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Meaning of Home in Later Life as a Concept to Understand Older Adults' Housing Needs: Results from the 7 Age-Friendly Cities Pilot Project in Québec

Catherine Bigonnesse[a], Marie Beaulieu[b] & Suzanne Garon[b]

[a] Simon Fraser University, Vancouver, Canada

[b] Research Centre on Aging and University of Sherbrooke, Sherbrooke, Canada
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Meaning of Home in Later Life as a Concept to Understand Older Adults' Housing Needs: Results from the 7 Age-Friendly Cities Pilot Project in Québec

CATHERINE BIGONNESSE
Simon Fraser University, Vancouver, Canada

MARIE BEAULIEU and SUZANNE GARON
Research Centre on Aging and University of Sherbrooke, Sherbrooke, Canada

To support older adults' desire to age in place, their housing needs must be well understood. However, little research has explored housing needs from older adults' point of view. This article, based on the results of 49 focus groups (n = 392) and one case study from the Age-Friendly Cities Project in Québec, Canada, uses the concept of meaning of home in later life to explore older adults' housing needs. An overview presents how older adults express meaning of home and what their needs are regarding housing and relocation. Finally, the implications for decision makers and stakeholders are discussed.

KEYWORDS   meaning of home, age-friendly cities, aging in place, housing, relocation

CONTEXT

The Canadian population is rapidly aging, and this phenomenon will have significant consequences in the housing area (Canada Mortgage and Housing Corporation, 2008). The majority of older adults aged 75 years and older live in individual houses, are highly attached to their living environment, and want to age in their home (Canada Mortgage and Housing Corporation, 2005, 2006). However, it must also be considered that more than one quarter of all older adults live alone and approximately two thirds of those

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Address correspondence to Catherine Bigonnesse, Simon Fraser University–Harbour Centre, #2800-515 West Hastings Street, Vancouver, British Columbia V6B 5K3 Canada. E-mail: cbigonne@sfu.ca

aged 75 years and older have at least one incapacity (Canada Mortgage and Housing Corporation, 2005).

In response to older adults' desire to age in place and their needs for support, multiple forms of housing solutions, policies, programs, and initiatives have emerged in the past 20 years (Greenfield, 2012; Vaillancourt & Charpentier, 2005). Community-based housing for older adults has become one of the alternatives to aging in place. These facilities provide hospitality, meal services, and, often, health care to older adults. Their organizational models vary across Canadian provinces, but they are characterized by the fact they are not administrated by the health care system but rather by private (for-profit or not-for-profit) entities. However, despite the multiplication of housing alternatives, studies about housing needs for vulnerable, older Canadians have shown that elements such as affordability, suitability, adequacy, cultural appropriateness, security, accessibility, and availability are important needs that are not fulfilled by the current housing market (Weeks & Leblanc, 2010).

Then, community-based housing models have to be reconceptualized to properly address older adults' needs. To do so, the meaning of "home" in later life has to be appropriately understood. Home is a complex concept embedded in identity and imbued with personal meaning that goes beyond the limit of the house to include the neighborhood and the community (Chaudhury & Rowles, 2005; Cloutier-Fisher & Harvey, 2009; Donohoe, 2011; Oswald & Wahl, 2005). Home is also multidimensional because it includes physical, social, and individual dimensions (Cloutier-Fisher & Harvey, 2009). The meaning of home in later life has been the object of much research in gerontology (Dahlin-Ivanoff, Haak, Fänge, & Iwarsson, 2007; Leith, 2006; Molony, 2010; Rowles & Chaudhury, 2005; Serfaty-Garzon, 2010). However, few researches provide a way to operationalize the concept.

Among the exceptions, Oswald and Wahl (2005) have developed a Heuristic Framework on Domains of Meaning of Home in Old Age. Based on a review of the literature and merging the work of many authors (Feldman, 1990; Harris, Brown, & Werner, 1996; Rowles, 1983; Rubinstein, 1989; Sixsmith, 1986; Zingmark, Norberg, & Sandman, 1995), this model suggests three aspects of home in later life: (a) physical aspects, which include the physical components of the house, the community, and the body-centered processes; (b) social aspects, which include home as a place of connection and socialization; and (c) individual aspects, which include behavioral, cognitive, and emotional components. Accordingly, the work of Oswald and Wahl (2005) about the concept of meaning of home in later life provides a framework to better understand older adults' housing experiences. It can also inform service providers and stakeholders about how the needs of this population can properly be addressed.

OBJECTIVES

Despite the importance of housing issues for the aging population and the multiplication of community-based housing facilities, little research has been done to understand older adults' housing needs from their point of view. Therefore, this article aims to explore, through the concept of meaning of home in later life, older adults' housing needs from their own perspective. In addition, it aims to inform service providers how they can support aging in place, facilitate relocation into community-based housing for older adults, and develop housing models that properly address older adults' specific needs. A section combining the results and discussion of the results provides an overview of how the meaning of home is expressed by older adults and what their needs are regarding housing and relocation. Finally, an overview of the implications for decision makers and stakeholders is suggested.

METHODS

The data in this article come from two different sources: the Age-Friendly Cities Project in Québec (Canada) and a master of social work thesis at University of Sherbrooke (Sherbrooke, Canada). Both use a qualitative methodology to get an in-depth understanding of older adults' point of views, needs, and experiences.

