together these identified elements and provide the resources to create the envisioned umbrella groups in each of the four Atlantic Provinces.

Description of Partners and their Participation

The letters of confirmation appended to the proposal provide additional detail describing each of the 21 project partners, their specific participation, and how their goals will be met by the proposed research. Table 2 below lists the partners according to the type of organization and indicates the specific activities they will undertake as participants. Organizations involved with the administration of the survey instrument will assist with the identification of individuals, as well as distribution and retrieval of the surveys. These groups may also be contributing volunteers who will be trained to assist people to fill in the survey. Partners contributing to the focus group component of the project will assist with the recruitment of participants, the logistical organizations of the meetings and the facilitation of the groups. Groups interested in the policy development aspects of the research will be contributing to the identification of the policy issues, gathering information on innovative options, and participating in the policy development workshops held throughout the course of the project (Stakeholder Group meetings and Regional Conference). They will also be concerned with the identification of resources to sustain the collaborative framework for discussions beyond the term of the project.

Table 2: Participation of Community Partners

Organization Type	Participation			
	Survey Admin.	Focus Groups	Comm	Policy Dev.
Government				
Canada Mortgage and Housing Corporation – Atlantic Region			✓	✓
Nova Scotia Department of Health			✓	✓
NL Department of Health and Community Services			✓	✓
Newfoundland and Labrador Housing Corporation		✓	✓	✓
Housing and Support Service Providers				
Canadian Association for Community Care (National)			✓	✓
VON Eastern Canada Region	✓	✓	✓	✓
The Cove Guest Home (NS)		✓	✓	✓
GEM Health Care Group (NS)		✓	✓	✓
Metro Community Housing Association (NS)	✓	✓	✓	✓
Shannex-Parkland Estates Retirement Residence (NS)			✓	✓
New Brunswick Special Care Home Association			✓	✓
Newfoundland & Labrador Home Builders' Association			✓	✓
St. John's Nursing Home Board		✓	✓	✓
Seniors' Organizations				
Atlantic Seniors Health Promotion Network		✓	✓	✓
Canadian Pensioners Concerned Nova Scotia	✓	✓	✓	✓
Federal Superannuates National Association – NS Region	✓	✓	✓	✓
Nova Scotia Seniors' Organizations - Group of IX			✓	✓
Regroupment des aînés et aînés de la Nouvelle-Écosse (NS)	✓	✓	✓	✓
Coalition for Nursing Home Rights (NB)	✓	✓	✓	✓
Aîné.e.s en Marche/Go Ahead Seniors Inc. (NB)	✓	✓	✓	✓
University: PEI Centre for the Study of Health and Aging	✓	✓	✓	✓

7. Training

This CURA will attract students and community workers to acquire the knowledge and skills essential for addressing an issue of critical importance for Canada, and particularly the Atlantic Region, i.e., housing options for an aging population. Students at all participating universities will have the opportunity to develop research skills in community-based research development, data collection and analysis through involvement with the project. At MSVU, which has graduate, undergraduate and certificate programs in Family Studies and Gerontology, involvement will include the following: independent study or thesis work by graduate students; practical hands-on experience by graduate, undergraduate and certificate students; and, employment of summer undergraduate students in both the Family Studies and Gerontology and Business Administration departments, which will provide these students with valuable learning experiences outside of the classroom.

At Dalhousie University, post-professional entry level graduate students at the School of Occupational Therapy will become involved in this project, integrating their knowledge of inclusive housing designs and supportive communities in projects. University of PEI undergraduate and graduate students from Sociology/Anthropology, Family & Nutritional Sciences, and Education will be mentored/trained in community-based research development, data collection and multivariate analysis. Advanced B.A. social work students from St. Thomas University and graduate students from the University of New Brunswick's programs in Education, Health Policy and Service, and Computer Science would have an interest in the project. All participating universities will have the opportunity to incorporate project-generated information into the appropriate curricula, as well as to involve students with an interest in seniors' housing.

In Phase One, undergraduate and graduate students will assist in the development of the public policy documents and literature reviews and data file input for the geo-demographic model. In Phase Two, students will input survey data into an SPSS package and assist with the initial data analysis. In Phase Three, students will assist in the development of profiles of examples of living choices in other parts of the world for seniors as well as assist in the inventory development. In Phase Four, they will help develop the policy recommendations. Undergraduate and Graduate students will be encouraged to complete their Honours and Masters theses research as part of this project.

