HOUSING AND HEALTHY AGEING

AGE FRIENDLY THEMES

HOUSING

NPAS GOALS AND OBJECTIVES

Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.

OBJECTIVE 2.1

Prevent and reduce disability, chronic disease and premature mortality as people age by supporting the development and implementation of policies to reduce associated lifestyle factors.

Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

OBJECTIVE 3.2

Facilitate older people to live in well-maintained, affordable, safe and secure homes, which are suitable to their physical and social needs.

INTRODUCTION

The National Positive Ageing Strategy (NPAS) of Ireland (2013) identifies four national goals and two cross-cutting objectives. The goals aim to; support the greater participation of older people in all aspects of community life; maintain, improve and manage their health and wellbeing; enable them to age with security and dignity in their homes and communities and to use research to better inform policy responses. The cross-cutting objectives seek to combat ageism and improve information provision.

The Healthy and Positive Ageing Initiative was established in 2014 with the aim of increasing knowledge around the factors contributing to the health and wellbeing of older people. The Initiative seeks to provide partners in wider government and society with a framework to help prioritise actions and to translate the goals of the NPAS and *Healthy Ireland* in order to stimulate local action by stakeholders in Age Friendly Counties.

The work of the Initiative helps to achieve Goal 4 of the National Positive Ageing Strategy and it is also aligned with the goals and actions of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025.*

The Initiative is jointly funded by the Department of Health, the HSE, and The Atlantic Philanthropies. It is operational in three main areas of activity:

- National Indicators of Positive Ageing, leading to the 2016 publication of the first biennial report on the health and wellbeing of older people in Ireland.
- Local indicators - using data from a survey of older people collected locally.
- Research - additional research to fill data gaps relating to indicators or to the design or configuration of future services and supports for older people.

BACKGROUND

Supporting people to remain living independently in their own homes and communities can have an important and positive impact on their physical and psychological wellbeing. While for many it provides personal and financial security and is a place of personal and family memories, for others it can also be a place of negative experiences, when the physical environment of the home or neighbourhood fails to support their ability to live independently.

Environmental gerontologists have suggested that increased attachment to one's community is accompanied by sensitivity to one's social and physical environment, both of which increase with age. Most people wish to remain in their own home for as long as possible as they age and 'healthy ageing in place' involves balancing material and financial resources, and balancing health and illness. With ageing also come challenges in maintaining a home, particularly as a person's health and social needs and circumstances change.

The condition and quality of the home can impact on physical and mental health and an inadequate home environment can impact on health and wellbeing directly by increasing the risk of specific diseases. It can also reduce health and wellbeing indirectly by reducing mobility within the home which in turn can reduce quality of life. The impact of poor housing on health and wellbeing is not the same for everyone in society and has a significantly larger negative impact those who are less affluent.

Older people are especially vulnerable to inadequate heating and cold has been found to be a predictor of poorer overall health status among older people.

This summary focuses on problems with housing conditions and heating and their impact on non-communicable diseases. Attitudes towards future housing options, to support 'healthy ageing in place', are also profiled.

Further reading on this topic:

HEALTHY AGEING IN PLACE

Sixsmith, J., Sixsmith, A., Fänge, A. M., Naumann, D., Kucsera, C., Tomsone, S., Haak, M., Dahlin-Ivanoff, S. and Woolrych, R. (2014), 'Healthy ageing and home: The perspectives of very old people in five European countries', Social Science and Medicine, Vol. 106, pp.1-9.

Gilleard, C., Hyde, M., & Higgs, P. (2007). 'The impact of age, place, aging in place, and attachment to place on the well-being of the over 50s in England'. Research on Aging, 29(6), 590-605.

Windle, G. S., Burholt, V., & Edwards, R. T. (2006). 'Housing related difficulties, housing tenure and variations in health status: evidence from older people in Wales'. Health & place, 12(3), 267-278.

HOUSING AND HEALTHY AGEING

Respondents were asked to identify issues with housing upkeep, conditions and facilities. Problems in relation to housing conditions included rot in windows, doors or floors; damp or leaks in walls.

Problems in relation to housing facilities included: shortage of space; home too big for current needs; lack of indoor flushing toilet; lack of bath or shower; lack of downstairs toilet/bathroom facilities and lack of place to sit outside.

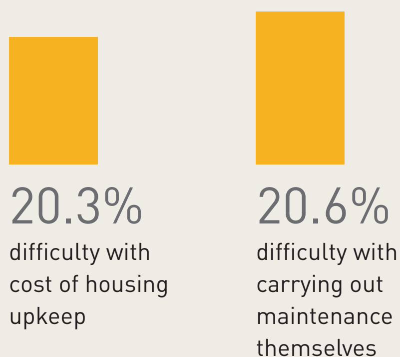
Respondents were asked whether they had difficulty carrying out maintenance or upkeep themselves or whether their difficulty was with the cost of upkeep.

