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Aging in Place: Perceptions of Older Adults on Low Income Housing Waitlists

A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Angela L. Lavery

June 2015

Advisor: Leslie Hasche, PhD

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ABSTRACT

Many American older adults with low incomes wait years for affordable housing or housing assistance. Insight is needed on the concerns of older adults who need to move but cannot. In addition, within the study of aging in place, there is a paucity of research regarding older adults with low incomes. The purpose of this study was to explore the perceptions and experiences of aging in place from the perspective of older adults with low incomes, and to understand the process in making the decision to move to age-segregated housing. The purpose incorporated an examination of potential oppressive factors that may have impacted the ability of older adults to live where they choose as they grow older. The frameworks of critical gerontology and the ecological model of aging informed and guided the work of this study.

The methodology of this mixed methods study followed an explanatory sequential design. The sample included 45 older adults between the ages of 62 and 89 who are on waitlists for low-income housing communities or housing assistance programs. Sixteen participants completed individual, in-depth interviews, nine of whom also participated in a photo journaling experience. Interpretative phenomenological analysis was used.

Results reveal that the majority (71%) of the participants decided to move without the assistance of another. Some of the reasons participants needed to move included finding a safer place to live and to be in closer proximity to family or health care

providers. The results suggested that this group of older adults considered aging in place a concept that can evolve and that does not necessarily mean staying within the same place. This group of older adults shared that the ideal place to grow older provides access to outside space and is a place that offers a sense of belonging. Participants discussed the need for family and service providers to understand the difficulty of being in a situation of liminality for an extended period of time and of experiencing multiple types of losses. Although half of the participants expressed that oppressive factors did not affect their ability to reside where they choose as older adults, most of this group shared stories of how oppression and discrimination affected their lives.

This study sheds light on concerns and challenges older adults with low incomes face when needing to move but are unable to. The findings from this study can inform social workers in developing spaces and policies that support the housing needs of older adults with low incomes. An implication for social work educators includes the incorporation of the multiple types of losses experienced by this group preceding and while awaiting stable housing into curricula. For social work practitioners in low-income housing communities, there is a need to be trained in mediation skills. In regard to policy, social workers can assist in developing task forces and initiatives to address temporary and transitional housing needs for those who must wait for years for available housing. Social workers can also play a role in the research of the use of interventions to address bullying or hostile living environments within public housing.

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TABLE OF CONTENTS

Abstract	ii
Acknowledgements	iv
List of Tables	viii
List of Figures	ix
Chapter 1: Introduction	1
Definitions of Key Terms	3
Current Trends	5
U.S. Aging Population	5
Housing Availability and Affordability	6
Risk for Homelessness	8
Purpose of the Study	10
Chapter 2: Review of the Literature.....	12
Theoretical and Conceptual Frameworks	12
Ecological Model of Aging.....	12
Critical Gerontology	14
Aging in Place.....	15
A History of Housing and Aging in Place Services.....	17
Services to Assist Aging in Place	19
Independent Living, Congregate Housing, and Assisted Living	20
Developments in Aging in Place Options	23
Aging in Place: The Best Option?	25
Decision Making and Housing Transitions.....	25
Incorporating an Examination of Discrimination and Oppression	27
Additional Gaps in the Knowledge Base	29
Research Aims	31
Research Questions	32
Chapter 3: Methodology	33
Research Design.....	33
Phase One.....	34
Sample.....	34
Measure.....	35
Data Collection	37
Analysis.....	40
Phase Two.....	41

Photo Data.....	42
Sample.....	44
Data Collection	44
Analysis.....	47
Incorporation of Photo Data.....	50
Methodological Rigor	51
Risk and Protection.....	53
Phase Three.....	53
Chapter 4: Results	55
Participant Characteristics	55
Experiences and Perceptions of Aging in Place	60
Aging in Place.....	61
Decision Making.....	70
“It’s not a decision.”	71
Drama, Politics, and Cliques.....	74
Support Systems.....	75
Thoughts, Concerns, and Needs While Waiting.....	80
Discrimination and Oppressive Factors	100
Discrimination.....	100
Oppression	101
Conclusion	106
Chapter 5: Discussion	108
Implications of the First Research Question: Characteristics	108
Implications of the Second Research Question: Experiences and Perceptions of Aging in Place.....	109
Aging in Place versus Communities for All	111
Experiences	112
Implications of the Third Research Question: Decision Making.....	113
Implications of the Fourth Research Question: Discrimination and Oppressive Factors.....	115
Implications for Practice, Education, Research, and Policy	118
Social Work Practice and Education.....	119
Research.....	121
Policy	121
Limitations	124
Conclusion	125
References.....	126
Appendices.....	144
Appendix A: Informed Consent Form and Housing Transitions Experiences Survey	144
Appendix B: Study of Housing Transitions and Older Adults	155

Appendix C: Semi-Structured Interview Guide.....	156
Appendix D: Instructions for Photo Taking.....	158
Appendix E: Photo Log	159
Appendix F: Guide for Photo Journal.....	161
Appendix G: Thematic Chart.....	162
Appendix H: Integration Chart	163