Age-Friendly Cities Initiative in Québec

The World Health Organization launched the Age-Friendly Cities initiative in 2007 to address two growing international phenomenon: population aging and urbanization. The city of Sherbrooke (Québec, Canada) was one of the 33 cities around the world that participated in the development of the Age-Friendly Cities Guide (World Health Organization, 2007). Since 2008, the Québec government has mandated the Research Centre on Aging of Sherbrooke to develop and implement the Age-Friendly Cities program in the province via a community-based approach. Based on the eight domains[1] of the Age-Friendly Cities Guide and the concept of Active Aging, this project aims to develop communities that support the social participation, health, and security of older adults.

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[1] The eight domains of Age-Friendly Cities are: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

The Age-Friendly Cities project in Québec[2] is a four-staged community building process implemented in one municipal district of a large city, five mid-size municipalities, and one region of the Québec province. These four stages are interrelated and include (a) a social diagnostic stage, (b) an action plan stage, (c) an implementation stage, and (d) evaluation stage (implementation and effect). Data in the current article were collected during the social diagnostic stage of the seven pilot projects (2008–2009) and consist of 49 focus groups of older adults, caregivers, and service providers (n = 392). The older adults sample was divided into age (65–74 years and 75 years and older) and income levels (low and mid). Focus groups were conducted with caregivers to provide a voice to frail older adults who could not participate in the data collection. Data from the focus groups with service providers (public, private, and not-for-profit sectors) were analyzed to provide an additional perspective on older adults' point of view.

Case Study

The second set of data is from a case study of one of the 7 pilot projects that were conducted in the context of a master of social work thesis during the fall 2011. The purpose of this case study was to understand the deployment and implementation of community-based housing for older adults by not-for-profit societies, its contribution to the building community process, and how this type of community-based housing supports the needs of this population (Bigonnesse, 2012). The case study site has been selected because of the presence of many services for older adults offered by a not-for-profit society, including three community-based housing facilities.

The data source consists of 11 in-depth interviews with stakeholders from various sectors (municipal, health, social services, housing [including residents], and economic development) involved in the implementation of the three community-based housing facilities by not-for-profit societies in the rural region of Témiscamingue (Québec, Canada). The interview guide, which includes questions about the meaning of home, is based on an extensive literature review about housing issues among older adults in Québec (Bigonnesse, 2012). The ethic committees of the Research Centre on Aging of Sherbrooke and University of Sherbrooke approved the AFC-QC project and the case study.

Analysis

Using the Heuristic Framework on Domains of Meaning of Home in Old Age (Oswald & Wahl, 2005), a thematic analysis of these two sources of

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[2]   http://www.vadaquebec.ca

qualitative data[3] was conducted with the software Atlas.ti. An open coding approach was used to allow new categories to emerge during the analysis. Added categories or categories that did not emerge from our analysis based on Oswald and Wahl's (2005) framework are specified in the results and discussion section. In addition, this framework is descriptive by nature and, thus, does not clearly provide indication on which component may support or hinder the meaning of home (MOH) in later life. Therefore, the results[4] presented in this article explore the notion of positive MOH in later life and how it could be sustained to support aging in place over time and facilitate relocation process.

RESULTS AND DISCUSSION

Physical Aspects of the Meaning of Home

Physical aspects of the MOH include the following themes: physical home (Sixsmith, 1986), community (Feldman, 1990), physical insideness (Rowles, 1983), and body-centered process (Rubinstein, 1989). To operationalize the work of these authors regarding the physical aspects of the MOH in later life, four units of analysis were selected: (a) built environment, (b) neighborhood, (c) community, and (d) privacy. The physical insideness and body-centered process themes did not emerge as physical aspects of the MOH. They are covered in personal aspects of the MOH (see Personal Aspects of the Meaning of Home section). Therefore, this section describes how the built environment, the neighborhood, and the community influence MOH in later life. More precisely, elements such as affordable housing and services, adapted and safe homes, community-based services and amenities, accessibility, and safety are discussed.

BUILT ENVIRONMENT

Three subthemes emerged from the analysis under the theme built environment: (a) affordable housing and services, which covers issues around affordability of housing resources and home-based services; (b) adapted and adaptable homes, which covers home adaptation and home modification; and (c) safe and good quality homes, which covers the safety and suitability of current housing resources.

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[3]   The data from AFC-QC have been previously analyzed based on the 8 domains of the project. The analysis conducted on the MOH in later life is an additional analysis of the original data.

[4]   The quotations presented in this article came from French-speaking participants. The first author has translated the excerpts and prioritized the meaning. However, modifications have been made to adapt English language.

