The Health and Housing Specialist: An Emerging Job Classification to Support Aging in Place in Subsidized Housing

A report by the Institute on Aging at Portland State University

Executive Summary

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Executive Summary

As the U.S. population ages, the availability of workers with a basic understanding of aging and health-related services has not kept pace. This is true in traditional health care organizations such as hospitals and primary care clinics as well as in long-term care settings and senior housing, including subsidized housing, the focus of this report. Nearly 1.8 million older persons receive some form of publicly-subsidized rental assistance. Some subsidized housing providers, including those that operate buildings designated for older persons, are developing new systems of service delivery that would either coordinate or provide health screenings, physical activity programs, nutrition programs, health monitoring, adult day health, and home care. Such efforts are intended to deliver health-related services that allow older adults to remain in their apartment for as long as possible while also reducing their use of hospital emergency departments or nursing facility placement. However, because housing providers have not traditionally hired or contracted with health and social services workers, neither the specific job tasks, nor the qualities of workers, have been studied.

This report describes the findings from a study designed to identify the characteristics of subsidized housing employees who work primarily with older residents. The study took place during 2011-2012 and included interviews with housing providers, health and social services professionals who have clients in subsidized housing, current residents, and resident service coordinators who work in subsidized housing. A systematic job analysis, including a national survey with 87 service coordinators from 23 states, was conducted in order to identify the specific job tasks and the knowledge, skills, and abilities required of subsidized housing employees whose job would entail supporting aging in place for older residents.

Based on this study, it is clear that significant numbers of older residents of subsidized housing have a variety of unmet needs that place them at risk of eviction, hospitalization, and premature nursing home admissions. Four broad categories of supports identified by study participants include information and referral, health, social and personal care services, case management and care coordination, and building-specific supports. While most residents are independent and want to remain so, many need assistance on a short-term basis, such as during an acute illness or after a hospitalization. Others need on-going supports such as personal care, medication management, and health monitoring. Currently, few housing providers have a means of assessing or monitoring the health status or needs of residents. Most study participants believed that a designated staff person who could assess and monitor resident health would be beneficial, though some cautioned against creating an institutional environment or forcing services onto residents who do not want such assistance.

Study participants were asked to describe the kinds of tasks an employee, referred to here as a Health and Housing Specialist, would need to perform in order to support older residents who want to live in their apartment for as long as possible, or to “age in place.” That process resulted in eight task categories (see Appendix 3 for task definitions):
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After developing these task categories, we identified the knowledge, skills and abilities needed by a worker who would be responsible for completing these tasks. Using job analysis methods, 12 KSAs were identified as necessary for an employee hired for this staff position.

### Knowledge, Skills & Abilities Required for the Health & Housing Specialist

1. Knowledge about older adults and individuals with disabilities
2. Knowledge about practice standards to support consumer direction
3. Knowledge about resources for older adults – what they are & how to access
4. Knowledge about agency policies, rules, guidelines, protocols
5. Writing skills
6. Oral communication skills
7. Cultural competency
8. Interpersonal skills
9. Assessment skills
10. Critical thinking & judgment
11. Observational skills
12. Mediation skills

Although a current staff position, usually called a resident services coordinator (RSC), is available in some subsidized housing properties, the RSC does not typically provide direct services, case management, or resident assessment. The participants in the current study were divided on whether a new staff position was necessary to support aging in place, or if the RSC position could be expanded to include additional job tasks. Most current RSCs, aware of current time demands and case loads, did not believe that they could take on additional tasks. Given their job description, education and training, some were hesitant to expand their job scope to include health-related tasks. Thus, a new staff position was viewed by some study participants as the most appropriate way to meet residents’ unmet needs. This new position would work as part of a team with the RSC and...
property manager to support aging in place in subsidized housing. However, nearly every study participant recognized that with limited funding, such a position was unlikely to be supported. In the following, we summarize the primary barriers and opportunities to aging in place, and then provide recommendations.

**Barriers and Opportunities**

Research participants identified several barriers and opportunities to supporting aging in place in subsidized housing, as well as specific challenges related to the workforce. Barriers and opportunities fall into three categories: resident-level, organizational-level, and systems-level.

At the **resident-level**, maximizing informal supports by leveraging residents’ skills could provide an opportunity to support the goal of aging in place in subsidized housing. The mix of ages and abilities within a property was seen by some as an asset, such as when younger residents help out older residents or when older residents take on a nurturing role. Others conveyed the challenges of mixed properties, such as when younger residents create safety issues by allowing strangers into the building. Personal choice and independence can present a double-edged sword, in that self-determination in decision-making and living independently are positive, crucial elements in the provision of social services and supporting aging in place, but they also present challenges when necessary services cannot be mandated within the subsidized housing model.

