Perceived and Unmet Needs for Health and Social Services in Publicly Subsidized Senior Housing

Allison Wilder[1], BoRin Kim[1], John Wilcox[1], Marguerite Corvini[1], Casey Golomski[1], and Allysha Winburn[2]

[1]University of New Hampshire; [2]University of West Florida

BACKGROUND

- The cost to rent or purchase housing is becoming increasingly unaffordable to millions of lower-income older adults with small incomes and few assets.
  - ➢ Many affordable housing options for these lower-income elders are subsidized by the U.S. Department of Housing and Urban Development (HUD)'s Section 202 Supportive Housing Program.
  - ➢ Residents of subsidized senior housing pay 30% of their income for rent; the balance is subsidized under HUD's Section 8 Rental Assistance Program.
- Lower-income elders have been found to struggle with various physical and/or mental health problems, making it challenging to successfully age in place.
  - ➢ Advanced age and low income place older adults at greater risk for chronic illness, disability, depression, and social isolation.
  - ➢ This results in increased need for social and health services.
  - ➢ Worsening health problems or poor management of these health conditions may cause older adults to be prematurely institutionalized.
- Social and health services help this at-risk population to remain healthy and independent as long as possible.
  - ➢ Collaborations among social and health service providers can address the various needs of low-income older residents of subsidized senior housing.
  - ➢ Still, there is limited understanding of what factors positively and negatively influence social and health service utilization among low-income residents in subsidized senior housing throughout the United States—including New England, the region of focus in the current study.

OBJECTIVES

- This study explores perceived and unmet needs for formal health and social services in publicly subsidized senior housing from the perspective of resident service coordinators (RSCs) in New Hampshire and Maine (Figure 1).

METHODS

- One-on-one, semi-structured interviews were conducted with five RSCs and/or program directors of subsidized senior housings in the region (see Figure 1).
  - ➢ The RSCs were interviewed at their places of work. Site names were later anonymized (see Figure 1).
  - ➢ The audio-recordings from the interviews were transcribed by investigators and/or graduate students under mentorship of the faculty members.
- Independent coders reviewed and coded chunks of data in the text to identify relevant themes.
  - ➢ Comparison among coders was used to test the reliability of the coding process.
  - ➢ Discussion among coders was facilitated to attain a consensus regarding themes, assignment of data to specific themes, and redefining/collapsing themes to create conceptually relevant and mutually exclusive themes.
- Content analysis was used to analyze the data obtained from the RSC interviews.