Heating difficulties were assessed using the question "Have you been able to keep your home adequately warm in the last 12 months?

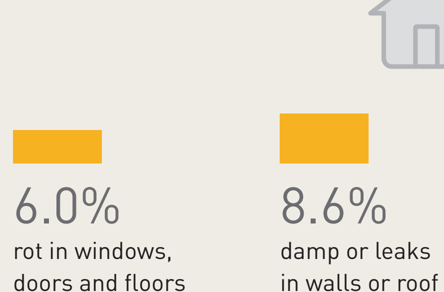
Respondents were also asked to report any health conditions they have that have been diagnosed by a doctor. Two groups of doctor-diagnosed chronic health conditions were focussed on in this housing study; bone and joint conditions, which included; arthritis, osteoporosis, hip fracture, and wrist fracture, and respiratory health problems which included; asthma, chronic lung disease (including bronchitis and emphysema).

PERCENTAGE OF RESPONDENTS WITH HOUSING UPKEEP, CONDITIONS, AND FACILITY PROBLEMS BY TYPE

Upkeep problems



Conditions



Facilities

ATTITUDES TOWARDS FUTURE HOUSING OPTIONS

Respondents were presented with the following statement and question:

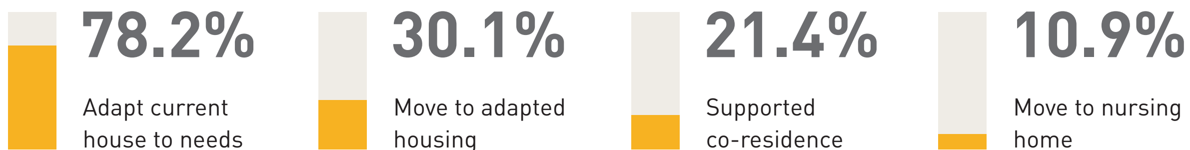
This question is about your preferences if your home was no longer suitable for you (or your spouse), for example if you were unable to climb stairs or you needed additional support in the home.

How do you feel about any of the following possibilities? Response options: Extremely negative; fairly negative; neither negative nor positive; fairly positive; very positive.

1. Adapting your current house to your needs;
2. Moving to an adapted type of housing (e.g. a dwelling with technological supports or improvements such as ramps, accessible bathroom etc.);
3. Living together with a few other older people, with separate living areas; and,
4. Moving to a nursing home.

Overall the majority of respondents lived in a house (98%) rather than an apartment, and have lived in their current home for an average of 32 years.

PERCENTAGE WHO FELT POSITIVE ABOUT EACH HOUSING OPTION



ADAPTING YOUR CURRENT HOME

The majority feel positive about adapting their current home to their needs (78.2%). This varied according to three groups of circumstances:

Household income

- Higher for respondents with lower net monthly household incomes (e.g. 1,001 up to 1,500) (83.9%)

Heating difficulties

- Lower for respondents who were unable to keep their home adequately warm in the last 12 months (64.4%)

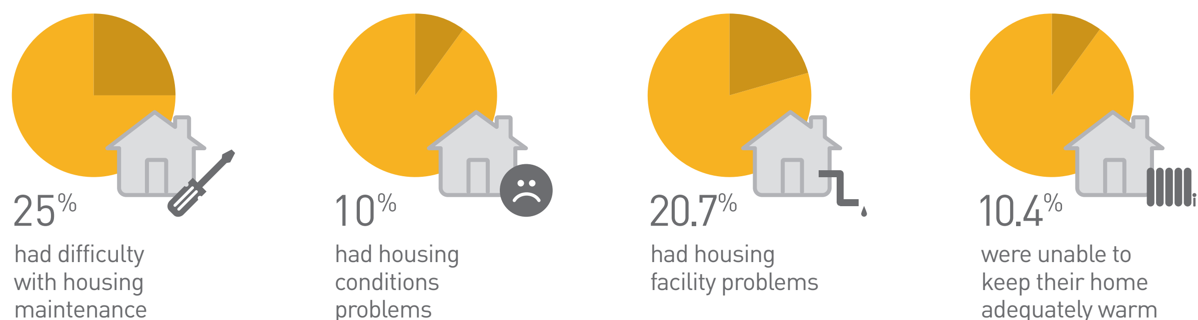
Health status

- Higher for respondents who had a long-standing chronic condition (86.6%)

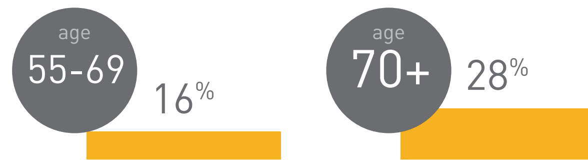
SUPPORTED CO-RESIDENCE

Less than one quarter of respondents felt positive about living together with a few older people (21.4%). This percentage was lower among respondents who were already living with family, relatives or friends (16.7%).

