



# The security of home: how rental assistance provides low-income seniors with a healthier future

A spotlight on the 2020 *Housing Impact Report: Seniors*



## Introduction

The U.S. population of adults over age 65 is expected to reach 28 million by 2038, representing 34 percent of all American households<sup>1</sup>. Seniors face difficult choices when it comes to paying for retirement, housing, and long-term care. This is especially true for low-income seniors, whose options for affordable housing and whose ability to cover the cost of medical care are limited. Despite these challenges, and the additional complications brought about by the COVID-19 pandemic, 2.86 million seniors aged 62 and older have found an affordable home and improved their ability to access health care through publicly supported housing programs<sup>2</sup>. Seniors who seek out an affordable home through publicly supported programs often do so because they are experiencing greater health challenges and financial setbacks than low-income senior renters whose homes are not made affordable by federal housing programs<sup>3</sup>. This dynamic gives housing-assisted seniors a unique mix of needs.

This report explores some of the challenges faced by low-income seniors who have sought out an affordable home through publicly supported programs and the role these programs play in helping people age in place. Forty percent of eligible low-income seniors in the U.S. live in a home made affordable through a federal housing assistance program and seniors make up a significant portion of households served by these programs: One-third of households living in homes made affordable through federal affordable housing programs are headed by someone over 62 years of age<sup>4</sup>. The report finds that publicly supported housing programs help better position low-income seniors to age in place than their low-income renter peers and it offers recommendations and resources for housing providers based on these findings.

## Most Seniors Face an Affordability Crunch

Much like their low-income senior peers, many middle-income older adults will also find housing difficult to afford as the cost of health care increases and they spend down their retirement savings<sup>5</sup>. Housing continues to be the greatest expense for most seniors, with many experiencing housing cost burdens<sup>6</sup>. Tight rental markets, costly mobility retrofits, and utility cost increases can make these burdens even greater, especially for those on a fixed income. High housing costs can reduce seniors' ability to spend on other essentials as well. At least one-third report having foregone food or medicine to pay for housing<sup>7</sup>.

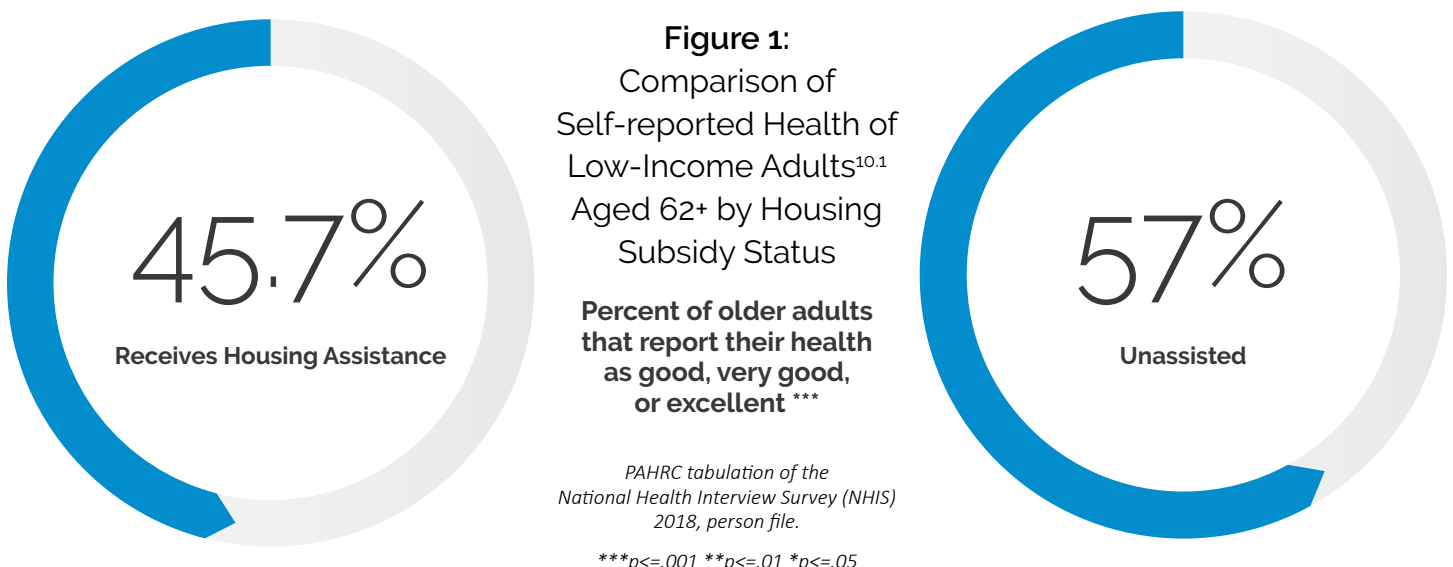
Housing cost burdens have grown for *all* older adults in recent years—a trend that is expected to continue, especially for renters<sup>8</sup>. Some seniors may also need in-home care, which adds to their expenses, while others may need to move to facilities with higher levels of care and higher costs. As a result, housing affordability is an important issue for all seniors, but it is critical for low-income seniors and those with higher medical needs<sup>9</sup>. The importance of housing as preventative healthcare has never been more apparent than during the COVID-19 pandemic.

## Challenges Faced by Housing-Assisted Seniors

Older adults who seek out housing made affordable by publicly supported housing programs often do so because they face greater health or financial difficulties than do their peers. Seniors aged 62 and over who live in publicly supported homes tend to have poorer health and fewer financial resources than a similar set of low-income older adults that have not sought housing that has been subsidized by publicly supported housing programs<sup>10</sup>. This section explores the unique challenges seniors who have sought out publicly supported housing (housing-assisted) face regarding health care, transportation, mobility and accessibility, and personal care needs in comparison to low-income senior renters not living in publicly supported homes (unassisted). Starred items in the charts below indicate that housing-assisted seniors exhibit a difference from low-income seniors who do not live in publicly supported housing that is not due to chance—also known as a statistically significant difference. More information on the methodology used throughout this report is available [here](#).

## Health Conditions

As people age, chronic conditions and other health challenges can emerge, making daily activity difficult. Older adults who seek out and receive housing assistance tend to consider themselves in poorer health at significantly higher rates than their low-income unassisted peers. Less than half of older adults who have sought out housing assistance report their health as good, very good, or excellent, compared to 57 percent of low-income older adults who do not receive housing assistance (Figure 1).



