Helping Elders To Age in Place via Onsite and Near-Site Housing-Based Healthcare Programs

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This article covers seven key points about housing for the elderly and public housing.[1]

1. Elders in public and assisted housing overwhelmingly and urgently want onsite and near-site housing-based healthcare programs.
2. Elders in public and assisted housing overwhelmingly and urgently feel the need for onsite fall-prevention programs and safety accessories.
3. A clear majority of the housing managers and Public Housing Authority (PHA) personnel we interviewed expressed strong interest in pursuing onsite and near-site housing-based healthcare programs.
4. Hospitals and physicians show strong interest in providing onsite and near-site healthcare programs for the elderly resident of public and assisted housing.
5. PHAs may use a wide range of promising strategies to meet the needs of their elderly residents for onsite health / safety / wellness programs.
6. PHAs and assisted housing managers may require technical assistance to access high-quality, relatively comprehensive services that optimally help residents successfully age in place.
7. A modest number of elders living in public housing require assisted living services. Most of these needs can probably be met by adding Medicaid waiver-funded services to independent living units. In some locations, new construction of low-income assisted-living facilities will prove necessary.

Onsite and Near-Site Housing-Based Healthcare Programs

Manhattan Study

From a study of 3,280 low- and moderate-income residents in Manhattan in July 2000, a representative sample of elderly residents in 6,100 units of subsidized housing yielded the following findings.

These elders overwhelmingly want onsite and near-site health care. Using unweighted averages for the surveyed population 81 percent regarded it as "very important" to them that a physician be onsite at least once per week; 76 percent thought it "very important" to have onsite health screenings; 76 percent deemed it "very important" to have wellness classes offered onsite; 63 percent would use, as their regular doctor, "a high-quality, affordable, convenient doctor's office located in or very near…[their] building".

These elders appear to want or need onsite health care primarily because they are and / or perceive themselves to be mobility limited, frail, in poor or only fair health, and in some need of assistance with instrumental activities of daily living (like shopping, getting to the doctor, and so forth). Again, using unweighted averages 59 percent of the surveyed population described their health as poor or fair; 60 percent felt that it would be very important to have shopping assistance available; a stunning 50 percent reported themselves as using walkers, wheelchairs, or canes (more about these mobility limitations below); 59 percent live alone; 53 percent of the residents who fell in the past 12 months, fell injuriously; 76 percent of the respondents perceived it as "very important" to have more safety accessories added to their apartments or apartment buildings; and 77 percent reported it to be "very important" to have emergency response systems available onsite. In summary, the residents who most want onsite health care might be described as those who report themselves as sick, frail, or the "worried well."

These elders have a pattern of health system use that suggests that their desire for onsite health care makes eminently good sense. Although they are significantly younger than a comparison group of middleclass senior citizens, these elderly residents of subsidized housing have had in the recent past significantly greater need of nursing home or rehabilitation center stays; significantly greater need of visiting nurses and home health aides; and significantly greater need of wheel chairs, walkers, and canes. These elders are not significantly more frequent users of hospitals (emergency room or overnight stays) or doctors (about equal to the middle-class comparison group in frequency of physician visits). But the elderly residents of subsidized housing have a significantly higher frailty index than the middle-class comparison group (an unweighted average of 56 percent reported one or more mobility or self-care limitations)!

The elderly residents of subsidized housing appear to be more reliant on their doctors for health information than their more middle-class counterparts and every bit as satisfied with their present physician or clinic as the middle-class comparison group. They do not have to wait at the doctor's longer than do the middle-class group, and the distances that the subsidized housing residents travel to their doctors are comparable with or shorter than the middle-class group. But the elders of subsidized housing do tend to try to walk to their doctor or wait for public agency transportation more frequently than middle-class community residents—a problematic pattern for such a mobility limited population.

