

# Reliance on Service Integrated Housing in Canada Compared to Ukraine

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## Introduction

As of 2019, nine percent of the world's population was 65 or older. That is 703 million people who identify as senior members of society (United Nations, Department of Economic and Social Affairs, Population Division, 2019). This number will only continue to increase as the baby boom generation ages and as people live longer lives. This influx of seniors is aided by advances in medical technologies and reduced lifestyle risks, increasing overall health levels and decreasing the number of premature deaths. All this equates to severe issues for senior housing, as nations worldwide are faced with limited resources and funding. Seniors might traditionally turn to supportive housing to ensure their independence and overall comfort are maintained in their final years. Both formal and informal supports ease the burden of aging populations on families and governments. By formal support, this project refers to government assistance programs and solutions such as supportive housing initiatives, home care services, hospitals, or private housing institutions. The term Service Integrated Housing (SIH) is utilized within this project as an all-encompassing term for the various formal housing initiatives implemented as an institutional approach to senior care and housing. Defining informal support refers to cultural provisions such as multigenerational homes, social networks of family and friends, and community volunteers. Both forms of support (formal and informal) are important in maintaining a senior's health and happiness when they need assistance with life's daily activities. Within this research article, I will identify plausible causes for increased reliance on Service Integrated Housing in Canada compared to Ukraine through an exploration of cultural norms, reasons to seek support, and monetary spending.

## Literature Review

### *Defining Seniors' Housing*

A vast array of terms are utilized to describe seniors' housing based on the level of care needed to support elders declining mental and physical health (Franco et al., 2021). This creates confusion and uncertainty for the elderly and their families as they explore the various housing options. The data below discusses some of the most common terms used worldwide, as defined, and described by Howe et al. (2013).

**Community Care.** Community care or home care is the generic term utilized to describe care delivered to people living in their own homes or in community-based settings such as a day centre. The most significant distinction between this type of care is that it is primarily delivered within private housing, not "purpose-built housing" to care for the elderly (Howe et al., 2013, p.551).

**Institutional Care Settings.** One of the most common and least ambiguous examples of institutional care is found within nursing homes. This term is applied to facilities with nursing care available on a 24/7 basis and where the residents require nursing care. This institution is different from other supportive houses as there is a mandatory pre-admission assessment to determine the care needs of the residents. An aspect to note is that the term nursing home has been discontinued "from official use in Canada in favour of the more encompassing term: long-term care homes.

**Independent Living Facilities.** Independent Living Facilities provide a housing option for the

elderly who can still live independently without regular nursing assistance or intervention. The seniors who live in these facilities are experiencing only minor limitations in their daily lives but are still desiring to stay as independent as possible. These lodgings can often be a middle ground between fully independent living and supportive housing options.

**Assisted Living.** While assisted living can be similar in nature to congregate seniors housing, it is distinguished mainly because it is developed and funded by the private sector rather than through public funding sources and programmes. In addition, assisted living is designed to cater to middle-to-high income residents, acting as a steppingstone between independent living and long-term care.

**Continuing Care.** Housing that involves a continuing care component offers support and care services, with a particular priority being given to adapting the level of care based on a senior's changing needs. This emphasis on adaptability reduces seniors' need to relocate as their health deteriorates.

So, what constitutes supportive seniors housing? Facilities were designed to offer some of the following services: dining, housekeeping, activity programs, health services, social services, and transportation at affordable rates (Howe et al., 2013; McGrail et al., 2013). Part of the reason it is so challenging to study this vast topic is because of the myriad of terms used to describe the various levels of service provided. Within the remainder of this text, I will be utilizing the overarching term: Service Integrated Housing (SIH), which refers to "all forms of accommodation built specifically for older people in which the housing providers take responsibility for delivery of one or more types of support and care services" (Howe et al., 2013, p. 547).

### **Cultural Norms**

Campbell-Enns et al. (2020) discusses the challenges middle class, North American families face as they try their best to provide their loved ones with the necessary support to remain in their homes. For many families, this involves daily in-person interactions to provide essential care and socialization. When these daily visits are impossible, families support the elderly by engaging in phone conversations multiple times per

day. Other weekly activities, such as grocery shopping, house cleaning, cooking, bathing, etc., are also scheduled to maintain the senior's independence as long as possible. Unfortunately for some families, this time dedication is simply impossible due to geographical distance, time constraints, or lack of knowledge/training to properly care for the physical and emotional needs of the senior. Another factor is the financial commitment involved in caring for an ailing family member. Some families turn to supports such as home care, meal deliveries, and companion support services to fulfill their caring obligations. Still, these are all temporary bandage fixes that cannot necessarily provide for all the needs of the elderly. Many families experience guilt for needing to move their loved ones into SIHs such as assisted living or long-term care. Still, in many cases, it is a "strategy of last resort" (Campbell-Enns et al., 2020, p.1512) to ensure their safety and quality of life.