Older adults who have sought out housing assistance tend to suffer from chronic health conditions at higher rates than do their low-income peers<sup>11</sup>. Older adults living in publicly supported housing more frequently report having high blood pressure, heart disease, and arthritis than do their senior low-income renter peers who do not receive housing assistance (Table 1). Notably, these conditions tend to be among the most prevalent conditions reported by both housing-assisted and unassisted seniors. Seniors with housing assistance tend to experience other chronic conditions at the same rate as their low-income peers, such as diabetes, breathing disorders, and cancer—conditions that increase the risk for developing complications if infected by the novel coronavirus—though these differences could become more pronounced with a larger sample size<sup>12</sup>.

**Table 1:**

Comparison of Rates of Chronic Conditions and Health Risk Factors for Low-Income Aged 62+ Adults by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
High blood pressure~	76.9%	70.2%
Arthritis***	64.9%	49.4%
High cholesterol (NS)	61.6%	56.2%
Diabetes (NS)	41.3%	39.9%
Cancer (NS)	17.9%	16.3%
Asthma (NS)	18.4%	17.5%
Heart disease**	18.5%	11.5%
Emphysema (NS)	6.6%	7.3%

PAHRC tabulation of the NHIS 2018, sample adult file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 ~p<=.10 NS- not significantly different.

Older adults who have sought out housing assistance have similar behavioral health risk factors compared to their low-income unassisted peers with one exception: they have a higher body mass index (likely reflecting reduced mobility due to more frequent health problems) (Table 2).

**Table 2:**

Comparison of Healthy Lifestyle/ Risk Factors for Low-Income Aged 62+ Adults by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
Smokes (NS)	39.5%	37.7%
Exercises at least three days a week (NS)	29.0%	33.3%
Drinks alcohol <sup>12.1</sup> (NS)	43.2%	49.3%
Mean Body Mass Index**	31.8	28.9

PAHRC tabulation of the NHIS 2018, sample adult file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS- not significantly different.

## Access to Healthcare

Accessing healthcare and regular preventative care can be difficult for low-income older adults. Transportation, medical costs, online health portals, and complicated care systems can be challenging. However, seniors living in publicly supported homes tend to be better connected to the healthcare system than their low-income peers who do not receive housing assistance. More housing-assisted seniors report talking to a doctor, taking prescription medication, and receiving preventative care like colonoscopies than unassisted low-income senior renters (Table 3). It is possible that their increased access reflects the more frequent health challenges housing-assisted seniors face; nonetheless most seniors who have sought out housing assistance are able to regularly access care. For example, 90.7 percent of housing-assisted seniors reported talking to a doctor in the past 12 months compared to 81.7 percent of unassisted low-income senior renters.

**Table 3:**

Comparison of Preventative Care Use for Low-Income Aged 62+ Adults by Housing Subsidy Status

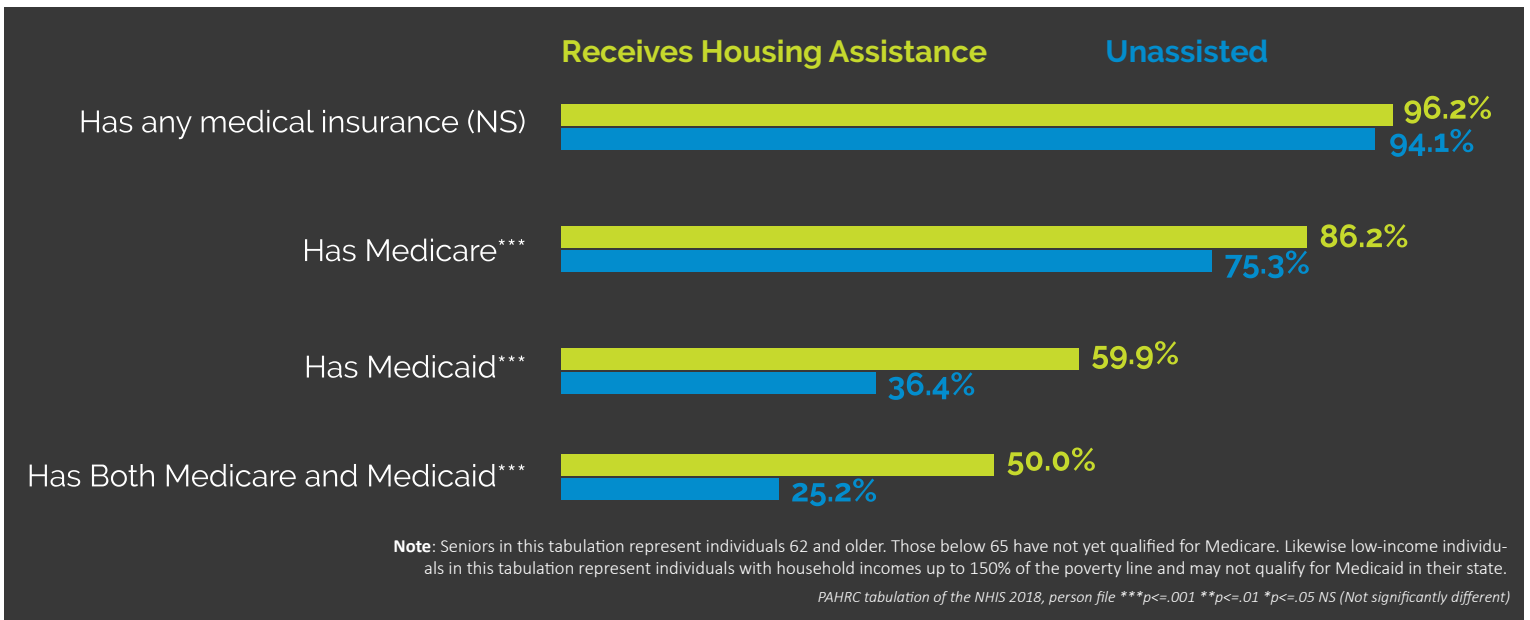
In the last 12 months...	Receives Housing Assistance	Unassisted
Preventative care visits (NS)	<b>96.0%</b>	<b>94.2%</b>
Received a blood pressure check (NS)	<b>94.3%</b>	<b>94.0%</b>
Been prescribed medicine~	<b>91.0%</b>	<b>86.3%</b>
Talked to a doctor**	<b>90.7%</b>	<b>81.7%</b>
Received a cholesterol check (NS)	<b>89.4%</b>	<b>85.9%</b>
Received a sugar test (NS)	<b>72.3%</b>	<b>68.1%</b>
Received colonoscopy**	<b>70.5%</b>	<b>59.7%</b>
Talked to an eye doctor*	<b>59.3%</b>	<b>43.5%</b>
Visited the dentist (NS)	<b>37.2%</b>	<b>40.0%</b>

*PAHRC tabulation of the NHIS 2018, sample adult file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 ~p<=.10 NS - not significantly different*

At the same time, seniors who live in a publicly supported home are less worried about affording medical care. Most housing-assisted seniors have medical insurance, and almost half receive both Medicare and Medicaid (Figure 2). As a result, less than one-quarter of housing-assisted seniors reported being worried about affording medical care compared to over one-third of low-income senior renters who do not benefit from housing assistance.