Affordable Housing and Services.   Housing is a determinant for health and its financial accessibility is a key component for quality of life (Canada Mortgage and Housing Corporation, 2010). Accessibility to affordable housing resources and services are a recurrent concern among older adults:

> If I have to move from my home for some reasons, I don't know where I would go. Everything is too expensive for my income. I cannot afford going elsewhere. (65–74 years old)
> Where I live right now is good but I anticipate the future, if I can't walk as I want, if I have to move...I always wonder: "where could I move?" (65–74 years old)

Older adults foresee their future and are concerned about where they will age. Service providers also strongly criticize the price of private (for-profit) community-based housing for older adults and search for alternatives that are not gated communities:

> I think we could have comfortable units without them being golden ghettos. (Non-for-profit service providers)

The issue of affordability could be addressed by a more extensive offer of social housing, subsidized units, and non-for-profit community-based housing facilities. However, despite the availability of these types of housing facilities, the limited number of units available and weeks of waiting lists (sometime as long as 3 years), only partially address that issue. In addition, service providers raised the fact that many older adults are too rich to qualify for subsidized units or social housing but are too poor to afford services offered by private housing facilities:

> They are in the middle class; too poor to afford a $500 to $600 apartment but too rich for social housing. (Service provider)

A fee-for-service payment system is also an important concern for older adults and some service providers. Indeed, this kind of payment system, widely found in private (for-profit) housing facilities (Bigonnesse, Garon, Beaulieu, & Veil, 2011) and where residents pay for every service they need, puts greater financial pressure on those who have functional autonomy losses. Indeed, the more a resident presents functional autonomy losses, the more he or she pays and, by the same token, becomes an additional source of income for private housing facilities.

On the other hand, for those who can afford private housing facilities, some become prisoners of that type of facility. Because they do not have enough money left for personal expenses or leisure at the end of the month, they are confined into their apartment. The financial constraint caused by

the cost of the support services leads to ghettoization and to the loss of connection with the community. In other words, financial accessibility is conditional to social participation and an important condition to build an age-friendly community.

Adapted and Adaptable Home. Aging in place is strongly related to the capacity of older adults to gradually adapt their spaces to aging realities (Fausset, Kelly, Rogers, & Fisk, 2011). Older adult participants mention that stair-free environments facilitate everyday life:

> We live on the fourth floor…when we have many packages, it's very convenient to have the elevator going to the basement where the garage is located. (75 years old and older)

In addition, those homes designed with a bedroom on the main floor help to anticipate the needs related to the aging process:

> My bedroom is on the second floor. Now, I am still in shape, but later [if I have health issues], I will have to install the bedroom on the main floor. (65–74 years old)

On the contrary, living in an apartment located on the second or third floor of a building without access to an elevator or in a house with many staircases is often a reason for relocation:

> I'm seriously looking for a new place… it would not have stairs to clean. I find that is a waste of space and it's a place where you can fall. (65–74 years old)
> We thought we would stay there for a long time but now my wife has problems with her hips. We were very satisfied with our home, but it has many levels and a lot of stairs. It's not possible to reorganize it to only live on one floor. So, we seriously think about relocation. (65–74 years old)

These results are coherent with relocation and mobility literature among older adults (Canada Mortgage and Housing Corporation, 2006; Safran-Norton, 2010). In addition, home modification programs support older adults to adapt their home and help them to age in place (Hwang, Cummings, Sixsmith, & Sixsmith, 2011). However, among those who qualified for these programs, many of them are unable to have the right equipment installed. Indeed, wall structures are often inadequate or owners refuse to allow modifications because they are concerned about not being able to rent the apartment to a younger population afterward:

> Often, one problem we have is that we are not able to modify an apartment. The person's needs have changed, we want to keep her in her

home, but we are not able to adapt the apartment. For some reasons, the equipment does not fit in the bath, the wheelchair does not circulate, and there is no security system, no alarm system. It [incapacity to modify an apartment] comes often with poverty. (Service provider)

However, older adults stressed the fact that these programs are not always easy to understand or accessible because of the multiple steps required for using them. In addition, weeks of waiting list and the obligation to hire a certified contractor discourage many of them:

> Participant 1: If I need to install a grab bar in my bathroom, where should I go for that?
> Participant 2: You can ask your local health and social services clinic but it takes 3 months before [they contact you]... You have the time to fall! (75 years old and older)

Thus, an age-friendly community can support aging in place and preserve older adults' MOH by promoting accessible home modification programs and regulations that will assure that apartments are adaptable. In this regard, universal design principles and adaptable housing models have the potential to address this issue (Canada Mortgage and Housing Corporation, 2012).

Safe and Good Quality Home.   When older adults share their experiences about their home, they often underline the importance of appropriate insulation, soundproofing, light, and size of living space:

> I have a nice apartment, I feel very comfortable... and there's space. There's light; it faces south. When I wake up in the morning, it's sunny everywhere. (75 years and older)

Although downsizing to reduce maintenance cost is advantageous, the Lilliputian size of bedrooms and apartments of some facilities is condemned:

> Personally, there's a question I find important. Because we are old, it looks like they want to put us in such small space! But, why? Because we are old people? We want to breathe like everyone else! (75 years and older)

In addition, having access to a balcony or small terrace is preferred, especially for former homeowners who possessed land. In addition, bigger buildings with more than 100 units are avoided:

> I would like to find a place with greenery and a balcony. Not a big place, something around 50 peoples. Not a huge building with 300 or 400 apartments. I prefer something less crowded. (65–74 years old)

Finally, the need for a safe environment that includes features, such as night lightening, safety guard, and security systems, is a reason for relocation:

> I wanted an apartment where I could feel safe, [a place where] if people want to come to my place they must buzz downstairs. Then I can answer directly and know that my door is locked. But it's not everywhere you can find a building with this type of security. I will stay there for a long time! (75 years and older)

Therefore, it appears that MOH in later life is negatively influenced by the incapacity to access affordable services to adapt the built environment or to feel safe. An age-friendly community encourages housing and services' affordability, adaptability, safety, and quality. These results support the work of Weeks and Leblanc (2010) regarding housing needs of vulnerable older Canadians.