Other Western cultures promote multigenerational homes to remove barriers preventing families from caring for their elderly. Household living arrangements of those aged 65+ play a large factor in their health, financial status, and overall wellbeing (United Nations, Department of Economic and Social Affairs, Population Division, 2019). The United Nations estimates that older people live in households ranging between two and twelve residents in a global context. This same article highlights that of the 105 countries with available data; there is a range of cultural norms for older people living with their children or extended families. This range spans from forty-two percent in Jordan to four percent in Senegal. Japan has published many findings regarding the benefits of intergenerational homes, including reduced social isolation, increased physical and intellectual ability, and a decrease in depression (*Intergenerational Housing as a Model for Improving Older-Adult Health / British Columbia Medical Journal*, n.d.). This same study also notes that there are benefits to society, with an increased sense of community, reduced housing costs, and reduced caregiver burnout. The latter is especially important because up to 34% of grandchildren acting as primary caregivers felt worried about their filial responsibilities (Government of Canada, 2013).

## Spending

Surprisingly, financial considerations are only included in a few studies, especially considering the substantive costs associated with SIH (Franco et al., 2021). It has been found that seniors typically pay for their accommodation through four primary avenues: public pensions, social welfare programs, monetary transfers, their assets and wealth, and their accumulated labour income. These avenues then branch out to include healthcare, and financial transfers from family members in, and private funding. Many governments provide financial assistance to their population's elderly through housing benefits or pension plans. For example, Ukrainian state pension plans may be "financed through mandatory contributions by employers and employees and payments from the state budget, social insurance funds and other sources" (*Ukraine: Pension System Overview*, 2009). Western countries such as Canada not only provide pension plans but, in many cases, additional monetary resources are also allocated to the maintenance and expansion of seniors' housing initiatives. In Alberta, "Seniors and Housing's Capital Plan 2021 allocates \$238 million over three years to provide 1,800 new and regenerated affordable housing units for seniors, families, and supportive living; creating more than 1,700 jobs and maintaining the provincially-owned 26,700-unit affordable housing portfolio" (*Budget 2021 Highlights*, n.d.). It is expected that current age parameters will be changing due to pension reforms which may result in increased retirement age and adjusted pension benefits (*The 2018 Ageing Report*, n.d.; United Nations, Department of Economic and Social Affairs, Population Division, 2019). These adapted reforms will "lead to a significant shift in the burden of population ageing away from public programmes and toward individual earnings, savings and family resources" (United Nations et al., 2020, p. 26). In essence, increasing the number of seniors cared for at home and decreasing the need for SIH such as residential long-term care and acute in-patient care will drastically reduce the expenditures associated with seniors in the health care system (McGrail et al., 2013).

## Why Do Seniors Seek Aid?

As our elderly population continues to live longer, it becomes evident that their health needs will exceed family care capabilities. As families try to respect the elderly's need for independence and privacy, they must also weigh the risks to the senior's health and safety. The primary problem that residents and their families face is the need to circumvent a catastrophe while the senior lives alone with growing physical and mental concerns (Campbell-Enns et al., 2020). In both the community and SIH environments, those relying on seniors' services tended to be primarily older women; this may be a consequence of women typically having a longer life expectancy, in addition to the significant associations between age and functionality (Franco et al., 2021). Regardless of age or gender, multiple push factors prompt seniors and their families to investigate supportive housing options. In terms of personal characteristics, seniors may seek higher levels of care if they are experiencing increases in falls, hospital and emergency room visits, rapid physical/mental decline and increasing social isolation (Franco et al., 2021; Maxwell et al., 2013). Seniors may also choose to relocate over the fear of burdening their family, inadequate living arrangements, inability to maintain their property, or attempting to regain control over their future (Franco et al., 2021). There is less data on whether gender, socioeconomic status, and depression (Maxwell et al., 2013) play a role in institutionalizing the elderly.