**Figure 2:**

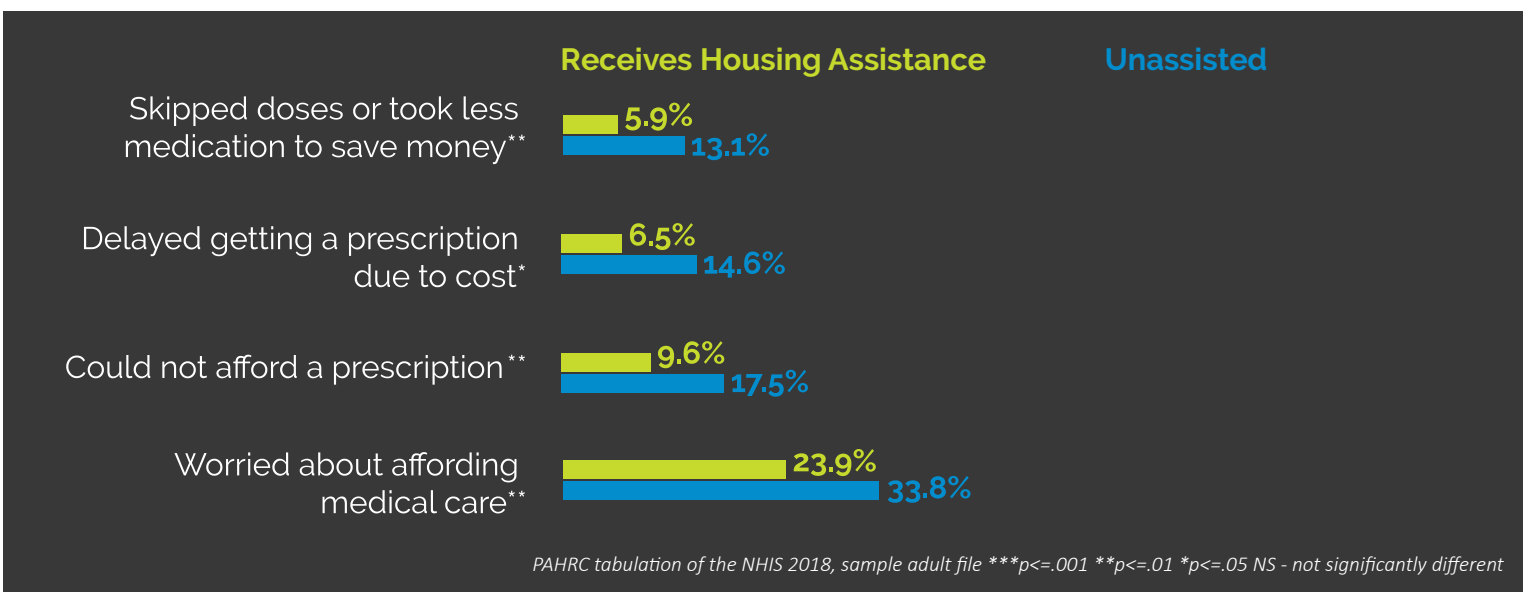
Comparison of Insurance Access for Low-Income Aged 62+ Adults by Housing Subsidy Status



Affordable housing can allow seniors to allot more of their income to healthcare. As a result, housing-assisted seniors reported being less likely to skip medication to save money, to delay filling a prescription due to cost, or to be unable to afford a prescription (Figure 3). For example, seniors who receive housing assistance were nearly half as likely to report skipping medication compared to their peers who do not receive housing assistance.

**Figure 3:**

Comparison of Ability to Afford Medical Care for Low-Income Aged 62+ Adults by Housing Subsidy Status



## Support for Mental Health

As people age, they may need greater mental health support. Anxiety, depression, and other mental health issues can be exacerbated by life circumstances, health conditions, or social isolation. Housing-assisted seniors report more frequently being anxious and limited by feelings of depression or anxiety than low-income unassisted senior renters. However, 16.1 percent of housing-assisted seniors reported talking with a mental health professional in the last 12 months compared to 7.9 percent of low-income senior renters who do not receive housing assistance. Housing-assisted seniors reported other signs of anxiety and depression at similar rates to their low-income peers, like feeling nervous, feeling sad or hopeless, or having trouble sleeping. The most prevalent indicator of anxiety or depression for housing-assisted seniors was trouble sleeping, followed by frequently feeling anxious or sad (Table 4). As the pandemic forces more social interaction online, older adults who live in publicly supported homes may experience greater levels of anxiety and depression as they miss out on interactions with friends and loved ones.

**Table 4:**

Comparison of Frequency of Depression, Anxiety, Mental Health Care Use for Low-Income Aged 62+ Adults by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
Trouble falling or staying asleep at least once last week (NS)	<b>56.6%</b>	<b>57.6%</b>
Anxious weekly or more last month ~	<b>28.5%</b>	<b>22.1%</b>
Felt so sad couldn't cheer up some to all the time last month (NS)	<b>27.0%</b>	<b>24.0%</b>
Felt nervous some to all the time last month (NS)	<b>25.6%</b>	<b>26.6%</b>
Depressed weekly or more last month (NS)	<b>20.8%</b>	<b>16.2%</b>
Felt hopeless some to all the time last month (NS)	<b>16.6%</b>	<b>18.1%</b>
Felt worthless some to all the time last month (NS)	<b>17.2%</b>	<b>12.7%</b>
Talked to mental health professional last 12 months**	<b>16.1%</b>	<b>7.9%</b>
Depression/anxiety limits activity**	<b>12.0%</b>	<b>4.6%</b>

PAHRC tabulation of the NHIS 2018, sample adult file\*\*\*p<=.001 \*\*p<=.01 \*p<=.05 ~ p<=.10 NS- not significantly different

## Access to Transportation

Getting to doctor's appointments, the grocery store, and friends' homes may be more difficult for low-income seniors who do not have a vehicle or who can no longer drive. Seniors who live in publicly supported housing report having less frequent access to a personal car than do their unassisted low-income peers. However, they more often live within a quarter mile of public transit. As a result, they use public transportation more often than do low-income senior renters who are not living in publicly supported homes. The most prevalent mode of public transportation for housing-assisted seniors is the bus (Table 5). Even if it's nearby, public transportation may be difficult or less desirable for seniors to use if they have mobility limitations or face greater risks of COVID-19 infection. Housing-assisted seniors also report more frequently using a taxi or personal taxi (friend or family) than unassisted low-income older renters who use public transit.