NEIGHBORHOODS AND COMMUNITY

The MOH in later life is integrated within an ecological perspective that goes beyond the limit of home (Cloutier-Fisher & Harvey, 2009; Oswald & Wahl, 2005). Thus, the neighborhood components and the community can also influence MOH. Two subthemes emerged from the analysis: (a) community-based services that address issues around services and amenities close from home and (b) accessible and safe environment that cover neighborhood accessibility, design, and safety.

Community-Based Services. On one hand, access to services and amenities close to home are important contributors for aging in place (Cohen, Mulroy, Tull, Bloom, & Karnas, 2007; Tang & Lee, 2010). Indeed, older adults consider that living in a neighborhood adapted to their needs is a preventive strategy to face the consequences of the aging process:

> [My wife and I] have already established relocation criteria. We want to have access to community-based services close to home; [this alone is proving to be an] "endangered species." We want public transportation to be accessible and efficient. It [the new apartment] must be a one-floor unit and it has to be close to green spaces. We want to go out for walks. (65–74 years old)

On the other hand, it appears that the absence of community-based services is a major obstacle to aging in place that negatively influences the MOH. In fact, not being able to answer one's needs because of a lack of services may harm the feeling of independence. For example, when older adults

cannot drive anymore, car-oriented cities and suburban neighborhoods become real barriers to their independence:

> The bank, the grocery, the pharmacy, [and] now we only have convenient stores. Before, 30 years ago, I could walk to the grocery, to the bank. But now that I'm aging and I would like to stay and to live in my apartment, I have to take my car to go to all these places: the grocery, the pharmacy, [and] the bank. (65–74 years old)

These results support the work of Wang and Lee (2010), who have demonstrated that American older adults walk up to a radius of 800 meters from home. Thus, to support aging in place and for a community to become age-friendly, community-based services and amenities such as groceries, pharmacies, hardware shops, health clinics, banks, and post offices must be located in that walking distance. Moreover, studies have shown that the availability of health services, transportation, and shops in a neighborhood enhances physical activities, social capital, and older adults' independence (Chippendale & Bear-Lehman, 2010; Cutchin, 2003; Leeson, 2006; Michael, Green, & Farquhar, 2006; Sixsmith & Sixsmith, 2008; World Health Organization, 2007).

However, the availability of community-based services in the neighborhood requires the modification of municipal regulations. In fact, current regulation rarely allows commercial activities in residential zones. Consequently, a mix-land use must be prioritized. In addition, a high concentration of senior housing facilities in the same area should be avoided:

> Sometimes, we want the senior homes to be close to downtown and services. At the same time, we are saying, well, we don't want to ghettoize too much [an area] so it would be only older adults. So, there is a reflection about interpenetration, so we mix the youth, the aged. We are in reflection about the land use, we are there. (Public service provider)

Thus, for a community to be age-friendly, community-based housing facilities must be located in neighborhoods with a high density of services and amenities and integrated in the community. Moreover, the growing popularity of innovative housing models such as naturally occurring retirement community with support services (NORC-SSP) and the Village movement—where access to community-based services is a core characteristic—demonstrates the importance of community-based services for older adults (Cohen et al., 2007; Guo & Castillo, 2012; McDonough & Davitt, 2011; Scharlach, Graham, & Lehning, 2012). This type of neighborhood development will not only benefit older adults who age in their home, but also every member of the community.

Accessible and Safe Environment.   Our results suggest that accessibility and safety influences older adults' mobility. For example, accessible green spaces and parks close to home encourage walking:

> We live in a beautiful, clean and calm village. We have great spaces to go for a walk near the lake or on the streets. (75 years old and older)

However, if the built environment around the home is not adapted, it becomes a barrier for commuting and social connections. For example, the poor maintenance of sidewalks and their design adapted for cars and home driveways are specially stressed:

> [Sidewalks] are designed to accommodate cars. Sure, it's for cars, but we can't walk on that! It's what we have to walk outside. And if there's snow or a little bit of ice, then you aren't going out! (65–74 years old)

Safety is also an important concern, especially regarding visibility at night:

> Some streets are really poorly lighted, it's not safe; when you're a woman and old on the top of that, it's not safe. I mean, I'm not scared about being raped at my age [laughs], I'm scared about my purse. (65–74 years old)

These results corroborate previous work related to fear of crime and insecurity among older adults (Beaulieu, in press; Casares, 2005; Lachance, 2008; Maurice et al., 1998). Finally, the availability of benches and appropriate timed pedestrian crosswalks are key for neighborhood accessibility:

> [We need] benches to sit and relax, or something like this. If you go for a walk, let say between the church near my place and downtown, there aren't any park or bench. (65–74 years old)
> When the sign [pedestrian crosswalk] is on, you don't have enough time to cross the street. After 15 seconds, you've only completed half. I don't walk fast, but I have a good pace. You wait for the sign, you start to cross the street but you don't have time [to get to the other side]. (75 years old and older)

Research has shown that safe and walkable neighborhoods with numerous benches contribute to the health, safety, and social participation of older adults (Chaudhury, Mahmood, Michael, Campo, & Hay, 2012; Michael et al., 2006; Rosso, Auchincloss, & Michael, 2011; Wang & Lee, 2010; World Health Organization, 2007). Thus, an age-friendly community fosters a positive MOH and supports aging in place by promoting neighborhoods that are properly designed, safe, and walkable and include community-based

services. These elements support the social participation, health, and safety of older adults and other members of the community.