As our elders live longer and experience further physical decline, it is reasonable to expect that the associated costs of caring for and housing seniors will also increase. Governments are promoting the use of familial care to reduce the number of housing institutions needed to accommodate the influx of seniors. In this next section, I will continue to explore country-specific factors that contribute to a reliance on SIH; this will be accomplished through a financial exploration of the associated costs of seniors housing, in addition to an investigation of the cultural norms found within the respective countries. The analysis section demonstrates why Canada can afford to rely on SIH.

## Analysis

Aging is a global issue and one that each country addresses uniquely. There are many factors involved in a country's reliance on seniors' housing; many of which stem from a senior's younger years when they were members of the working class. Average income, pension plans, average housing costs, healthcare coverage, and cultural expectations all play a contributing factor in whether or not a senior lives in a Service Integrated Housing facility or not. My evidence is compiled to formulate a causal narrative, founded through websites such as those published by the Canadian and Ukrainian governments, Average Income around the world tabulations, and Property Price comparison websites. This next section explores Canadian and Ukrainian data sets, and the contributing factors to how seniors are housed in these respective countries.

### Canada

For the last five years, Canada has ranked number one in the world for the best quality of life (*Canada Has Ranked #1 In The World For Best Quality Of Life*, 2020), and this privileged position is also applicable to the elderly population. A country's average income per capita is calculated by dividing gross national income and profit by the population size. To this effect, an adult Canadian's estimated average income is between CAD \$43,580 and 55,000 per year (*Average Income around the World*, n.d.; *Property Prices in Ottawa*, n.d.) per person, depending on the province and their career choice. This income supports three different pension plans: Old Age Security, Canada Pension Plan, and personal pension investments.

These various sources of retirement funding are vital to sustaining the quality of life for seniors, as living in Canada is expensive compared to other countries. Within the city center of Ottawa, Canada's capital city, Numbeo averages the cost to buy an apartment at CAD \$8,072 per square meter. A drastic reduction in average cost is observed when purchasing outside the city, at \$4,145. According to this same website, mortgage rates sit at a fixed rate of roughly 3% for 20 years and therefore encompasses 47.55% of a person's income (*Property Prices in Ottawa*, n.d.). But keep in mind this does not include the additional costs of transportation, food, heating and plumbing, or internet

access. However, a universal healthcare system does make receiving medical aid affordable and attainable for Canadians. The Canadian Government documents that the average cost for a bachelor unit or private room, with a minimum of one meal per day comes to \$2,210 CAD per month. But this price will vary by province and income variances (F. C. A. of Canada, 2021). The 2016 Canadian census found that 93.2% of seniors lived in private residences such as houses or apartments, while the remaining 6.8% lived in collective dwellings such as SIH options or other health care facilities. This report also found that 2.2 million Canadians lived in a multigenerational homes with 349,350 of those being over 65 (E. and S. D. Canada, 2021).

Canada relies heavily on SIH to aid seniors and their families when the elderly can no longer live independently. This could be partly because no financial compensations are available for family members who must miss work to provide care. The government of Canada's caregiving benefits have numerous restrictions. For example, the Employment Insurance Compassionate Care Benefit is an offered caregiver benefit. However, the limitations associated include the senior must be critically ill or needing end-of-life care before caregivers are eligible to receive up to 55% of their regular wages, with a maximum earning cap, as a form of compensation for a few months (F. C. A. of Canada, 2016).

### Ukraine

In 2020, Ukraine scored 77<sup>th</sup> out of 195 countries in quality of life ranking (*Life in Ukraine: Things You Should Know And Things To Expect*, n.d.). Ukraine has a much lower average income than many other European countries, averaging CAD \$3,570 per year. Even though they have a large population, the wages earned are meagre (*Average Income around the World*, n.d.; *Property Prices in Kiev*, n.d.). These limited funds help support various pension plans such as the Pension Fund, Social Insurance Fund, and Employment Fund. Pensions like those listed are vital in sustaining life once seniors reach retirement age. Annuities are typically first received at age 65. Still, Ukraine has been distributing small incentives to the elderly every year that they work above the typical threshold (Góralaska, 2000). This initiative is an attempt to sustain the number of labourers in the workforce, as

there are more elderly members in society than children coming to replace them.