**Table 5:**

Comparison of Use of Shuttles, Public Transportation, and Personal Cars for Low-income<sup>13</sup> Adults 65+ by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
Has personal car***	40%	60%
Uses public transit***	39%	28%
Lives within ¼ mile of public transit**	66%	55%
Public transit user - uses personal or commercial taxi***	18%	11%
Public transit user – use of bus (NS)	78%	79%

PAHRC tabulation of American Housing Survey (AHS) 2013 \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS – not significant

## Mobility Limitations and Accessibility

Many adults face reductions in mobility as they age that can limit their activities. Seniors who seek out housing assistance tend to have greater difficulties with mobility (72 percent) than do their unassisted low-income peers (53 percent). Housing-assisted seniors also report that they more often have difficulty walking without equipment and greater difficulty climbing steps. They report similar difficulties with hearing, vision, and using their hands as do their low-income peers not receiving housing assistance. The most common mobility limitation among housing-assisted seniors is difficulty walking (Table 6).

**Table 6:**

Comparison of Mobility and Sensory Limitations for Low-Income Aged 62+ Adults by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
Has any limitations***	71.6%	52.5%
Has difficulty walking without equipment***	45.7%	28.9%
Has a lot of difficulty with or unable to climb steps**	35.6%	25.1%
Has any difficulty using hands and fingers (NS)	32.5%	27.2%
Has a lot of difficulty with or unable to hear (NS)	7.7%	5.0%
Has a lot of difficulty with or unable to see (NS)	5.3%	7.9%

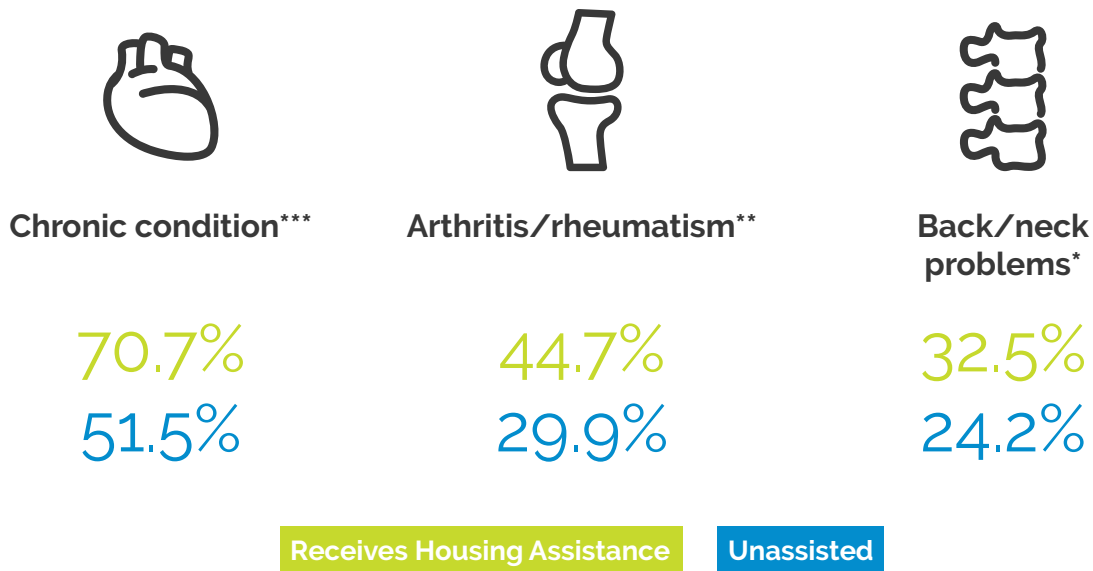
PAHRC tabulation of the NHIS 2018, sample adult & person files \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 ~p<.10 NS – not statistically different

Older adults who live in publicly supported homes more frequently attribute their limitations to chronic conditions, arthritis, or back and neck problems than do their low-income unassisted peers (Figure 4). As the pandemic reduces capacity at gyms and therapists' offices and presents new risks for older adults with chronic conditions to congregate, seniors living in publicly supported homes may need more options for improving their mobility.



**Figure 4:**

Comparison of Rates of Chronic Conditions Causing Limitations for Low-Income Aged 62+ Adults by Housing Subsidy Status



PAHRC tabulation of the NHIS 2018, person file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05

### Assistance with Personal Care and Routine Activities

For older adults with limited mobility, tasks that require a full range of motion or semi-vigorous activity, like cleaning, may become more difficult and even present potential injury hazards. Some older adults also face challenges caring for themselves, including bathing, eating nutritious meals, and managing medication. As a result, mobility-limited adults and those facing cognitive decline may need in-home assistance. Among older adults living in publicly supported housing, 23.2 percent report needing help with personal care compared to 10.5 percent of low-income senior renters without housing assistance. Likewise, 32.5 percent of seniors with housing assistance report needing help with routine activities compared to 21.6 percent of their unassisted peers. A larger number of housing-assisted seniors may also be facing cognitive decline. Almost 25 percent reported having difficulty with memory compared to 14.7 percent of their unassisted peers (Table 7).