Both students and volunteers from our community partners will be involved in facilitating and moderating the focus groups. The moderator of each focus group will be a senior to enhance relevance and openness of group discussion. The facilitator role will be filled by mature graduate students who will be trained to provide support to the moderators, take notes and record participant interactions as well as manage the audio/video recordings of the focus groups. The plan for community involvement is to conduct the training of moderators and facilitators at the Maritime Data Centre for Aging Research and Policy Analysis (MDC), record the training process and distribute this to all the partners. The MDC was designed to host focus groups and records these sessions for training and teaching purposes. DVD recording will be used to highlight key components of the training for distribution among the community partners and to assist in training the rest of the facilitators and moderators in the other three provinces. These diverse training processes and experiences will assure that the CURA attains the key goal of preparing expertise for informed engagement with the critical public issue of housing an aging population.

Community-based moderator training includes learning the purpose and background of the study, how to mentally prepare for the focus group session, communication skills, the role of the moderator, and group and people problems²⁸. The facilitators will also conduct a one-on-one interview with the moderator immediately after the focus group to add a new and valued dimension to the group interviews²⁹. Data from each focus group will be analyzed expeditiously and findings reviewed to improve the analysis³⁰.

8. Budget Justification

The logistical challenges of engaging with sites throughout Atlantic Canada are substantial. Recognizing this we have budgeted for significant travel and local support to ensure sustained and effective collaboration. This requires regular team meetings, briefings and workshops. Project management is structured so as to build stakeholder capacity in each of the four Atlantic Provinces while ensuring the successful research processes and outcomes. The concluding Regional Conference provides an opportunity to broaden dissemination and engagement respecting the issues surrounding housing and our aging population. While these funds are seated in the university, community partners have considerable determination respecting foci, disbursements and benefits.

As this project progresses, we will seek opportunities to leverage additional funds for research and community outreach. For example, provincial and federal student work programs could fund the additional placement of co-op students with community partners.

Table 3 summarizes the total budget for the five-year period. The project requires \$1,180,806 over the five years with \$187,134 contributed by University participants and other sources. CMHC has committed \$40,000 to the project and the Province of Nova Scotia has committed \$22,500. The total five-year request from SSHRC is \$993,672.

We also expect to be able to generate additional contributions from potential conference sponsors in years four and five. These funds will be committed to extending the reach of the Regional Conference into seniors' groups and community not-for-profit groups, enabling them to attend at little or no cost.

Table 3: CURA Budget Summary - Projecting the Housing Needs of Aging Atlantic Canadians

Period	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009	Total 5 Years
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
Budget	\$220,888	\$267,150	\$237,514	\$236,315	\$218,939	\$1,180,806
RTS Contribution	-\$10,500	-\$15,225	-\$13,500	-\$18,600	-\$9,600	-\$67,425
University In Kind	-\$11,700	-\$12,285	-\$12,898	-\$13,554	-\$6,772	-\$57,209
Funds from Other Sources:						
Gov. of NS			-\$13,500	-\$4,500	-\$4,500	-\$22,500
CMHC		-\$40,000				-\$40,000
Requested from SSHRC	\$198,688	\$199,640	\$197,616	\$199,661	\$198,067	\$993,672

A research program of this magnitude and duration requires a large collaborative team of researchers, community partners, students and staff. By necessity travel to bring these persons together on a regular basis throughout the project is a major need and cost. Together these two items, investment in human resources and travel expenses, consume just over 70% of the budget. To assure local participation one individual in each province has been designated as the primary contact and identified as a chair of their Provincial Research Implementation Team. This provides one central coordination point in each of the four provinces involved.

Support from each of the five universities (MSVU, UNB, UPEI, Dalhousie and Memorial) and all of our collaborators and community partners will come in various forms, appropriate to the role each plays. MSVU has confirmed in kind contributions to support this project in achieving its objectives of space, the use of existing facilities, audio/video equipment, printing services, library, internet access and Public Affairs assistance with press and media relations.

Community and government collaborators and partners will contribute services such as hosting meetings, communicating with our target groups and the time of their staff and volunteers. While it is difficult to quantify the value of such support, such contributions will exceed 1,000 hours for each year of the project, for a total of 5,000 hours. At a nominal value of \$20 an hour these contributions exceed \$100,000. In addition, several government partners will cover the travel costs associated with their representatives in the project.

A detailed budget spreadsheet has been prepared which is summarized below. Please note that we have used a 5% annual inflation factor on all salaries and travel costs. Automobile travel has been budgeted at the MSVU rate of \$.28 per kilometer.