Social Aspect of the Meaning of Home

Social aspects of the MOH include the following themes: social home (Sixsmith, 1986), connection (Harris et al., 1996), social insideness (Rowles, 1983), social-centered process (Rubinstein, 1989), and togetherness (Zingmark et al., 1995). To operationalize the work of these authors regarding the social aspects of the MOH in later life, three units of analysis have been selected: (a) place of connection, (b) togetherness, and (c) social roles. The theme of privacy, which has emerged from the analysis, is also discussed. This section describes how important components of the MOH in later life, such as place of connection, togetherness, and privacy, are expressed by older adults and in which manner they can be included in housing facilities design and administration.

PLACE OF CONNECTION

The fact that older adults are able to receive support from their neighbors when it is needed contributes to their desire to age in place. It appears that the connection with the members of the community is determinant to the MOH. For example, social contacts of everyday life among neighbors reinforce social ties and feelings of social support:

> Everybody helps each other; when one is staking wood, another one comes to give a hand. When I shovel my driveway, somebody will come to help me. When my neighbor sits on her porch—she's old, she's 90 years old—I go [to] her place and talk with her, she's happy. My street is really like a big family. (65–74 years old)

In addition, many older adults refuse to live in a ghetto and want to be in contact with people of every generation:

> When we moved here, there were only two young kids on the street. Now, there are 13; there are a lot of balls! It's their playground but they are polite and they don't break our stuff. (65–74 years old)
> I will not move into a senior home because I find it ghettoized. I don't like those systems... If you have a neighborhood of older adults, the others will have a neighborhood of that, a neighborhood of this... I want to live with younger people, with married people, and so on. I want to live within the society, and the society, it's not just the third age! (65–74 years old)

Therefore, the concentration of services and housing facilities in the same area can limit older adults' connection with the community and their social participation. Many service providers also denounce this reality:

> The thing about senior homes…is that we are creating ghettos. Real ghettos! And they offer every single service: hairdresser, convenience store, and gym—the full kit! Everything is there to prevent them from going outside. (Public service provider)
> You have the pool, the internet, the nurse, the priest, the mass. It's a ghetto! They isolate themselves. After that, they are not part of the community anymore. (Community service provider)

On the other hand, activities of daily living (ADLs) are also a source of social connection. For those who live in community-based housing for older adults, social life during mealtime or leisure becomes an opportunity to break isolation:

> I live in an apartment building which has 30 units. It's well equipped; there is a pool [and] a community room and there are planned activities. If I move, I would like to have a dining room where I can meet the people who live in the building and know them and discuss. And when you're not feeling like cooking for yourself, you go to the dining room and you're sure you will eat properly. (65–74 years old)

Public gathering spaces are important for older adults and they contribute to social connection:

> Gathering spaces are really important because we are social beings. I work all day in my workshop downstairs; I'm not bored, and time goes fast. But when somebody comes, I'm really happy to talk with him. As topic of conversation, I talk about what I'm doing. Some will find me arrogant, but it gives me something to talk about. (65–74 years old)

Finally, seniors associations do not meet the need of everyone but seniors' community centers are a pertinent alternative to break social isolation:

> I find that we're quite isolated; people who live alone… When I'm going back home…if I don't go out again, I will not speak to anybody until tomorrow or the day after. Sometimes, I can spend 48h [or] 60h without talking to someone because I have nowhere to go, and I don't want to go to [name of the shopping center]. If we could have a seniors center or something. (65–74 years old)

In this regard, third places—informal gathering spaces different than home or work—contribute to quality of life and are important components of older adults' social interactions (Cheang, 2002; Jeffres, Bracken, Jian, &

Casey, 2009). Therefore, the MOH is influenced by the possibility to connect with neighbors and have intergenerational relationships and the availability of public gathering spaces. The importance of ADLs for social connection should also be taken into account. An age-friendly community should encourage age-integrated neighborhoods and assure that older adults have access to public gathering spaces such as seniors' community centers.

TOGETHERNESS AND SOCIAL ROLES

For many older adults, home is the place where they gather and experience continuity in their social roles such as parents or grandparents. For many, home is where they have raised their children and where they have spent most of their lives:

> The home where I live is very comfortable; I really take care of it. It's very functional; I feel content. I have space to entertain my kids and grandkids. (75 years old and older)

Therefore, leaving home also means leaving the place where family gathering happened. When older adult participants shared their difficulties regarding relocation, they underlined the challenge of getting rid of their personal belongings and losing space to entertain their grandchildren, children, and friends:

> To have access to the same level of services, we would have to spend between $1,500 and $2,000 each month. It [the apartment] will be smaller, we would not be able to entertain the kids anymore, and I would not have my workshop to work downstairs. It would be a disaster. (65–74 years old)

Thus, having access to a community room and apartments of appropriate size for family and friends gatherings are important determinants for maintaining a positive MOH and facilitate the relocation process.