At the **organizational level**, the breadth of knowledge needed for meeting the varied needs of older adults as they age in place seemed to be a barrier to the idea of relying on only one staff position. Furthermore, the scope of work required of this Health and Housing Specialist seemed to be unrealistic and potentially dangerous to the resident population. As such, many participants favored a team approach to supporting aging in place in subsidized housing. This type of approach could provide for complementary skills and knowledge and sharing of the scope of work. Also, a housing model designed to allow residents to age in their apartments cannot be fully functional without attention and modifications to the physical condition of the properties.

At the **systems level**, the extremely limited funding for supportive services and supportive staff is an ongoing challenge to supporting residents’ ability to age in place. Among participants in this study, there was a clear pattern of either confusion over fair housing laws or a general avoidance of doing anything that could potentially be considered discriminatory or a violation of fair housing. In doing so, housing providers avoid asking residents questions about health-related topics, which can become a major barrier to supporting a resident's ability to remain independent. Finally, professionals and residents expressed frustration over the challenge of accessing services when they are only needed on a temporary basis, such as the lack of support for recuperative care for residents returning from a hospital stay.
Recommendations

As older residents of subsidized housing age in place, qualified workers will be needed who can respond to the health-related needs and social services associated with an aging population. Housing agencies need to specify the tasks that Health and Housing workers will complete, and identify the knowledge, skills, and abilities required to be successful employees.

1. **Initiate the Health and Housing Specialist Position:** Either create a new position, or expand the existing RSC position in subsidized housing, to include the job tasks and categories and the necessary knowledge, skills, and abilities defined in this report. Funding support for this position, training opportunities, and consensus about the standards of professional practice are now needed to move forward.

2. **Consider a Team-based Approach:** It is likely that more than one job type is needed to support aging in place. A job analysis for a team-based approach could be conducted and modeled after similar other community-based teams.

3. **Develop Training Opportunities:** The most common type of education these study participants listed was gerontology, followed by social work and nursing. Knowledge of housing policies was also mentioned. Although a college degree might not be necessary for a Health and Housing Specialist, many participants saw the value in getting a degree. Given the multidisciplinary nature of the job, a dual degree program or coursework that covers health, social services, and housing, would be ideal.

4. **Use Existing Nurse Delegation Practices:** Oregon’s Nurse Practice Act offers an opportunity to extend medication management practices that are common in community-based settings such as home health, adult foster care, and assisted living. In these settings, a registered nurse teaches a lay staff person to perform traditional nurse functions such as reviewing health conditions (e.g., blood pressure screening, blood glucose monitoring), assisting individuals who self-administer their own medications, and administering medications. While medication management might be seen as “too much” for subsidized housing, study participants agreed that many residents would benefit from assistance setting up their medications on a regular basis, keeping track of any problems or side effects, and communicating with the resident’s physician as needed.

5. **Capitalize on Informal Supports:** Housing staff can help support the development and success of informal supports. Several study participants, including housing staff and current residents, described the value of neighbors helping each other. Most often these exchanges are informal, such as neighbors who occasionally pick up groceries for each other or check to make sure the other is doing alright. One building has a “good neighbor network” in which residents sign up to volunteer as needed to assist others on a temporary basis.

6. **Formalize Relationships with Local Service Organizations:** Study participants described both formal and informal relationships between local health and social service providers, including volunteers. The largest gaps appeared to be between mental health providers and nursing services, especially health monitoring and medication management. Privacy and confidentiality concerns limit communication between housing staff and health professionals and case managers. We suggest a task group of Aging and Disability Services, major housing providers, and mental health organizations, be formed to develop model memorandums of understanding that housing providers can adapt for their own use.

7. **Consider New Service Delivery Models:**
   a. The Oregon Health Authority’s 2012 proposal to the Centers for Medicare and Medicaid Services included a demonstration project for Congregate Housing with
Services that will partner and coordinate with Coordinated Care Organizations (CCO) for behavioral supports, substance abuse treatment, primary care, and CCO models such as onsite nurse practitioners and wellness programs on behalf of dual-eligible residents. This demonstration provides the opportunity to test the job tasks and the knowledge, skills and abilities identified for the Health and Housing Specialist. Specifically, this staff person could be the bridge between housing and the CCO, and could receive training from CCO staff such as nurses and social workers.

b. Some subsidized housing residents require a level of services between independent living and community-based settings like adult foster care or assisted living. A means of providing short term and sporadic supports for individuals who do not meet nursing home eligibility admission criteria, but who are at risk of eviction, hospitalization, or nursing home use, is needed. Connecticut’s program of assisted living services provided within subsidized housing offers a potential model.

c. Housing providers require a method of monitoring the quality and success of resident services and resident outcomes. Home Forward, the region’s largest provider of affordable housing, has experience and technologies that could be shared with other housing providers.

d. Any service delivery approach within subsidized housing must account for the strong culture of independence within this setting. Service providers should be trained in person-directed care and respect for self-determination, and both services and modifications to the property should avoid creating an institutionalized environment.