**Table 7:**

Comparison of Need for In-Home Care for Low-Income Aged 62+ Adults by Housing Subsidy Status

	Receives Housing Assistance	Unassisted
Needs help with routine activities***	32.5%	21.6%
Has difficulty remembering**	24.7%	14.7%
Needs help with personal care***	23.2%	10.5%

PAHRC tabulation of the NHIS 2018, person file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS - not significantly different

## Aging in Place in Publicly Supported Housing

Few seniors want to experience multiple moves as they age. Instead, they would rather age safely in place in the security of their own home<sup>14</sup>. Finding a secure home has become even more important for older adults during the pandemic. This section examines how publicly supported homes may be better positioned to help low-income seniors age in place than market-rate, non-mission driven housing options for low-income adults. It also uses statistical (regression) models to evaluate two important outcomes associated with living in publicly supported housing: a reduced likelihood of moving and improvements in health.

### Reductions in Moves

Seniors living in publicly supported homes report having moved less frequently in the past year (8.6 percent) than low-income senior renters who do not receive housing assistance (11.5 percent)(Figure 5). This trend suggests that living in an affordable home may provide greater stability for low-income older adults.

**Figure 5:**

Comparison of Frequency of Move in Previous Year for Low-Income<sup>15</sup> Adults Aged 62+ by Housing Subsidy Status

**Receives Housing Assistance**

**Unassisted**

8.6%

11.5%

Moved Last Year\*

*PAHRC tabulation of Current Population Survey (CPS)  
Annual Social and Economic Supplement (ASEC)  
2019\*\*\*p<=.001 \*\*p<=.01 \*p<=.05*

Using data from the Panel Study of Income Dynamics (PSID), we examined the impact that living in a publicly supported home has on recent moves for low-income senior heads (Table 8). Negative numbers are associated with a lower likelihood and positive numbers are associated with a higher likelihood of a recent move. While older adults are less likely to move in general, those living in housing made affordable through a federal program are less likely to move than their low-income senior renter peers who do not receive housing assistance. Living in a publicly supported housing unit reduces the chances of a low-income senior head of household renter having moved in the last year by 19 percent. For every additional consecutive year lived in publicly supported housing, the likelihood of a recent move is reduced by four percent. Adding a curved term to the model shows that this effect diminishes over time.

**Table 8:**

Panel Logistic Regression with Fixed Effects<sup>16</sup> Results - Likelihood of Moving Last Year for Low-Income<sup>17</sup> Household Heads 62+

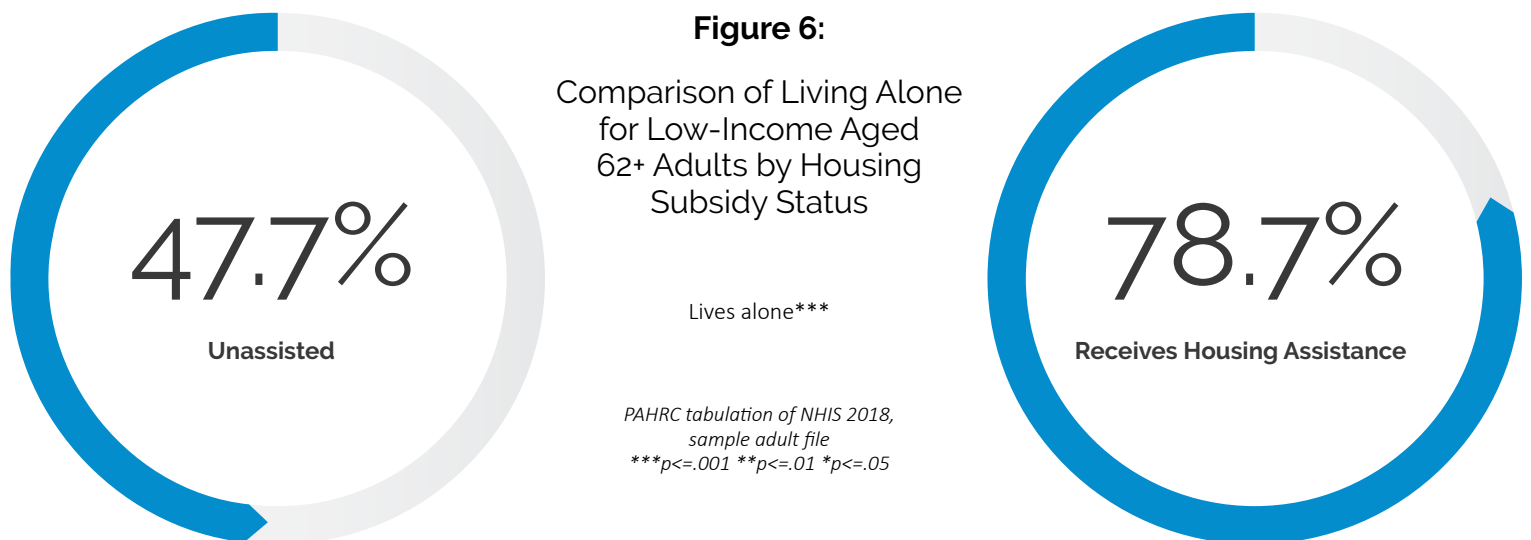
	Marginal Effects		
	Model 1	Model 2	Model 3
Receives housing assistance (Y/N)	<b>-.188***</b>	--	--
Consecutive years in housing assistance	--	<b>-.043***</b>	<b>-.103***</b>
Consecutive years curve	--	--	<b>.006***</b>
Female (Y/N)	<b>.112 (NS)</b>	<b>.118(NS)</b>	<b>.150(NS)</b>
Minority status (Y/N)	<b>.085 (NS)</b>	<b>.152(NS)</b>	<b>.110(NS)</b>
Poor health benchmark (Y/N)	<b>-.027 (NS)</b>	<b>-.019(NS)</b>	<b>-.025(NS)</b>

*PAHRC tabulation of the Panel Survey of Income Dynamics (PSID) 1990-2017 \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS - not significantly different*

Publicly supported homes may be better equipped with the accommodations seniors need to stay stably housed, such as accessibility features, onsite services, in-home care referrals, and greater opportunities for a social life. Affordable housing may also enable seniors to keep up with rental payments and avoid forced moves. For example, seniors (surveyed in 2017) receiving housing assistance reported that they were able to pay rent during the past three months at higher rates compared to their unassisted low-income peers<sup>18</sup>.