PRIVACY

Contrary to Oswald and Wahl's (2005) framework, our analysis did not show the notion of privacy as a physical aspect but as a social aspect of the MOH. Indeed, despite the physical design of a facility, concerns about lack of privacy are raised when older adults cannot isolate themselves from the group they desire. Moving into a senior housing facility implies a more collective lifestyle than living in an individual house:

> But there's something stressful about living in multiple apartments.
> There's someone I know who lives in a place like that [seniors home],
> where you find many apartments. The neighbors, they are close! She has
> them close you know, and she doesn't really have a choice to socialize
> a little bit, if not you isolate yourself. (65–74 years old)

Therefore, being around people who are very different can become a bar-
rier to the adaptation process. The obligation to interact with many new
individuals and the loss of privacy are anticipated:

> No, it's really good. Friends, as I was mentioning earlier, we make new
> friends. A couple of small enemies too! Because in a group you're not
> always looking at each other in a positive lens. So, we need to get used
> to it. (75 years old and older)

These results support the work by Lord (2010). Indeed, he underlies the
notion that the older adult's main anticipation regarding relocation into a
community-based housing facility is the loss of privacy.

In brief, home is a place where older adults can connect with their neigh-
bors and the community and where they can gather with their family and
friends. However, in community-based housing facilities, this possibility of
social connection must be balance with privacy to maintain a positive MOH.
Therefore, an age-friendly community would promote social connection and
social support at the neighborhood level, age-integrated communities, public
gathering spaces, and housing facilities, which are incorporated in the life of
the community and designed to balance privacy and social interactions.

Personal Aspects of the Meaning of Home

Personal aspects of the MOH include themes such as personal home (Six-
smith, 1986) and person-centered process (Rubinstein, 1989). Personal as-
pects of MOH have three subdimensions: (a) behavioral aspects, (b) cogni-
tive aspects, and (c) emotional aspects. The results of the analysis regarding
each subdimension are described below. The contribution of housing facili-
ties administration to support MOH is also explored.

BEHAVIORAL ASPECTS

Behavioral aspects include themes such as centeredness (Feldman, 1990),
activity (Harris et al., 1996), body-centered process (Rubinstein, 1989) and,
control (Zingmark et al., 1995). To operationalize the work of these authors,
three units of analysis have been selected: (a) routines, (b) activities of daily
life, and (c) control on the environment.

Routines and Activities of Daily Life.   Activities of daily life (ADLs) take an important place in older adults' everyday lives and MOH. To still be able to take care of their home is a source of pride and joy for older adults:

> I'm still doing it, rak[ing] the leaves and all that. I still have the capacity and I want to keep doing that kind of work to stay in shape. Because physical conditioning, I'm doing it but I'm a little less assiduous. So, when you have an obligation you force yourself to go get the newspapers and to work on your property. I'm really satisfied with my home; it's the same since the past 40 years. (75 years old and older)

However, a time comes when ADLs and home maintenance become a challenge, particularly after the loss of a spouse. The cost of home maintenance services is a concern for many homeowners:

> The maintenance of the home is difficult for a person who lives alone. . . and the income of retired persons are fixed. The snow removal services are more and more expensive. Everything is about the cost of maintenance services. (65–74 years old)

Tasks that were undertaken by the deceased spouse demand new learning by the surviving spouse and help is often needed. Consequently, support services provided in community-based housing for older adults may be seen as a helpful resource:

> There's a service to wash your clothes; they take care of your apartment. For a guy like me, who's alone and who doesn't like to work in the home because he's not good at it, it's a place for me. (65–74 years old)

When the help is not available, older adults may think about relocation:

> I think about moving because my home is too big. It's a lot of maintenance. (65–74 years old)
> Then you ask yourself, because one time one of us has been sick you know? But you must mow the lawn! You have to maintain the house! What are you going to do? Then, you start to look for a new place. You're forced to leave. (65–74 years old)

Services providers also highlight the absence of affordable home-based services as a barrier to age in place:

> Some ladies I have met, their husbands are deceased or they are alone in their home. What it's difficult is home maintenance: mowing the lawn, shoveling the snow. About these maintenance works to do, these ladies are saying: "I would like to pay someone, but I don't have the money." So, I don't know if they could have a program to help these women

to stay in their home as long as possible. If not, they're forced to sell and move into an apartment that is not necessarily convenient for them. (Community service provider)

Thus, because the MOH is influenced by older adults' capacities to accomplish ADLs, an age-friendly community promotes home maintenance services that are community based, accessible, and affordable. The importance of ADLs for the MOH must also be considered when relocation happens. Not being able to cook by yourself or not having access to a workshop to build small things is often an important loss:

I moved here [assisted-living facility] because I'm more comfortable. I don't feel like I'm in a home for retired persons because I do everything myself. But when I will not have other choice than eating downstairs [cafeteria]—I need to prepare myself for that—they will never be able to cook meal like I do. (75 years old and older)

However, the availability of such spaces could facilitate the relocation process:

I always dreamed, when I had my house, I had tools, I was a handyman, even I was working in an office, I was a handyman. I always liked to be a jack-of-all-trades. Now, I cannot do that anymore, I don't have enough space to work. I always dreamed of a big building maybe 300 feet by 100 feet where the gentleman could come to work. Some would paint, it would have computers, some would come and work on the computer, and they would help each other. (65–74 years old)

Accordingly, it would be relevant to consider the installation of small workshops and a collective kitchen annexed to community rooms in the community-based housing for older adults or in community seniors' centers. Therefore, older adults would be able to practice their hobby in their new home and maintain a positive MOH despite the relocation.