Personnel Costs

Student salaries and benefits (\$159,960). These funds will allow students to become actively involved in the work of the CURA. Two undergraduate students are included in each year of the CURA for a total of nine work terms (\$57,960). Two graduate students are planned for academic terms in each the first three years, one graduate student for two academic terms in the fourth and one academic term in the final year of the project for a total of nine Masters level work terms (\$102,000).

Non-student salaries and benefits (429,021). *(Please note that in Year 2 of the budget our total for non-student salaries exceeded the \$99,999 limit of the CURA application software and we included the remaining \$1,898 under Other expenses in that year.)*

Professional Coordinator (\$247,361). A full time professional coordinator is a necessity for a project of this size and complexity. Sited in the Nova Scotia Centre on Aging at MSVU, this individual will be responsible for day-to-day organization and management of the CURA. This position is critical to ensuring the maintenance of effective and collaborative communication and coordination. Primary responsibilities will include maintaining effective links with 36 co-applicants, collaborators and partners and ensuring that the SSHRC protocols and guidelines are followed. In addition, since the CURA is committed to growing the reach of each of the provincial stakeholder groups as the project progresses, the number of partners will likely grow.

Administrative Assistant (\$36,000). Assisting the Coordinator with routine administrative duties, a 3/5-time position will be responsible for records management, regular communication with all partners, correspondence and other clerical duties as required. Because of the funding restrictions it is necessary to limit this position to Years 4 and 5. If additional funds become available in the earlier years of the project, funding this position will be a priority.

Newfoundland and Labrador Coordinator (\$74,660). Within the HealthCare Corporation of St. John's, the Patient Research Centre (located at Memorial University) will provide the services of a Research Nurse Coordinator (RNC). This Coordinator will Chair the NL Research Implementation Team, and Co-chair our NL Seniors' Housing Stakeholder Group and will build the capacity of this group to reach seniors in the province. The RNC will provide input to the Research Management Team through the provincial Research Implementation Team meetings held at least twice a year, as well as telephone and e-mail communication. The RNC will assist the Research Management Team and project staff with the selection of focus group locations, organization of focus group meetings and distribution/retrieval of the survey instrument. She will also participate in annual regional meetings of the four Research Implementation Teams, and the culminating Regional Conference.

Research Associate-Data Analysis (\$31,000). Under the supervision of Dr. Janice Keefe, CRC in Aging and Caregiving Policy at MSVU, a Research Associate located at the Maritime Data Centre for Aging Research and Policy Analysis (MDC) will be responsible for managing the data entry, cleaning and analysis. The MDC, situated at the lead institution, provides up to eight work stations, including computers and a telephone. The MDC is equipped with up-to-date software (i.e., SPSS and QSR) and houses its own network drive to store data files.

Evaluation (\$40,000). We have budgeted \$40,000 for the continuous evaluation portion of the five-year project. The evaluation will be conducted through the University of Prince Edward Island, coordinated by two project co-applicants: Dr. Lori Weeks and Dr. Judy Lynn Richards.

RTS Requested (\$67,425). This CURA has seven faculty members from five universities actively involved in the design and delivery of the project as the applicant and co-applicants. Table 4 presents a summary of the RTS required for five of the participants.

Table 4: Research Time Stipend Schedule

RTS Requested	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009	TOTAL RTS
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
Shiner <i>MSVU</i>	\$8,400	\$8,700	\$9,000	\$9,300	\$ 9,600	\$45,000
Cruttenden <i>UNB</i>	\$4,200	\$8,700	\$9,000	\$9,300	\$ 4,800	\$36,000
Weeks <i>UPEI</i>	\$4,200	\$8,700	\$9,000	\$9,300	\$ 4,800	\$36,000
Richards <i>UPEI</i>	\$4,200	\$4,350				\$8,550
Stadnyk <i>Dal</i>				\$9,300		\$9,300
	\$21,000	\$30,450	\$27,000	\$37,200	\$ 19,200	\$134,850

The total RTS requested is \$134,850 with the SSHRC portion of this at \$67,425. RTS have been included for the Applicant as project director at 1 unit for each of the five years of the work plan. RTS for the co-applicants has been included at the appropriate times over the work plan. The stipends will be essential to allow the designated individuals the time to fulfill their responsibilities in relation to the project and to travel both within their province and to the other Atlantic Provinces. Normal academic year teaching loads would limit their ability to meet the essential timelines of this research.