### In-Home and Onsite Care

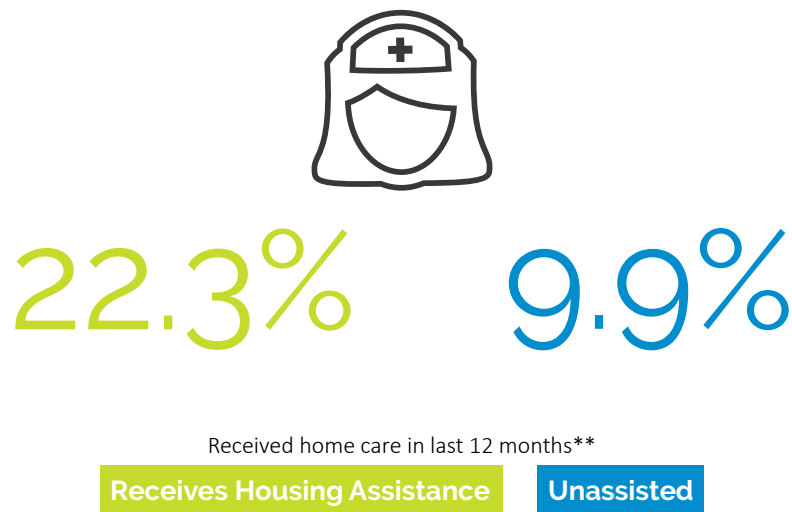
Growing older at home can be more difficult for those who live alone, especially during the COVID-19 pandemic. Older adults who live in publicly supported homes more frequently report living alone (78.7 percent) than do low-income unassisted senior renters (47.7 percent)(Figure 6).



This trend highlights the importance of connecting housing-assisted seniors who are aging in place with in-home care. Indeed, 22.3 percent of housing-assisted seniors reported receiving in-home care compared to 9.9 percent of their peers (Figure 7). While this trend may be related to greater healthcare needs, two-thirds of publicly supported senior housing properties surveyed in a recent study were service-enriched, demonstrating that many assisted seniors are already connected to onsite care<sup>19</sup>. Service-enriched affordable housing programs, such as the Staying-at-Home and Support and Services at Home (SASH) program, have been shown to improve health outcomes, increase the use of preventative medicine, lower healthcare costs, and position seniors to remain in their home<sup>20</sup>.

## Figure 7:

### Comparison of the Frequency of In-home Care for Low-Income Aged 62+ Adults by Housing Assistance Status



PAHRC tabulation of the NHIS 2018, sample adult file \*\*\* $p < .001$  \*\* $p < .01$  \* $p < .05$

Likewise, many housing organizations that provide publicly supported housing use onsite service coordinators to connect residents to services such as health education, health screenings, medication management, referrals, exercise opportunities, or other health-related services to support senior populations. A recent survey found that half of housing agencies surveyed offer some type of health-related initiative. Among those, 85 percent had programs targeting seniors<sup>21</sup>. The presence of onsite coordinators and related programming at affordable housing properties has been shown to reduce resident hospitalizations as well as Medicare and Medicaid costs<sup>22</sup>. Having a health resource onsite can help older adults better access care and health programming during the pandemic, where their ability to access external resources is limited.

## Accessibility Features

While seniors living in publicly supported homes report higher rates of mobility limitations than do their low-income peers, their housing also tends to provide more mobility accommodations. A recent Harvard University report based on the American Housing Survey found that seniors living in publicly supported homes reported more frequently having accessibility features such as bathroom grab bars, no-step entries, and first-floor bedrooms in their units<sup>23</sup>. The study also noted that a larger percentage of subsidized units housing seniors (compared to unsubsidized units housing low-income seniors) were currently livable for individuals with mobility limitations

(16% to 6%), nearly accessible (3% to 1%), or potentially modifiable (35% to 19%) than were homes of program-eligible unassisted seniors, though further improvements could be made as more seniors entering these programs are experiencing mobility limitations. Since 23 percent of project-based units target seniors and/or people with disabilities and these programs require providers to make reasonable mobility accommodations for tenants, these homes are more likely to be better positioned to help older adults age in place<sup>24</sup>. Limiting trips to the hospital due to falls helps reduce seniors' exposure to the novel coronavirus.

## Opportunities for Social Life

As mobility becomes more difficult and more social interactions move online due to COVID-19, loneliness may become more of a problem for older adults. Social isolation has been linked to depression and other harmful conditions<sup>25</sup>. Despite being more likely to live alone, many housing- assisted seniors are nevertheless part of tight-knit communities. Seniors living in publicly supported homes more frequently report having ten or more friends than do low-income senior renters not living in public supported homes. With resident coordinators, organized activities, and resident associations at many project-based publicly supported housing properties, senior residents may have more opportunities for an active social life. Seventy-nine percent of assisted seniors reported feeling a part of a close-knit community, compared to 73 percent of their low-income unassisted peers. They also reported more frequently attending a community meeting, serving as a member of a neighborhood watch, or talking with neighbors about the neighborhood (Table 9).

**Table 9:**

Comparison of Number of Friends for Low-Income Adults 65+ by Housing Subsidy Status

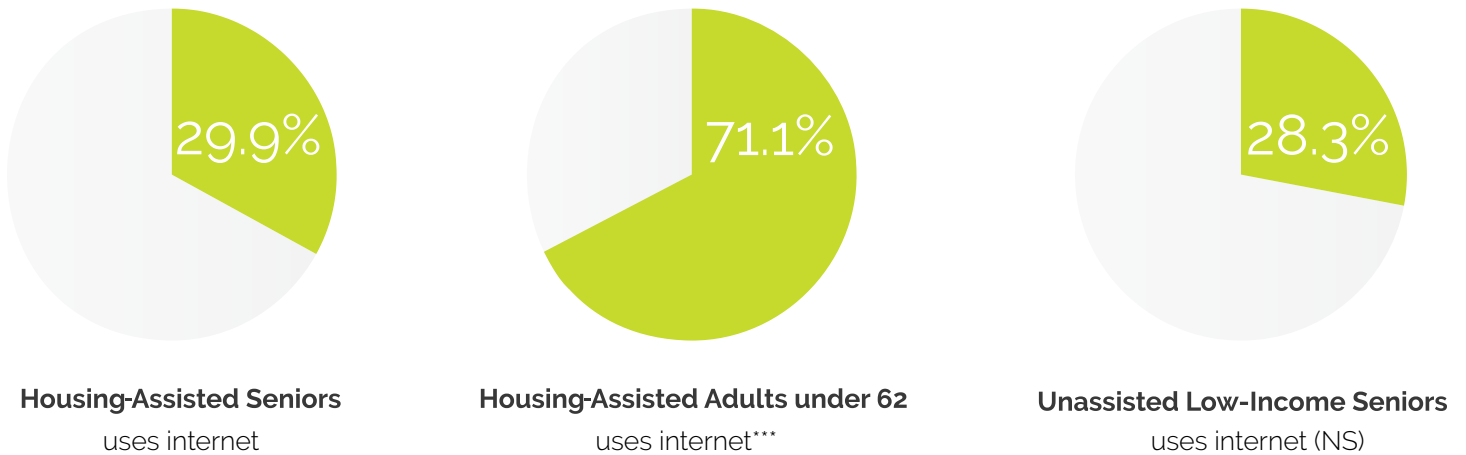
	Receives Housing Assistance	Unassisted
Has 0 friends**	13%	20%
Has 1-2 friends***	17%	26%
Has 10 or more friends***	33%	17%
Lives in a close knit community*	79%	73%
Household is a member of a neighborhood watch*	11%	7%
Household attended a neighborhood meeting***	16%	7%
Household spoke to a neighbor about neighborhood*	16%	11%

