Integration of Housing and Services

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Topics of Discussion

- Why is Housing and Services Integration Important?
- What are Models
- What Are Barriers?
- What are the Opportunities and Strategies?
Why is Integration of Housing and Services Important?

- Assists Older Persons to Age in Place as Long as Possible in Own Housing and Communities
- Responds to Needs of Growing Number of Older People for Supportive Physical Environment & Services
- Provides A Cost Effective Alternative to Board/Care Nursing Home
- Makes Best Use of Existing Resources: Economics of Scale
Percent of Older Adults Who Prefer to Stay in Their Own Home and Never Move

Population Aging

- Today, 39 Million Older Adults
- More than 5 million are Over Age 85
- Tomorrow, the Oldest of 75 million Baby Boomers will Turn 65
- By 2030, Youngest of the Baby Boomers will be 65

United States

Older Adult and Baby Boomer Population

- 45-64: 78,153,727
- 65+: 38,812,253
- 85+: 5,385,787

Source: 2008 American Community Survey Table B01001
Disabilities/Needs

- About 38% of the Section 202 Population is Disabled Enough to Be Considered At-Risk for Institutionalization
- More than 14 Million Community Dwelling Elders Have at Least One Disability

**Community Dwelling Older Adult Population Disability Status**

- Total 65+ with Disability: 16,000,000
- One Disability: 8,000,000
- Two Disabilities: 6,000,000

Source: 2008 American Community Survey Table B18101
Disabilities and Services

- Activities of Daily Living (13%, 65+ have Difficulties)
  - Dressing
  - Bathing
  - Get out of bed
  - Toilet
  - Eating

- Instrumental Activities of Daily Living (19%)
  - Managing Medications
  - Going Out
  - Cooking Meals for Self
  - Managing Money
  - Making Phone Calls
  - Doing Housework

Source: U.S. Census Bureau, 2008

- Housekeeping
- Daily Meals
- 24-Hour Staff
- Medication Reminders/Assistance
- Bathing Assistance
- Dressing Assistance
- Care or Monitoring by RN or LVN/LPN
- Therapy Services
- Transportation
- Assistive Technology
- Supportive and Safe Environments

Service Coordination/Case Managers
Where do Older People Live?

- In the Community (95%) & Institutions (5%)
- In Single Family Homes (62%), Mobile Homes (5%), and Apartments (33%)
- In cities (30%), Suburbs (43%), and Rural Areas (27%)
- In Naturally Occurring Retirement Communities (NORCs-27%), and Assisted Living (3%)
Peter-Pan Housing

- 1 Million Older People Have Unmet Needs For Home Modifications
Government Subsidized Housing

Current Beneficiaries- ~1.7 Million Older Adults

- Section 202 Housing
  ~320,000 Older Adults
  ~3,500 Complexes

- Section 8 Project-Based Rental Assistance
  ~557,000 Older Adults

- Public Housing
  ~358,000 Older Adults

- Rural Housing Service
  ~190,000 Older Adults

Other Programs:
(Sections 221d3; 236; LIHTC)
~300,000

Data from Kochera, 2001
Residents in Subsidized Housing

- Residents Aging in Place
  - Typical Resident: Single Woman in Her Mid-70s With an Annual Income < $10,000
  - Mean Age of 202 Residents Has Increased
  - Approximately 200,000 Older Renters in 3 Programs (Section 202; Section 8; and Public Housing) are 83+

![Mean Age, Section 202 Residents](chart)

![Number and Percentage of Older Household Members Ages 62-82 and 83+ in Subsidized Units](chart)

Source: HUD Resident Characteristics Report, 2009
Section 202
• High Demand
• Less than 1% Vacancy
• Long Waiting Lists
Barriers to Integrating Housing and Services

- Patchwork of Services Not Well Connected to Housing
- Housing/Health/Service silos—at federal, state, local levels
- Inadequate Design of Units and Neighborhoods
- Regulatory Barriers/Eligibility Requirements
- Funding Declining—Section 202 only 5-6,000 units/year
- Losing Stock of Affordable Housing at Same Time that Population is Aging
Opportunity: Subsidized Housing is a Valuable Resource

• The 20,000 federally assisted housing complexes are one of our best resources to meet the needs of low-income frail older persons in residential settings

• Contain concentrations of Medicaid eligible individuals at risk of moving to more expensive nursing homes
  – Potential cost savings to Medicaid budget
Strategies in Existing Housing

• Cluster Services: Do More with Less
• Increase Service Coordination
• Utilize Health/Communications Technology
• Partner: Health, Housing, Services, Transportation.
• Develop Comprehensive Programs Tied or Co-located with Housing (e.g., Day Care, PACE)
• Utilize Residents: Volunteer/Service Banks

• Medical Devices for Resident to Monitor Vital Signs
• GrandCare System to Monitor Health Status: Interactive; Include Family Members
Strategies for Improving Service Delivery in Subsidized Housing

**Supportive Services**
- Increase Efficiency of Existing Services
  - Increase Service Coordinators
    - 202 and LIHTC (3,750 buildings)
    - ROSS Grant for Public Housing
- Encourage Housing Sponsors to Incorporate Services Into Existing Housing
- Add Health Services and Health Educators
- Use of Hub Model to Provide Services to Neighborhood

**Physical Structure**
- Transform/Retrofit Housing Into Assisted Living
  - Adapt Buildings and Units To Make Physical Structures More Supportive
    - Common Areas
    - Dining Room
    - Accessible Units
- Preserve Subsidized Housing At Risk of Market Rate Conversion
- Build New Housing That Is More Supportive and Better Connected to the Community

**Assisted Living Conversion Project (ALCP)**
Build Better Housing and Communities

• Follow Principles of Universal Design

• Use Housing as the Hub for Delivering Community Services

• Create Livable Communities that Promote a Range of Housing Options, Social Engagement, Physical Activity, and Integrated Services