

Health Promotion for Older Adults Living in Public Housing Authority Properties

Executive Summary

By
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Public Housing Authority residents experience significant health disparities, have high rates of chronic disease, and a large population of older adults. Therefore, Washington's Aging and Disability Services Administration (ADSA) established a goal to disseminate Chronic Disease Self Management Program (CDSMP) and other evidence-based practices to older adults living in public housing and their surrounding communities. ADSA contracted with Comprehensive Health Education Foundation (C.H.E.F.®) to identify components of an effective CDSMP implementation strategy for older adults living in publically supported housing and their nearby neighborhoods.

C.H.E.F. conducted focus groups with older adults who live in Housing Authority properties in Spokane, Tacoma, Walla Walla, and Vancouver. Participants identified their: a) health concerns, b) current methods of staying healthy, c) interest in participating in health activities or programs, d) barriers to participating in such activities, and e) thoughts about CDSMP. In addition, C.H.E.F. held conversations with Housing Authority staff to gauge their receptiveness to a) having outside agencies provide services to their residents, and b) having members of the surrounding community receive services on Public Housing Authority properties.

Findings

The focus group participants' most frequently mentioned health problems include heart problems, hearing problems, poor mobility, depression, and diabetes. Although the severity and types of health problems were consistent, the participants' efforts to stay healthy and independent varied widely. The most common method of staying healthy and independent was having an informal network of support with fellow housing residents. Participants knew they ought to eat healthy food and exercise, but few of them did. Approximately one-third of the participants mentioned exercising with walking being the most frequent form. Participants who lived in urban neighborhoods where activities were close by were far more likely to exercise.

The majority of participants found negotiating the ins and outs of their medical condition and the medical establishment to be their biggest health barrier. Nearly a third of the participants found it "a significant challenge" to manage the multiple medications they take and to make sure they all work together. Participants overwhelmingly report that the lack of reliable transportation is the single biggest obstacle to participating in health activities, classes, or programs. They would like to go to various activities, but the bus

schedule makes it impossible, especially at night. Nearly all of the participants complained about their community's version of Dial-a-Ride. One participant eloquently explained, "I would wait for them to get me to the doctor's office, then wait at the doctor's office until you're called, and then go down and wait for them (Dial-a-Ride) to pick me up. They have a 45-minute window to pick you up, but you have 5 minutes after they arrive to get there or they'll leave." She continued, "When we get older, we need to have patience. Maybe we lost all our patience. We're always having to wait for something. When I am sick and feel like I am dying, I do mind waiting."

Second to transportation is the participants' sense that other people do not understand their situation. People expect them to be able to do things that they do not feel capable of doing. For example, many programs require that you attend every session in order to be in the program. However, the participants explained, they have good days and bad days. Some days they are capable of getting up and moving around, and other days they have too much pain to be active.

Cultural differences between people who live in the same building or development leads to isolation, which is a barrier to being healthy. One Russian woman explained, "In Russian culture, when people ask how you are, they are used to saying I hurt here and there, but not here. Here you say I'm fine." After several months of living in her current residence, she realized people had stopped talking to her because they were afraid they would have to listen to all of her complaints. She can laugh about it now, but for a long time the realization that everyone seemed to avoid her was deeply painful.

Many people who live in Housing Authority properties come from other countries and have encountered severe challenges. Some are refugees. Others left their families and everything they owned to escape bone-crushing poverty or discrimination. All of the immigrant participants spoke about how hard it is to learn a new language as an adult. Not only is learning the words difficult, but having to translate every word as it is spoken is exhausting. Many feel overwhelmed by the apparent expectation that they, "must learn [the] entire English language," while there is no expectation that the English speaking residents need to learn even a single word of their language.

Cost, time, and comfort are also barriers to participating in health-related activities. Most of the participants feel dismissed everywhere they go. As one participant said, "We're of a certain age and we're whiny old people who do nothing but complain. They think that we've lost our marbles. And that's how 90% of people who are under fifty treat us."

Most of the participants were interested or very interested in having a Chronic Disease Self Management Program in their building, but they wondered if it could be successful. In all of the focus groups, participants reported that the turnout in their building or development for a wide range of activities has not been good. To be successful, the service providers would have to be willing to, "start small and build up." If the first series went well and people liked it, news of it would spread by word-of-mouth. The positive

reaction of the residents would combat the pervasive cynicism many have, as reflected in one person's comment, "What could I learn at my age?"

Participants believed the following factors would significantly influence CDSMP's success:

- The program must be offered within the Public Housing Authority building or development. If people have to rely on public transportation, they will not come. Hold classes during the day.
- Offer the class in multiple languages, or at very least have a translator present at every session.
- The person teaching the class makes a big difference. Nearly all of the participants relayed incidents where they felt like professionals talked down to them or conveyed the idea that older adults were stupid.

Housing Authority Receptiveness

Without exception, Housing Authority staffs think it would be wonderful for community agencies to provide CDSMP and other programs to their residents. By law they are not allowed to become an assisted living provider, but they see many of their older adult residents struggle with multiple health problems and they worry about their inability to address their needs as they 'age in place.' It would be a relief to know that other agencies and organizations in the community are serving their residents; Housing Authority staff is open to finding ways to work together.

Even with the full support of a Housing Authority, implementing CDSMP will be challenging. Much of the success or failure will depend on the receptiveness of individual property managers. They are the primary link between the service provider and the residents. Most do not have background or training in health or human services, and may not think CDSMP is very important. That being said, most Housing Authorities could offer some assistance to agencies who would like to offer CDSMP on the Housing Authorities' properties.

Inviting community members to participate in a CDSMP on Public Housing Authority property is a more difficult issue, and will take some careful dialogue between providers and the local Housing Authorities. If the CDSMP is publicized as being held in a Housing Authority location, does the Housing Authority have extra liability? If a senior falls, and breaks a hip, will the Housing Authority be liable? These are far from insurmountable barriers, but they must be addressed.

Finally, Housing Authorities and service providers have missions and institutional priorities that overlap. Each provides a service that the other needs to be more effective. Both share a commitment to the same people and they have much to gain by working together. Consequently, finding ways to provide CDSMP as well as other programs in Public Housing Authority buildings holds much promise.