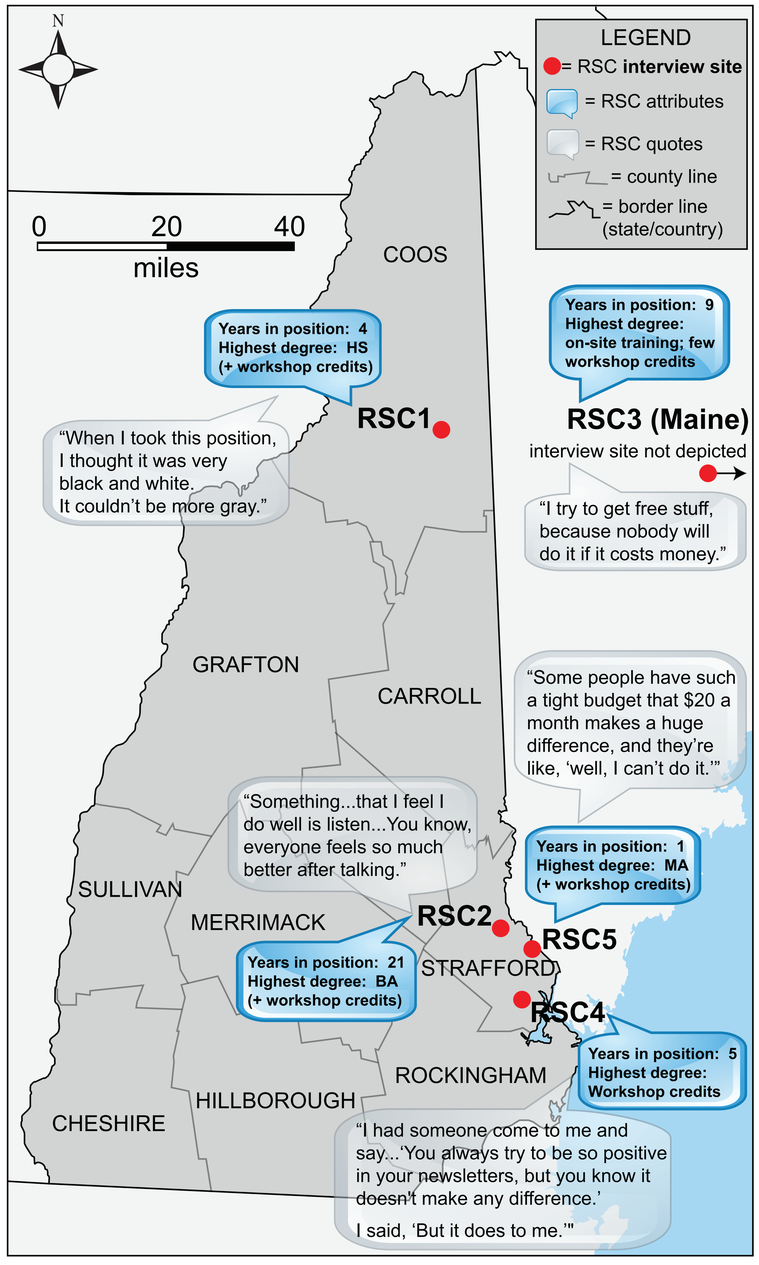

Figure 1. Map of New Hampshire (gray) and surrounding states/countries, including brief demographic overviews of the Resident Service Coordinators (RSCs) interviewed during the current research. Note that two additional properties in the state of New Hampshire are also overseen by these RSCs.

RESULTS

- Investigators identified three major themes in the RSC interview data (Tables 1-3):
  1. Health and social services requested by residents (as perceived by RSCs)
  2. Services provided by the residence ("best practices" where the RSCs excel)
  3. Barriers (aspects of the environment impinging on residents' ability to engage with health and social services)
- Where relevant, investigators further organized the responses into sub-themes.

Table 1. Health and Social Services Requested.

Homemaking	All 5 RSCs reported in-home help as a major request
Transportation	3 of 5 RSCs reported requests for transportation
Assistance	Several RSCs reported requests for assistance (e.g., w/Social Security correspondence, food stamps application, case mgmt.)
Other requests included: social activities; accessibility resources; health resources (e.g., flu/dental/blood pressure clinic, mental health counseling); funding.	

Table 2. Services Provided ("best practices," arranged by sub-theme).

Common Places	Social Activities	Safety & Convenience	Community Collaborations
All 5 RSCs described spaces for gathering & social activities	Most housings offered activities (w/marked variation in available activities & rates of participation)	All 5 RSCs provided installations promoting resident safety/convenience (e.g., roll-in showers)	All 5 RSCs reported collaborations (w/ marked variation in available services & level of collaboration)

Table 3. Barriers (arranged by sub-theme).

Accessibility	Motivation	Resources	Fear & Risk	Policy
Transportation	Apathy (low resident participation impedes ability to continue to offer services, e.g., activities, transportation)	Financial	Fear of falling	Poor role clarity
Chronic health conditions (e.g., vision/hearing loss, arthritis)		Staffing (e.g., overextended external service providers)	Fear of asking for assistance (lack of independence)	Disconnect between policy and practical need of residents
Weather		Service system issues	Shame (e.g., in dental health)	Inconsistent enforcement

DISCUSSION

- Some disconnects exist between resident needs and RSC perceptions.
  - ➢ e.g., RSCs note apathy about social programs, but "activities" are one of the primary services requested by residents
- The locations of subsidized housing facilities lead to vast differences in the barriers faced, resources available, and ability of RSCs to engage with community collaborators and leverage low-cost services.
  - ➢ e.g., public transportation facilitates community engagement in urban locales
- Regardless of resources, RSCs take pride in facilitating resident independence.
  - ➢ "Best practices" help RSCs to improve their residents' quality of life.