The elderly residents of subsidized housing want and need onsite health care but they will require a great deal of intensive, professional, and sensitive outreach to help them use an onsite healthcare program. This is clearly an instance in which "build it, they will come" will not work! On top of the 50 percent mobility limitation index and the 56 percent frailty index, at least 28 percent of the elderly residents of subsidized housing are relatively socially isolated (leaving their complexes "never," "a few times a year," or only "on special occasions"). Internal survey evidence suggests that the true social isolation percentage is at least 34 percent. The high percentage of social isolates coupled with the high percentage of physically frail or mobility limited elders makes outreach efforts to this population tremendously challenging.

The elderly residents of subsidized housing do have some important chronic health conditions and sensory deprivations (that is, diminutions in sensory functions). More than 25 percent of the population we surveyed suffered from diabetes; reported themselves as having asthma, bronchitis, emphysema, or other breathing disorder; noticed a marked diminution in eyesight during the 3 months before the study; and / or reported themselves as "often feeling sad or depressed." Approximately 15 percent of our surveyed population thought they had a memory problem, experienced a marked hearing loss in the recent past, and / or said they needed help in taking medications as prescribed. Approximately 10 percent of the surveyed population had experienced rapid significant weight change in the recent past.

New Jersey Study

The following data are taken from an interview-based study of more than 3,000 elderly residents in and near low-income housing in New Jersey. In this study, the overwhelmingly majority of seniors rated one or more housing-based health services as essential or helpful to the lives they wished to lead (with percentages in the 70–90

percent range), whereas fewer than 20 percent of public housing residents had available to them even a fraction of the health services they value. The seniors most wanted onsite physician's offices, nurses, and / or health screenings, but also highly rated wellness classes, health education, and exercise programs. In the New Jersey study, it should be noted that the seniors who most valued (wanted / needed) housing-based health services tended to be: 1) elders with high recent healthcare system use, 2) elders with present health and mobility limitations (that is, the sick and worried well), 3) elders who perceive their present housing to lack needed health and safety features, 4) younger (or very elderly) seniors, and 5) elders living with spouses rather than alone.

Corroborative Focus Group Studies

All of these studies (involving more than 5,000 low-income elderly residents of public or assisted housing in New York, New Jersey, Pennsylvania, Florida, Ohio, Georgia, and Texas) document that these senior citizens urgently desire onsite health services.

Need for Onsite Fall-Prevention Programs and Safety Accessories

Geriatric falls constitute a huge, growing, and costly public health problem all cross America. Falls happen to more than 10 million American elders every year (that is, one in three American senior citizens annually). These falls cause 2–3 million injuries per year that are serious enough to warrant medical attention. Falls among the elderly prompt at least 800,000 visits to hospital emergency rooms annually, resulting in at least 181,000 hospital admissions per year (with longer than average lengths of stays and, therefore, higher than average costs). Symptoms generated by health conditions associated with the high risk of geriatric falls prompt more than 11 million physician visits per year; actual geriatric fall-related injuries result in more than 1.5 million additional physician visits. Falls in individuals over age 65 account for 160,000 bone fractures per year and approximately 500,000 diagnostic tests and / or surgical procedures prescribed in hospital emergency rooms annually. These falls also trigger nursing home and rehabilitation center stays in at least 80,000 instances per year. All in all, geriatric fall-related injuries are projected to cost America an estimated $43 billion and approximately 15,000 American senior citizens their lives every year.

Falls represent the leading cause of hip fractures among U.S. senior citizens (causing up to 90 percent of such fractures) and are a leading cause of hospitalization and head injury and the sixth leading cause of death among U.S. elders. For the large and

growing subpopulation over age 85, fall frequencies and injuries are exploding. Geriatric falls are twice as frequent, much more injurious, and more than twice as deadly for seniors in U.S. nursing homes (and hospitals) than for community-based elders, and incidence rates approximate 50 percent in nursing homes and 20 percent in hospitals annually. Geriatric falls are associated with 22 million bed days of disability in the United States annually.

Fall-related hospitalizations are crucial turning points in the lives (and deaths) of America's elderly. Of those seniors admitted to a hospital after a fall, 10 percent die before discharge, 50 percent die within the year, and 50 percent of the survivors require institutionalization within 1 year of the fall episode.