Control on the Environment. When older adults think about relocation, they anticipate losing control of their everyday lives. Indeed, the loss of control at mealtimes, at bedtimes, and at the moment when staff comes for maintenance or for personal care are the main concerns raised regarding life in community-based housing facilities and in care homes:

When you move in a seniors home, you have rules to follow. You have more freedom when you live in your own home. (75 years old and older).

In addition, the control on the physical environment is also important. Details such as wall color, adequate space to bring personal furniture and decoration strongly contribute to MOH:

> We are free... we have the choice to sit on the patio or go for a walk or
> whatever, easily... without any constraints. Or to decorate the home, if
> we want to hang a frame on the wall [we can do so]. (65–74 years old)

These results are confirmed by Golant (2012), who stressed the impor-
tance of control on the environment for "residential comfort" of older adults.
In addition, Wiles (2005) argued that the transfer of institutional care into the
community has had important consequences on older adults' well-being. For
example, she stressed that the logic of cost efficiency in health care system
is not compatible in the home environment, where time is structured around
body processes and social relations. Consequently, the transfer of institu-
tional cares into the privacy of the home or in community-based housing
facilities makes these processes and relationships more institutionalized and
then distorts the MOH.

COGNITIVE ASPECTS

Cognitive aspects include theme such as identity (Harris et al., 1996), au-
tobiographical insideness (Rowles, 1983), safety, and recognition (Zingmark
et al., 1995). To operationalize the work of these authors, three units of
analysis have been selected: identity, safety, and recognition. This section
covers three components about how older adults feel safe and two sub-
themes of freedom, which have emerged from the data: freedom of choice
and movement. However, older adults did not discuss the theme of identity
or recognition.

Safety. Safety is part of the physical aspects of MOH (see the Physi-
cal Aspects of the Meaning of Home section about built environment and
neighborhood); however, it is also subjective (Paris, Beaulieu, Cousineau,
& Garon, 2011). Three components of feeling safe have emerged from the
analysis. The first component—physical integrity—is when older adults know
that, in case of illness or emergency, somebody will come quickly for sup-
port:

> They say that social housing is a good thing because it's safe. We are
> not living alone. Like me, I am 90 years old. I told myself that I could
> stay here because I have my friends just beside me who can help me if
> I become sick. I have two people designated to bring me to the hospital
> if needed. So it's a safety net. (75 years old and older)

The second component—home integrity—is when older adults feel safe
and protected from external dangers. This type of safety is influenced by
physical elements such as an alarm system and solid doors or windows well
locked on the first floor and the presence of trustworthy neighbors:

> For now, I can leave the house, I'm not worried about that it will be
> broken in when I come back because my neighbors are close and they
> are good neighbors. If I leave for two days, they pick up the newspapers
> and my driveway is shoveled every morning by one of them. (75 years
> old and older)

The third component—neighborhood safety—is when older adults feel
safe walking in their neighborhood. It's a neighborhood where: "there is
no violence, no matter the time during the day, no matter, we feel safe"
(65–74 years old). Thus, feeling safe is an important component of the MOH
and it is influenced by being protected from danger in the home and the
neighborhood, but also by having support from neighbors when it is needed.

Freedom.   This category is not included in Oswald and Wahl's (2005)
framework but strongly emerged from our analysis. The theme of freedom
is related to freedom of choice and movement. Indeed, older adults stress
the importance of freedom of choice about the moment they relocate:

> When you lose your autonomy, then the game is different. Sometimes
> you don't have the choice anymore. If you wait until the last minute [to
> relocate], you can't choose for yourself. The kids will decide for you and
> you will be admitted for the best or the worst. (75 years old and older)

Freedom of movement is expressed through the capacity of making
choices regarding mobility no matter where older adults live or how much
care they need. For example, the loss of the capacity to drive limits their
freedom of movement and negatively affects MOH: "I'm telling you, to take
off our car, it's like cutting one of our arms off" (75 years old and older). This
reality is particularly important in rural areas where public transportation is
not available and services and amenities are limited:

> The [name of the grocery] has been shut down. Now, you have to go to
> these bigger grocery shops. But if you don't have a car, or if you have
> macular degeneration or something like that, it limits your mobility. The
> first thing you know is you feel like you're in the middle of the desert.
> (65–74 years old)

In addition, when older adults talk about relocation—in addition to the
loss of control on the environment (see the Control on the Environment
section)—they especially stress the limitation of freedom of movement. In
this regard, Caouette (2005) mentioned that relocation into nursing home
reduces the "liberty of action" of older adults. Moreover, Lord (2010) argued
that facilities offering meals and security systems fundamentally modify the
mobility pattern of the residents. Indeed, the residents lose their "mobility
practice," such as shopping and opportunities for "spontaneous moment of
socialization." The loss of freedom of movement limits older adults' capacity

to age in place and the fear of losing their freedom of choice might precipitate relocation. They both negatively affect the MOH.