Travel and Subsistence Costs

Applicant/Team members:

Canadian travel (SSHRC portion \$88,863, other \$7,322). One of the core activities in this work plan is the active role of our four stakeholder groups. As we have invested time and energy in building the NS stakeholder group we have seen the benefits of their understanding of the issues surrounding seniors' housing. Having a strong and cohesive stakeholder group in each of the four provinces at the end of the CURA will ensure that the issues and solutions continue to be addressed long after this project is finished. To nurture and sustain these groups we plan a minimum of two meetings a year in each province for the first four years and one in the final year (nine meetings in each province at a total of cost of \$72,971.87 for 36 meetings). Since many of the members of these groups will be volunteers we have budgeted for their travel costs for each meeting. We have also budgeted for all travel costs associated with bringing the Research Management Team together once a year at a total cost of \$23,213.40. These meetings will be augmented by all of the typical tools of collaboration but this annual face-to-face meeting is considered essential to ensure project management and evaluation actions are effective in moving the project forward, and to facilitate the development of regional working relationships.

Foreign travel (\$12,000). One of the important components of this project is the development of information from around the world on innovative solutions being developed for housing aging populations. To support this activity we have allocated \$12,000 for foreign travel in year three.

Students:

Canadian travel (\$13,737). Student travel is related to participation in the focus group process.

Other Expenses

Professional and Technical Services (CURA portion \$134,541, other \$31,033). Our plan is to develop a unified visual image to every piece of literature produced over the five-year duration of this project. We intend to have a group of senior students in Graphic Design at the NS College of Art and Design undertake a design plan as part of their final year class work in the Spring of 2005. These design recommendations will then be applied to all of our work, including the web site. A portion of the budget cost for every publication in this project will be used to support this design component. Given the challenges of effective communication \$100,559 is budgeted for all of our direct communications including all publication design, production, and translation as well as all newsletter and news brief production. Included in this amount is \$6,000 allocated in Year 4 for developing visual support materials for the four case studies.

To support the administrative activities required in each of the four provinces we have allocated funds (\$59,014.53) as follows: \$19,671.51 for each of the university based Centres for Aging in NS and PEI, and \$19,671.51 budgeted for the Third Age Centre in NB. Support will be provided by the Patient Research Centre in NL and this cost is included in the salary allocation.

Supplies. Supply costs are included in our administration allowance.

Non-Disposable Equipment (\$13,620). Computer hardware: \$13,000 budgeted for two up-to-date laptop computers needed for the Applicant and Project Director which are not available from MSVU, and a digital projector needed to present results at meetings. **Other equipment** is estimated as \$620 to purchase four portable tape recorders for the field recording of the focus groups.

Other expenses specific

Website (\$22,000). To meet the challenges of the wide geographic dispersion of our participants and partners we will invest \$12,000 in the first year to create a powerful web site designed to link everyone and provide a critical internal and external communications channel. An additional \$10,000 will be invested to update and maintain this web site over the life of the project. All meeting minutes, policy papers, workshop notes, public media releases, briefing notes and issue backgrounders, as well as the geo-demographic model and inventory, will be available on the web site located on the MSVU system.

Supply Inventory Development (\$10,400). We have allocated \$10,400 for the cost of developing a searchable, on-line and print version inventory of all the available housing options for seniors in Atlantic Canada. These funds will support the development, mail-out and data entry of facility descriptions of all the housing options available in 2007 in Atlantic Canada. This information will be incorporated into a searchable on-line database on our web site.

Regional Conference (\$35,000). We have budgeted \$35,000 for this significant culminating event. These funds will be needed to prepare all of the conference materials and to cover facility and support service costs associated with the meeting, and will be augmented with additional fund raising.

Honoraria for Community Partners (CURA portion \$7,105, other \$24,145). As full partners in this project, it is important that the community not-for-profit organizations have compensation where possible to support their volunteer efforts. Budgeted honoraria will provide modest compensation to each organization as they actively assist in the field research by distributing and assisting in the completion of the survey (an allowance of \$125 for each of the 218 FSAs) and recruit, organize and moderate the focus groups (an allowance of \$250 for each of the 16 focus groups).

Communication of Research Results (\$270,144). We estimate that \$270,144 of the total budget will be used to support the communication goals of this project. This is a combination of \$96,185 for Canadian travel and meetings, \$106,559 for all print materials, \$35,000 for the Regional Conference, \$10,400 for the development of the searchable supply inventory and \$22,000 for the web site development and ongoing maintenance.