Manhattan Study

Elderly residents in public housing in Manhattan did not fall more frequently than their middle-class counterparts but suffered injury more frequently. Fifty-six percent of public housing's elders who suffered a fall had to see a physician for their fall-related injuries (as opposed to only 45 percent of the middle-class fallers). Not surprisingly, elders who suffered a fall tended to be older and in poorer health. It is important to note that the mobility limitations associated with geriatric falls (that is, use of walkers, canes, wheelchairs) are very powerful predictors of resident desires for onsite services. Overall 80 percent of public housing residents in the Manhattan study deemed it important to have (or get) safety accessories for their apartments and 77 percent value emergency response systems. But there is a highly significant 14 percent point difference in the data; elders who are less mobile, frailer, and more fall prone are even more likely to want onsite safety features and programs.

Interviews and Focus Group Studies

A majority of surveyed seniors in New Jersey recognize that their homes are not ideally suited to their present or future functioning. Seventeen percent perceive their kitchen cabinets to be too high, 37 percent feel the need for grab bars in the tub, 28 percent recognize that their doorways need widening for wheelchair accessibility, and 37 percent perceive the entryway to their home as wheelchair inaccessible. These perceptions occur in and across virtually all demographic categories, suggesting both the need and potential utility of a very broad marketing approach to home accident prevention / home modifications among New Jersey seniors.

Different home modification / home safety conditions tend to be differentially perceived by various demographic subgroups. Kitchen cabinet problems are disproportionately recognized as a problem by females and renters generally. The need for grab bars is disproportionately perceived as a problem by renters and those living on smaller incomes, and wheelchair inaccessibility tends to be recognized disproportionately as a problem by homeowning younger male seniors living with their spouses. These differences in perception should also be of interest to those in the healthcare and housing (that is, home repair) industries who are most concerned with home accident prevention.

Studies conducted at the County level of government in New Jersey document that substantial percentages of older Americans are keenly aware that their homes are not optimally configured for their safety and physical functioning. Significant percentages of elders (in some instances, majorities of elders) know that one or more home modifications would be desirable to improve their safety and / or independence (independent functioning).

The author conducted 3 County-level studies on this key point in New Jersey during the 1990s; these studies are representative of elders in Middlesex, Monmouth, and Camden Counties.

Middlesex County

Three-fourths of surveyed seniors in Middlesex County recognize that their homes are not ideally suited to their present or future functioning. More specifically, 75 percent of our respondents recognized the need for one or more home repairs or assistive devices for their safety. Of these, 54 percent identified two or more repairs or devices needed. Also, 71 percent know their homes are not accessible for wheelchair use. Twenty percent perceive their kitchen cabinets to be too high, 30 percent feel the need for grab bars in the toilet, and 40 percent perceive the need for grab bars in the tub. An average of 10 percent of the respondents answered affirmatively that they needed one or more of 13 other assistive and safety devices.

Seniors who perceive themselves to need home repairs or assistive devices to make their current home more functional are disproportionately interested in moving to age-appropriate housing.

Monmouth County

A majority of surveyed seniors in Monmouth County recognize that their homes are not ideally suited to their present or future functioning. Twenty-five percent perceive their kitchen cabinets to be too high, 37 percent feel the need for grab bars in the tub, 36 percent recognize that their doorways need widening for wheelchair accessibility, and 75 percent perceive the entryway to their home as wheelchair inaccessible.These perceptions occur in and across virtually all demographic categories, suggesting both the need and potential utility of a very broad marketing approach to home accident prevention / home modifications among Monmouth seniors. Different home modifications / home safety conditions tend to be differentially perceived by various demographic subgroups. Kitchen cabinet problems are overwhelmingly recognized as a problem by females, whereas the need for grab bars is perceived disproportionately as a problem by older seniors, renters, females, and those living alone on smaller incomes. Wheelchair inaccessibility tends to be recognized as a problem by homeowning younger female seniors living with their spouses.