In brief, cognitive aspects such as feeling safe and freedom of choice and movement are closely linked with other aspects and dimensions of MOH such as routines and ADLs, control on the environment, neighborhood and community. Our participants have repeatedly stressed the importance of these components of the MOH. Therefore, an age-friendly community must work with housing service providers to offer flexible schedule regarding ADLs, to give their residents more control on the living environment, and to support freedom of choice about the moment they relocate. An age-friendly community should also foster freedom of movement by offering amenities and services close to home, accessible public transportation, and safe neighborhoods.

Emotional Aspects

Emotional aspects include themes such as embeddedness (Feldman, 1990), positive evaluation (Harris et al., 1996), rootedness, and joy (Zingmark et al., 1995). To operationalize the work of these authors, three units of analysis have been selected for analysis: (a) embeddedness, (b) joy, and (c) pride. Emotional attachment to home has been repeatedly demonstrated in the literature (Rowles, 1983; Rowles & Chaudhury, 2005; Rubinstein & Parmelee, 1992). However, beside the exception of the theme of joy and pride involved in taking care of their home, emotional aspects of the MOH of older adults have not clearly emerged from our analysis. It is possible that the nature of the focus groups' questions and interviews, which was more focused on the experience of the participants as a group, has not allowed older adults to share this aspect of MOH. Nevertheless, emotional attachment should not be neglected in future research about the meaning of home in later life.

IMPLICATIONS FOR DECISION MAKERS

Implication for Decision Makers: An Integrated Approach for the Development of Community-Based Housing for Older Adults

The results presented in this article have multiple implications for decision makers and stakeholders involved in the area of housing for older adults. First, at the government level, the ministry of housing must support the development of affordable and adaptable housing solutions for older adults. Having access to community-based housing facilities that provide affordable services will enhance the capacity of older adults to age-in-place. The Ministry of Health and Social Services also have an important role to play regarding the regulation of community-based housing for

older adults. It assures that services are suitable and that well-trained workers provide them. It should support the training of health practitioners in gerontology.

Second, at the level of municipalities, new regulations allowing mixed-land use—where houses and shops are located in the same area—have to be adopted. Concentration of community-based housing for older adults in areas far from community-based services and amenities must be avoided. Safe neighborhoods and adapted built environments must be promoted to facilitate walking, access to public transportation, and social participation of older adults.

Third, architects and housing developers have to develop new housing models where living spaces can answer older adults' needs regarding privacy, social connection, and control on the ADLs. They must also develop housing models that promote the participation of residents in the organization and freedom of choice and movement. These models have to be flexible and responsive to the changing capacities of older adults through time.

Finally, non-governmental organizations, seniors associations, and not-for-profit societies have an important role regarding aging in place. For example, home support services cooperatives have the potential to answer older adults' needs regarding home maintenance. In addition, community-based housing facilities by not-for-profit societies may offer affordable solutions to promote participation and involvement of their residents. Seniors associations and community centers are important factors for social participation and connection with the community. Their services must be promoted and implemented in more communities.

CONCLUSION

There is a dearth of research exploring older adults' points of view regarding their housing needs; this article provides a concrete overview of what solutions must be implemented to support aging in place and how cities and communities can become more age-friendly. The concept of MOH in later life has provided significant insights on how home is expressed practically and how these insights could be applied to develop new community-based housing facilities that properly answer older adults' needs.

However, the chosen framework presents some conceptual limitations. Indeed, the Heuristic Framework on Domains of Meaning of Home in Old Age is, as underlined by the authors, in a preliminary stage of validation. It was created "to reduce existing conceptual diversity to a useful minimum" (Oswald & Wahl, 2005, p. 30) and to "…stimulate comparative and explanatory research" (p. 31). Our analysis suggests that some components of the meaning of home are expressed differently than those proposed in the framework: (a) safety is largely influenced by physical aspects of the

neighborhood; (b) community presents both physical and social aspects; (c) privacy has emerged as a social aspect rather than a physical aspect; and (d) freedom of choice and movement are important components of the meaning of home. These findings will have to be validated by further research about meaning of home in later life.

Furthermore, this article demonstrates how physical, social, and individual aspects of MOH are mutually influenced and interrelated. However, two inseparable components must be taken into account to support the three aspects of MOH over time and after relocation: the home and the neighborhood. First, new models of community-based housing for older adults will have to be developed to respect affordability, adaptability, quality, safety, privacy, freedom or choice, and movement and social participation. This commands new practices regarding the design and the administration of housing facilities. Second, community-based housing facilities have to be located in neighborhoods that are walkable and accessible, where support services, shops, amenities, and transportation services are available. These home and neighborhood components are imperative to support aging in place and to maintain the social participation of older adults. It is impossible to develop adequate community-based housing facilities for older adults in isolation from the community. Therefore, it is important that future conceptual and empirical research on housing and the meaning of home in later life consider both built and social environments.

To implement these results, transformations will have to occur in multiple areas: home design, neighborhood design, city planning, health and home-care services, and housing facilities' administration structure. However, these transformations are only possible if an inter-sectorial approach is promoted and if multiple stakeholders from housing, architecture, health, social services, municipalities, and seniors associations work together. Consequently, silos must be broken and integrated approaches have to emerge. Then, older adults' housing needs would be properly answered.

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