Like how we noted the cost of housing in Canada's capital, the price to buy an apartment in Kyiv is CAD \$270 per square foot in the city centre. It dwindles to CAD \$138 in the surrounding communities. With a mortgage interest rate of 14.38%, paying off a mortgage would utilize 188% of the average individual's income. Once again, this does not include any of the other necessities of life (*Property Prices in Kiev*, n.d.). According to personal conversations with Ukrainian Catholic University peers, I have confirmed that it is a cultural norm for families to provide necessary care for the elderly. Most of the existing SIH facilities are underfunded and poorly maintained, making them the last resort for most seniors and their families. There is a precedent for home care nannies to come and provide for seniors while their family's work. The nannies are usually older ladies themselves who cannot yet fully retire. Cultural expectations dictate that families take care of one another, with everyone sharing the responsibilities of the house equally. It is unclear whether there is a correlation between families providing primary care for elderly relatives and the dismal state of Ukrainian SIH due to underfunding.

### **Comparison Summary**

Table 1 directly compares the range of factors contributing to the reliance on SIH in Canada and Ukraine (see Table 1). Based on these factors, one would assume that Ukrainians would be forced to live in communal homes because of a lack of finances. Interestingly, the United Nations has quantified findings regarding the proportion of a country's elderly population living alone. Counterintuitively, Ukraine has more individually housed seniors than Canada. Of those living alone, women are more likely than men to be the sole resident. These findings could be explained by the tendency for women to live longer. Subsequently, there is a higher prevalence of widowhood among women than men. Alternatively, there is a higher rate of remarriage among men after divorce or widowhood than in women (United Nations, Department of Economic and Social Affairs, Population Division, 2019).

When we consider the significant disparity in earned incomes between Canadians and Ukrainians, we could

infer that Canadians tend to move into SIH earlier as it is readily available and affordable for long-term comfort. Canadian seniors may find that living alone has become too much of a challenge and that by downsizing to a seniors' facility, their quality of life may increase. As noted above, it is remarkably more expensive to own an apartment within capital city centres, yet there are also downfalls to living in more rural communities. Living rurally means that there is more travel required to seek medical treatment. To obtain medical services such as doctor's checkups, specialist appointments, or pharmacists, those who live rurally must solicit the services of family or friends to drive them to these critical medical appointments. This can quickly become burdensome and expensive as well. Of note is the way that Canadian governments do not promote citizens taking time off work to care for the elderly. There are limited options for caregivers to maintain their own careers while remaining flexible enough to provide the level of care the elder would require. In 2015/2016, the Canadian government reported that an estimated six percent of households received formal home care services in the previous twelve months (Government of Canada, 2018). These same services are not as well studied in Ukraine, making it difficult to formulate a direct comparison (Roagna et al., n.d.).

In a similar fashion to Canada, there are limited political and financial supports granted to informal caregivers. However, we know that most SIH initiatives in Ukraine are aimed directly at seniors who do not have relatives to assist them. In this regard, as of 2013, "there were five hospices in Ukraine under the Ministry of Health, along with 13 palliative care departments, which had a total of 521 beds" (Khan, 2021, p.118). This is significantly fewer than Canada's 2,076 long-term care homes and 198,220 long-term care beds (*How Many Long-Term Care Beds Are There in Canada? | CIHI*, n.d.). To provide further context, in 2022 Statista recorded 7.23 million seniors aged 65+ residing in Ukraine (*Ukraine Population by Age Group 2022*, n.d.). According to the same website Canada recorded 6.37 million seniors in 2019 (*Canada*, n.d.). These numbers demonstrate that although Ukraine has a significantly larger elderly population there are fewer Service Integrated Housing facilities and beds to accommodate the population.

Studies have found that housing insecurities and challenges continue to plague the elderly populations worldwide. This issue is amplified by “age-related issues such as social isolation, accessibility concerns, and socioeconomic factors” (*Intergenerational Housing as a Model for Improving Older-Adult Health | British Columbia Medical Journal*, n.d.). Intergenerational housing offers a potential solution to seniors’ loneliness and social isolation.

### Discussion and Implications

Given the evidence presented in earlier sections of this report, the most reasonable explanation for Canada’s reliance on SIH is that Canada can afford it. Each of the individual factors mentioned (specifically incomes and cost of housing), in addition to the prevalence of institutional options, emphasizes that Canadians have multitudes of accessible, integrated housing options – leading to an overreliance on the systems in place. The abundance of care options means fewer families are required to go above and beyond for their elderly. For many, it is easier to allow the paid professionals to care for their loved ones needs – especially for those who face geographical challenges. In a contrast to Canada, Ukraine lacks the financial backing to support enough institutions to reduce the number of familial caregivers necessary to support their elderly population. Because of this lack of formal support, Ukraine relies more on informal, familial caregivers than SIH initiatives. These economic factors have played a large role in determining when seniors would seek additional support, and therefore have also played a large role in determining the cultural norms found within each country.