Housing maintenance



Had difficulty carrying out maintenance themselves



Had difficulty carrying out maintenance themselves

Source: Healthy and Positive Ageing Initiative

- 8.3% had respiratory health problems
- 5.4% had asthma and 3.9% had chronic lung disease.
- 37% had bone and joint conditions
- 31.3% had arthritis, 9.3% had osteoporosis, 3.5% had a hip fracture, and 2.1% had a wrist fracture (2.1%).

Net of other factors such as socio-economic status and age, respondents who had housing condition problems and those who had heating difficulties were more likely to have respiratory health problem and bone and joint conditions.

Despite a number of publicly funded schemes available to assist in upgrading and maintaining housing, a considerable number of older adults have housing condition and heating problems. Improving these conditions is important for promoting healthy ageing in place.

MOVING TO AN ADAPTED TYPE OF HOUSE

Overall 30.1% were positive about moving to an adapted type of house. This varied according to three groups of circumstances:

Socio-economic status and living arrangements

- Lower for respondents with lower education (primary or less) (25.6%)
- Lower for respondents already living family, relatives or friends (24.3%)
- Lower for widow(ers) (24.8%)

Older age and poorer self-rated health

- Lower for respondents aged 75+ (23.7%) and in poorer health (24.4%)

Housing problems

- Higher for respondents with facility (26.1%) and conditions problems (38.5%)

MOVING TO A NURSING HOME

Overall 10.9% felt positive about moving to a nursing home. This varied according to three groups of circumstances:

Health and social care need

- Higher for those who need assistance in terms of mobility (15.1%) and personal care (14.9%)

Heating and income

- Higher for those unable to keep their home adequately warm (15.8%)
- Lower for those with higher net monthly household incomes (8.0%)

Social support and living arrangements

- Higher for those socially isolated (meet friends, relatives, or colleagues less than monthly or never) (13.5%)
- Lower for those living with family, relatives or friends (8.5%)

There are four interrelated areas or 'push and pull factors' to consider in relation to future housing preferences: the role of social resources including family and household composition; physical and mental health and wellbeing and health and social care needs; financial resources and material deprivation; and, housing conditions, facilities and maintenance.

The HaPAI survey is a random-sample survey of community-dwelling people aged 55 and older, living in 21 local authority areas: Dublin City; South Dublin; Dublin Fingal; Dún Laoghaire-Rathdown; Galway City; Galway County; Clare; Limerick City; Limerick County; Kildare; Kilkenny; Laois; Louth; Meath; Wexford; Wicklow; Cavan; Cork City; Cork County; Mayo; and Tipperary.

The questionnaire was developed from a survey framework which mapped the WHO Age Friendly domains to the objectives of the NPAS. Several data and literature sources were reviewed (national/ international surveys, research literature, and the WHO Age Friendly Indicators – A Guide) to identify survey questions that were; reliable, valid, have an explicit evidence base, support national and international comparison, are sensitive to change over time, and align directly with the NPAS and Age Friendly Ireland Programme goals.

Older people in two different public consultation sites were invited to comment on the draft questionnaire. In the first session 150 participants attended and gave feedback. Their comments and the gaps identified were addressed prior to the second consultation which involved a group of 30 participants who completed the survey individually. Overall, feedback focused on the overall clarity and accessibility of each question and substantive survey gaps.

Fourteen survey areas were included: outdoor spaces and buildings; transport; housing; safety; social participation; education and lifelong learning; respect and social inclusion; civic participation and employment; communication and information; health status and health behaviours; carers; health services; psychological wellbeing, and personal safety (elder abuse). Questions on socio-economic status and geographic location were also included to support further analysis of the survey data.

Data was collected between 2015 and 2016 and a multi-stage random-route sampling strategy was used to generate a sample of this population. A random sample of 50 District Electoral Divisions (DED) in each local authority, were the primary sampling units (PSUs). Within each DED a starting address was selected and interviewers then called to every fifth house in order to complete the 10 interviews required in each of the 50 areas. Where two or more older people lived at an address, the interviewer applied the 'next birthday' rule to select one participant.

Each participant completed a Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. A total of 10,540 interviews were completed. The overall response rate was 56%, and this ranged from 51% to 63% across the areas. Survey response rates typically vary for different groups within a given population and this can lead to biased estimates when reporting results. Therefore, sample weights based on the Census (2011) were applied to the survey data to adjust for differences in participation rates by age, gender, education, and marital status and ensure that the survey results are representative of this population.