Camden County

A significant fraction of surveyed seniors in Camden County recognize that their homes are not ideally suited to their present or future functioning. Twenty-four percent perceive their kitchen cabinets to be too high, 16 percent feel the need for grab bars in the tub, 55 percent recognize that their doorways need widening for wheelchair accessibility, and 43 percent perceive the entryway to their home as wheelchair inaccessible.

These perceptions occur in and across virtually all demographic categories, suggesting both the need and potential utility of a very broad marketing approach to home accident prevention / home modifications among Camden seniors.

Different home modifications / home safety conditions tend to be differentially perceived by various demographic subgroups. Kitchen cabinet problems are overwhelmingly recognized by females and renters, whereas the need for grab bars is perceived disproportionately by renters, females, and those living alone on smaller incomes. Wheelchair inaccessibility tends to be recognized as a problem by homeowning younger female seniors living with their spouses on smaller incomes.

PHA Personnel Express Strong Interest in Onsite and Near-Site Housing-Based Healthcare Programs

We have interviewed a sample of the managers of subsidized housing nationally—and more than 61 percent of those expressing an opinion reported themselves as strongly interested in pursuing onsite and / or near-site healthcare programs for their residents. Public housing executives and commissioners in New York, New Jersey, Pennsylvania, Ohio, Indiana, Illinois, Georgia, Florida, Massachusetts, Michigan, and Texas were especially interested in pursuing such programs.

Hospitals and Physicians Show Strong Interest in Providing Onsite and Near-Site Healthcare Programs Health Care

Our companies are currently consulting for hospitals and other healthcare providers in New York, New Jersey, Pennsylvania, and Florida, with new programs planned to begin in Georgia, Texas, and New England in the next 6 months, to provide onsite and near-site healthcare programs for elderly residents in public and assisted housing. The programs we are under way and in planning are life-saving, cost-effective programs of strong interest to the residents and managers of subsidized housing.

A Wide Range of Promising Strategies for Onsite Health/Safety/Wellness Programs

These strategies include (1) conducting comprehensive health need surveys of residents; (2) contracting for onsite health services coordinators; (3) negotiating for comprehensive onsite and near-site health programs (via requests for proposals, for example) with area hospitals, independent physicians' associations, and physician groups; (4) conducting elder alcoholism and drug elimination programs; (5) offering health screening programs via specialists onsite; (6) providing training on geriatric health and wellness issues for PHA personnel and commissioners; (7) offering certification for senior citizen housing managers; (8) offering health / safety / wellness informational workshops for elderly residents of PHAs; (9) enhancing safety and performing risk analyses of PHA developments; (10) using State-level Medicaid waiver funds to add assisted-living services to independent living units; and (11) constructing and / or managing low-income assisted-living facilities.

Technical Assistance To Help Residents Successfully Age in Place

Our interviews suggest that quite a few PHAs and/or assisted-housing managers are doing something to try to help elderly residents age in place. These efforts, although always well intentioned, are often quite limited, for example, admitting home health aides into housing complexes whose residents are medically underserved with regard to primary geriatric health care and who are rarely seen by specialists except in hospital settings is probably not an optimal strategy. Current efforts are also often informal or *ad hoc* and therefore not always reliable. It seems likely that HUD and the U.S. Department of Health and Human Services will want to facilitate the delivery of competent technical assistance to help PHAs access comprehensive, high-quality, and affordable services that are on- or near-site.

Providing Assisted-Living Services Adding Medicaid Waiver-Funded Services to Independent Living Units

A small but important percentage of the public housing elders we studied in Manhattan perceive themselves as needing assisted-living services. The following examples may be of interest: 21 percent of public housing elders reported that they had no one (relative, friend, or neighbor) who would take care of them for a few days if needed, 16 percent felt they needed help to take their medications, and 12 percent reported a need for help with bathing or dressing during the past 12 months.

Our focus groups typically confirm the real, urgent, but modest size of the need for assisted-living services in most of the housing complexes and PHAs we've surveyed. In some locations, new construction of low-income assisted-living facilities will prove necessary. These studies, we believe, warrant the conclusions offered above.

Endnote

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