It would be amiss not to acknowledge the limitations of this analysis. I do not have access to all known data regarding formal and informal seniors housing options in either country, and there are likely other studies that may provide evidence contradictory to what I have uncovered. In addition, there are multitudes of other factors that would lend themselves to this study, such as exploring healthcare in further depth. Based on the works I have discovered during my research – these are some of the explanations for why seniors and their families depend on formal support.

With an average lifespan of 71.83 years (*Ukraine - Place Explorer - Data Commons*, n.d.), many

pensioners in Ukraine never fully retire, as they cannot afford to leave their careers and burden their families with additional expenses. Meanwhile, the average life expectancy for those living in Canada is 82.05 years (*Canada Health - Place Explorer - Data Commons*, n.d.), which means that elderly Canadians must ensure they have enough finances saved to maintain their quality of life until death. One could potentially infer that a contributing factor to this large discrepancy in life expectancies is caused by limited access to and decreased financial means to receive formal support in Ukraine. With visits to a physician being an out-of-pocket cost, one could also assume that many people wait until symptoms are severe before seeking medical help. Preventable illnesses might be avoided if Ukrainians could seek medical aid sooner rather than later.

Additionally, in both highlighted countries and internationally, informal supports provided by familial care have caused gender disparities in the workforce, as women typically must leave their careers to care for the elderly. Long-term care is supplied primarily by family caregivers in Europe; in fact, 80% of all care is from filial carers, qualifying up to 25% of Europe’s total population as a family caregiver. These numbers are disproportionately comprised of women, who often must reduce or stop their careers altogether. This creates consequences on societal gender-pay and gender-pension gaps, in addition to impacting their quality of life, social involvement, and family wellbeing (*Long-Term Care*, 2018). These gender issues are noticeable in most countries, including Japan, which is exceptionally noteworthy for its multigenerational living studies. The role of caring for aging parents has traditionally been assigned to women. These gender roles are being opposed by “increased workforce participation, declining marriages, and declining fertility rates” (Takeda et al., 2004), challenging the stereotypes of elder care.

As mentioned at the beginning of this paper, the percentage of elderly populations continues to snowball, and this trend is expected to continue. The World Health Organization notes that between 2015 and 2050, the world’s population of those over sixty will nearly double from 12% to an expected 22%. They also emphasize that by 2020, the number of people over 60 years old will outnumber children

younger than five years of age. By 2050, two-thirds of the world's elderly population will live in low- and middle-income countries. These global numbers are staggering and should cause governments and families to evaluate how best to provide for their loved ones. If Canada continues relying on SIH, multitudes of facilities will need to be built. Not only that, but Ukraine will also need to start funding facilities because there will be more seniors than family members to provide for them

This leads to the question: do these countries need to adapt their current practices to support their population better? I would argue that change is necessary to accommodate this growing demographic. Canadian families are scrambling to find assisted living arrangements to help their elderly, and Ukrainian families are forced to rely on family members because their institutions are in rough shape. Neither system is prepared to accommodate an influx of seniors in these quantities, and therefore a mixed system of familial care and Service Integrated Housing should be explored further. Providing seniors with the best of both worlds, the love and care of a family and the expertise of trained individuals, should be policy makers' and citizens' top priority. As seniors worldwide rely on assistance with their daily activities when their health deteriorates, it is evident that there is a need for further care services in both Canada and Ukraine.

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**Table 1. Factors Affecting Reliance on SIH**

	<b>Canada</b>	<b>Ukraine</b>
<b>Average annual income</b>	Between CAD \$44,000 and \$55,000	CAD \$3,570
<b>Cost of housing (apartments)</b>	CAD \$8,072 per square meter.  Mortgage rates sit at 3% and therefore utilize 47.55% of a person's income to pay.	CAD \$270 per square meter.  Mortgage interest rates sit at 14.38% and therefore utilize 188% of an individual's income.
<b>Institutional Housing &amp; Medical support</b>	2,076 long-term care homes 198,220 long-term care beds.  Universal healthcare system.	Five hospices under the Ministry of Health Thirteen palliative care departments with 521 beds.  Partially Universal, partially out-of-pocket healthcare system.
<b>Cultural norms</b>	There is a heavy reliance on SIH supports in Canada.	Service integrated facilities are the last resort for many Ukrainian seniors and their families.