PAHRC tabulation of AHS 2013 \*\*\*p<=.001 \*\*p<=.01 \*p<=.05

However, just under one-third of housing-assisted seniors use the internet. Seniors living in publicly supported housing report much lower rates of internet use than younger adults also living in homes made affordable through federal housing programs (Figure 8). This trend is similar to national trends in internet use by age<sup>26</sup>. Low-income and HUD-assisted households have also been shown to use the internet at lower rates compared to higher income and unassisted households<sup>27</sup>. Yet low-income housing-assisted seniors seem to use the internet at similar rates to unassisted low-income senior renters. This trend among housing-assisted versus unassisted older adults is in contrast to comparisons between housing-assisted and unassisted households with children, in which housing-assisted households have lower rates of internet access than low-income unassisted renter households<sup>28</sup>.

**Figure 8:**

Comparison of Internet Use for Housing-Assisted and Low-Income Adults by Age Group and Subsidy\*\*\*



PAHRC tabulation of the NHIS 2018, sample adult file \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS - not significantly different

## Improvements in Health

In addition to providing features and supports to help low-income seniors age in place, publicly supported homes also demonstrate improvements in health for their residents. For example, some help reduce medical costs and the frequency of use of emergency rather than preventative medicine<sup>29</sup> by hiring onsite service coordinators. Others have partnered with healthcare providers to build onsite clinics, establish home visitation programs, or leverage community health workers. As a result, many low-income seniors who seek out publicly supported housing experience health improvements that they would not have experienced had they remained in market-rate housing without these amenities.

Since many seniors who move into publicly supported homes have likely experienced recent declines in health or have consistently been in poor health, it is important to assess changes in health status over time rather than differences in overall levels of health when trying to understand how a move to publicly assisted housing can impact health outcomes for low-income seniors. Using data from the PSID from 1986 to 2017, we examined the impact of living in publicly supported housing on the likelihood of experiencing an improvement in self-reported health for low-income seniors (Table 10). Holding poor self-reported health along with sex and minority status constant, low-income senior heads are more likely to show improvements in self-reported health from the previous year as they continuously reside in publicly supported housing. For each additional consecutive year that a senior head lives in publicly supported housing, their chances of reporting an improvement in self-reported health compared to the previous year increase nearly 1.5 percent. Adding a curved term to the model shows that this effect diminishes over time, so that more recent moves to publicly supported housing provide greater chances for improvements in health for low-income seniors. These findings suggest that living in publicly supported housing can lead to better health for low-income seniors, though declines in health may also have precipitated the move.

**Table 10:**

## Panel Logistic Regression Results<sup>30</sup> - Likelihood of Experiencing an Improvement in Self-reported Health for Low-Income Senior Household Heads

	Marginal Effects	
	Model 1	Model 2
Consecutive years in housing assistance	<b>.015**</b>	<b>.097***</b>
Consecutive years curve	--	<b>-.011***</b>
Female (Y/N)	<b>.028 (NS)</b>	<b>.040 (NS)</b>
Minority status (Y/N)	<b>-.184~</b>	<b>-.097 (NS)</b>
Poor health benchmark (Y/N)	<b>-.337***</b>	<b>-.433***</b>

*PAHRC panel logistic regression analysis of the PSID 1990-2017 using fixed effects // \*\*\*p<=.001 \*\*p<=.01 \*p<=.05 NS - not significantly different*

## Meeting the Unique Needs of Seniors in Publicly Supported Housing

This section provides recommendations on how housing providers and policymakers can meet the unique needs of seniors living in public supported homes and help position them to better age in place based on the findings from this report. While additional funding and other policy tools would allow subsidized housing providers to do more to meet the needs of their increasing senior population<sup>31</sup>, many housing providers are already finding creative ways to improve resident health<sup>32</sup>.

### Healthy Living

Seniors who live in publicly supported homes tend to have more health conditions that limit their mobility than low-income senior renters who are not supported by federal housing programs. As a result, they may require features onsite that help them remain active while accommodating their limitations. One study noted that public housing residents demonstrated lower levels of physical activity than a set of older adults enrolled in a nearby Healthcare Maintenance Organization (HMO)<sup>38</sup>. While seniors living in publicly supported homes in this study reported similar rates of exercise to unassisted senior renters, many with fewer health problems, they also reported higher BMIs. These combined trends suggest that more opportunities for modified physical activity that meets their unique accessibility requirements might be needed to increase the effectiveness (and frequency) of exercise. Likewise, devices that increase mobility, such as scooters, could help seniors improve their activity levels. Opportunities for onsite (rather than offsite) physical activity are also important because they limit seniors' exposure to the COVID-19 virus. To further promote healthy living, many seniors needing assistance with routine activities and personal care may also need help getting groceries and cooking, especially those with special diets targeted toward reducing high blood pressure and mitigating diabetes. Cooking classes, access to healthy groceries through farmers markets or onsite gardens, and nutrition counseling may all improve senior health. Gardens and help ordering or retrieving groceries are especially critical as seniors are asked to limit trips to the grocery store during the pandemic.

Guides such as those created by LeadingAge could be helpful in implementing new health and wellness programs at housing complexes<sup>39</sup>. The National Council on Aging also provides resources for developing wellness programs for seniors to combat the effects of chronic illnesses<sup>40</sup>. The National Institute for Aging is another source for guidance on how to encourage appropriate exercise and nutrition for older adults experiencing mobility limitations<sup>41</sup>. The Evidence-Based Leadership Council provides resources and training to develop, implement, and evaluate evidence-based programs on chronic disease medication management, depression, falls management, and physical activity<sup>42</sup>.

