CHARACTERISTICS OF LOW-INCOME URBAN SENIORS: SUBSIDIZED HOUSING RESIDENTS & APPLICANTS

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Waiting for rental assistance

• Nationally, Section 202 applicants wait 2+ years for a unit

• There are 11 applicants per available unit in metropolitan areas

• Top two reasons a Section 202 unit becomes available: resident died (33% of cases) or moved to a nursing facility (30% of cases)

• Eligibility does not ensure access to rental assistance, including apartments or Housing Choice Vouchers (HCV)
Recent applicants for rental assistance

- **1,331 applicants, age 55+,** to 4 Home Forward public housing properties and/or HCVs.
  - The 4 properties have the Congregate Housing Services Program (CHSP) operated by Impact NW.
- **358 individuals** completed a mailed survey for a 32% response rate
  - 233 applied for public housing, 118 for HCV (7 for both)

- **Survey:** current housing, housing preference, reasons for wanting to move, health, food security, use of safety net programs

Findings - demographics

- 58% women
- Average age **63; range 55 – 96**
- 54% age 55-61
- 35% age 62-74
- 10% were age 75+

- PH applicants more likely to speak English as a primary language
- 70% of PH applicants incomes < $10,000 (47% of HCV)

53% live alone; 8 % now homeless and 20% were homeless in prior year
Preference for senior (age 55+) housing

- **53% prefer senior housing**; not associated with gender or age. People with health problems more likely to prefer (though n.s.)

- Interest in services like housekeeping and/or meals? **45% = Yes**
  - Persons who reported a major medical illness and/or hospital use more likely to prefer age segregated housing w/services

Health characteristics

- 57% health is fair or poor
- 48% major medical illness past 12 months
- 47% visited ER past 12 months
- 28% hospitalized overnight past 12 months
- 31% have difficulty shopping
- 28% have difficulty with household care
- 19% have difficulty managing medications
- 10% have difficulty with personal care (e.g., showering)
Food insecurity among housing applicants

- **42%** lacked enough food to eat in the prior 30 days
- **40%** ate less than they wanted due to lack of money
- **22%** were hungry and not able to get out for food

Differences between applicant types

- PH applicants had lower incomes, homeless in the prior 12 months, were food insecure (p<.05).
- PH applicants were more likely to be currently homeless, report a major medical illness, hospitalization, or ER use, lack health insurance, and rate their health as fair/poor (n.s.).

→ **PH applicants are in worse health**; possibly they see housing as a route to supports they lack in the community.
Survey of Current Residents

- 11 affordable high- or mid-rise buildings in Portland.

- **546 survey participants** (39% of 1401 residents) completed a self-administered questionnaire

- **Survey questions**: health conditions, ability to manage daily tasks, health service use, social support, and risks related to health conditions and food insecurity.

- Part of the Housing with Services, LLC evaluation.

Participant demographics

- 54% were women
- 50% age 65+
- 15% currently married

- 63% White
- 17% Asian; 6% African American; 3% Hispanic ethnicity
- 21% usually speak a language other than English

- 17% had no income
- 59% reported income less than $10,000/year
Findings – Health Conditions

- 40% reported their health as fair/poor.

- Most commonly reported health conditions:
  - High blood pressure (50%)
  - Depression (43%)
  - Anxiety (37%)
  - Sleep disorder (31%)
  - Diabetes (24%)
  - Heart disease (24%)
  - Asthma (20%)
  - Serious mental illness (16%)
  - Severe vision problem (17%), Kidney disease (11%), Liver disease (10%), Emphysema or COPD (16%), Substance use disorder (9%)

- 40% reported falling in the prior 12 months

Findings – Availability of Informal Social Supports

- 46% socially isolated
- 51% reported no/low involvement in the building
- 61% reported no/low involvement in neighborhood
Findings – Food Insecurity

• **29%** were concerned about having enough food

• **26%** reported eating less than desired due to a lack of money

• **19%** reported that they were hungry because they could not get out for food

Discussion

• Results suggest **disparities among the residents**, with most living very independently and some experiencing serious chronic health conditions, disability, food insecurity, and high hospital use.

• **Social isolation** is a risk factor for increased illness and depression; 46% were socially isolated.

• More information is needed about cognitive impairment, mental health, substance abuse, and medication management.
## Comparison: Food access

<table>
<thead>
<tr>
<th>Current Residents (n=546)</th>
<th>Waitlisted Applicants (n=351)</th>
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<tbody>
<tr>
<td>• 29% concerned about having enough to eat</td>
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<td>• 26% ate less than wanted due to lack of money</td>
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<td>• 19% were hungry but could not get out for food</td>
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## Comparison: self-rated health & hospital use

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<td>• 40% rated their health as fair or poor</td>
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<td>• 60% rated their health as good/excellent</td>
<td>• 43% rated their health as good/excellent</td>
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<td>• 35% used the emergency department (prior 6 months)</td>
<td>• 47% used the ED (prior 12 months)</td>
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**Comparison: social supports**

**Current Residents (n=546)**
- 46% socially isolated

**Waitlisted Applicants (n=351)**
- 44% No family
- 22% No friends
- 36% Neither

*Lubben social support scale asks about availability of friends or family*

Who usually helps you if you need help getting important necessities? Is there a friend/relative who could help if needed?

Social isolation is a risk factor for increased illness and depression.

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**Summary**

- Most current residents of subsidized housing are independent and have access to resources
  - a subset are vulnerable and would benefit from health and social services
- Older persons who are waitlisted for housing assistance, compared to current residents appear to be in worse health and more vulnerable on some measures, but more information is needed
Conclusions

• Affordable housing is an important, but limited, resource for low-income older persons.

• **Subsidized housing** might serve as a ‘platform’ for health.

• **More attention should be paid to** public housing and HCV applicants, as they appear to be more vulnerable than current subsidized housing residents.

• More information is needed about housing instability among older persons.