The Housing Authority of the City of Austin (HACA), Texas, has a number of programs aimed at keeping older adults healthy and engaged in the community<sup>33</sup>. Elders Living Well! works with Family Eldercare to provide a continuum of services from case management to education classes to social opportunities for HACA's seniors. HACA also partners with Weviva, a group that aims to remove barriers to healthy living and help people living in low-income communities prioritize their wellness, to bring modified exercise programs and nutrition classes onsite to its senior communities.

## Onsite Health Care Management

While housing-assisted seniors are better connected to the healthcare system, they also have greater difficulty remembering and engaging in routine activities than their peers. As a result, they may need help managing the complexities of their interactions with the health care system and identifying when they need increased care. Likewise, even though they might receive in-home care at a higher rate, the number of seniors living alone in publicly supported homes suggests that they may benefit from regular check-ins with a service coordinator or community health worker to talk about their needs and receive referrals and support. This is especially important as more seniors are missing routine medical appointments during the pandemic.

Working together, Mercy Housing Northwest (MHNW) and King County Housing and Health Partnership placed five community health workers in seven properties across Seattle and King County<sup>43</sup>. More than 3,000 residents access the Community Health Workers each year. Through this program, MHNW saw an increased ability to provide resources and bring together partners to address local health needs in a more sustainable way. The organization was also able to use data on community health to identify needs and demonstrate successes in reaching residents and improving their health outcomes.

The National Center for Health in Public Housing provides a number of resources for healthcare and housing providers to develop and fund health outreach programs in public housing supported by community health workers<sup>44</sup>. A toolkit from the American Hospital Association is a useful resource for understanding how community health worker programs can benefit communities and the nuts and bolts of starting such a program<sup>45</sup>. A toolkit from LeadingAge offers guidance to housing and health providers interested in building a partnership<sup>46</sup>. HousingIs is also a helpful resource for health and housing partnership models including those using service coordinators and community health workers<sup>47</sup>.

## Transportation

While seniors who reside in publicly supported homes live closer to public transportation their low-income senior renters that are not living in publicly supported homes, they still depend on taxis and rides from friends and family more than their low-income peers. This trend suggests that typical forms of public transit may not completely meet the needs of housing-assisted seniors, especially during a pandemic, and that they may have additional difficulty scheduling medical appointments or incur additional expenses from taxi use. As a result, seniors in publicly assisted housing properties, especially those living in rural areas, may need additional transportation support that takes into account their mobility needs, such as onsite transit stops, handicapped-accessible transportation vehicles, or discounted on-call rides from local transit companies.

Brattleboro Housing Partners (BHP) in Vermont worked with their local transit authority to create bus stops at five of their properties that house seniors and disabled individuals as well as to expand service hours<sup>34</sup>. Onsite access to public transit eliminates the need to walk long distances to transit stops and reduces overall travel time. BHP also worked with Brattleboro Taxi to organize free weekly shopping trips for residents.



## Accessibility

Although housing-assisted seniors report greater levels of accessibility than their low-income peers, as the senior population in publicly supported housing grows, including those with mobility limitations<sup>35</sup>, more modifications will be needed to meet seniors' needs. Improvements in wheelchair accessibility, especially, has been noted in previous work<sup>36</sup>. These improvements often cost less when included in large-scale renovation projects or new construction, but small improvements can also be helpful.

Bath Housing in Maine created the Comfortably Home program to help local seniors age in place<sup>37</sup>. The program provides safety checks, minor accessibility modifications, and small repairs to improve seniors' ability to live independently. By relying on its maintenance crew and working with other local nonprofits, the agency was able to repair 54 homes through 2016. As a result, residents experienced reduced falls, fewer 911 calls, a reduction in fires, improved independence, increased financial security, and reduced isolation.

Resources for housing providers who are considering expanding transit options to seniors include guidance from AARP on the five A's of developing transportation for older adults: availability, accessibility, acceptability, affordability, and adaptability<sup>48</sup>. The National Center for Mobility Management also provides resources for expanding transportation opportunities for older adults as well as connecting transit to housing<sup>49</sup>. HUD's Creating Connected Communities guidebook includes tips to improve transportation connections for low- and moderate-income households in small- to mid-size cities<sup>50</sup>. For rural areas, The Rural Transportation Toolkit provides examples of promising models as well as resources to develop and evaluate community transit programs<sup>51</sup>.

HUD's guide addressing accessibility modification standards established through the Fair Housing Act can help improve accessibility for senior residents<sup>52</sup>. AARP has also created guides for developing community home modification programs<sup>53</sup> and home accessibility modifications<sup>54</sup>. A similar guide from REMAX includes tips on creating a wheelchair-friendly home<sup>55</sup>.

## Conclusion

Seniors who seek out homes made affordable through publicly supported housing programs are often facing greater health and financial challenges than their low-income peers. These challenges include a longer list of chronic health conditions and more frequent mobility limitations that make routine activities more difficult. More specifically, housing-assisted seniors report higher rates of high blood pressure, arthritis, and heart disease. They also have greater difficulties walking or climbing steps without equipment and more trouble with routine activities and personal care. These trends may be amplified during and after the pandemic.

Even so, housing-assisted seniors are also better positioned to age in place than their low-income peers. They are better connected to the health system, less likely to worry about being able to pay for care, and more likely to receive mental health support. Even though they live alone more frequently, they also report greater access to in-home care and help with personal care and routine activities, tighter social networks, and a greater number of accessibility features in their units. As a result, we find that they are less likely to have recently moved and more likely to experience increases in self-reported health after living in publicly supported housing.

By tailoring programs to the unique health challenges of housing-assisted seniors and the growing number of low-income seniors who are receiving housing assistance, publicly supported housing providers can improve health outcomes. Working with healthcare partners to offer modified healthy living opportunities, provide onsite health care management, improve transportation options, and increase accessibility features all go a long way toward helping low-income seniors successfully and securely age in place.

# Endnotes

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- 10.1 'Low-income' in all NHIS tabulations refers to households with annual income that is 150% or less of the poverty level.
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- 12 [CDC high risk groups](#)
- 12.1 A recent [HUD study](#) of all assisted adults found HUD-assisted adults had higher rates of drinking 14+ drinks per week.
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