LIST OF TABLES

Table 1: Initial Coding Example	48
Table 2: Sample Demographics.....	56
Table 3: Housing Characteristics of Survey Participants	58
Table 4: Participants' Thoughts on Meaning/Defining Aging in Place	61
Table 5: Health and Service Use by Participants	76
Table 6: Participant Support Systems – Family and Friends.....	80

LIST OF FIGURES

Figure 1: Explanatory Sequential Design.....	34
Figure 2: Photo: Window with potted plants.....	65
Figure 3: Photo: Flower bed at public housing unit	66
Figure 4: Photo: Human/animal connection.....	67
Figure 5: Photo: Festival pamphlet.....	68
Figure 6: Photo: Safety.....	73
Figure 7: Photo: Housing coordinator	79
Figure 8: Photo Journal Entry: Liminality and privacy.....	82
Figure 9: Photo: Sleeping space	83
Figure 10: Photo: Boxes	84
Figure 11: Photo: Stove.....	86
Figure 12: Photo Journal Entry: Vehicle, alternative living space.....	87
Figure 13: Photo Journal Entry: Alternative space.....	88
Figure 14: Photo: Garage, alternative space.....	89
Figure 15: Photo: School.....	92
Figure 16: Photo: Path to school	93
Figure 17: Photo: Television and VHS tapes	94
Figure 18: Photo: Television and social isolation	94
Figure 19: Photo: Smoking parlor	95
Figure 20: Photo: Community room.....	96
Figure 21: Photo: Car	97
Figure 22: Photo: Apartment mailboxes.....	106

CHAPTER ONE: INTRODUCTION

One of the many important issues facing older adults is the decision of where to reside as they age. In surveys, over 90% of older adults stated that they wished to continue to live in their home as they age (Bayer & Harper, 2000; Keenan, 2010). As the older adult population quickly grows within the United States, discussions of aging in place increase. As Baby Boomers move toward their older adult years, more options may be needed to support aging in place to ensure their goals of independence and maintaining quality of life.

Many factors affect whether older adults decide to age in place or to utilize a service or program that supports aging in place, including adult day centers, senior centers, or home health agencies. Some older adults need to downsize and move to a smaller home, apartment, congregate/senior housing, assisted living, the home of a family member, or a retirement community. Because of a health event, such as a stroke or the loss of a partner or spouse, the needs of older adults may change. Socioeconomic status may also limit access to much-needed housing assistance that will help pay rent or other housing costs. As a result, many older adults spend a majority of their income on this essential need. Thus, older adults with low income may be at a higher risk for having to stay in an unsafe situation and having to find temporary or transitional housing; the older adult may also become homeless before finding adequate, affordable housing.

In a 2011 report to Congress, the Department of Housing and Urban Development (HUD) stated that 1.33 million older adult renters have worst-case housing needs: they do not receive housing assistance, they will pay over half (or more) of their income towards rent, or they may live in very poor housing conditions (Steffen, Fudge, Martin, Vandenbroucke, & Yao, 2011). In 2009, “the incidence of worst case needs among elderly very low-income renters was 36.5%” (Steffen et al., 2011, p.5). Lipman, Lubell, and Salomon (2012) explain that over nine million households with older adults age 65 or older pay more than 30% (moderate cost burden) to over 50% (severe cost burden) of their income on housing. It is projected that by 2020, the population of homeless older adults in the US will have increased by 33% (Sermons & Henry, 2010). Steffen et al. (2011) stated that the need to prioritize housing assistance for all ages within US policy deliberations “has never been greater” (p. ix).

Given the housing challenges that face older adults with low incomes, the study of aging in place and the services that support it has the potential of empowering at risk older adults. However, many studies of aging in place and its initiatives include samples drawn from only middle and upper income populations (Graham, Scharlach, & Wolf, 2014; Paganini-Hill, 2013; Scharlach, Lehning, & Graham, 2010). In addition, few studies exist of older adults who need, but are unable, to move, including reasons such as a lack of available, affordable housing or the inability to pay moving costs. Little attention is given to the connections between aging in place and discrimination or other factors of oppression that may affect the ability to age in place.

The study of aging in place could grow through additional study of diverse populations, and could incorporate discussions of the impact of intersectionality for

different individuals that experience forms of discrimination (Perry, Andersen, & Kaplan, 2014). Recent studies of aging in place listed the examination of diverse samples as an important direction for future research to support aging in place initiatives (Graham et al., 2014; Greenfield, Scharlach, Lehning, Davitt, & Graham, 2013).

This mixed methods study examines aging in place from the perspective of older adults currently waiting for low-income housing. By incorporating the input and voice of older adults living within lower socioeconomic means, this study seeks to provide more consideration to the needs of all older adults. The remainder of this chapter reviews key definitions, concepts, and current trends of aging in place.

Definitions of Key Terms

Older adults. The term “older adult” is used in this study. As the participants of this study, older adults are defined as any adult aged 62 or older. This age bracket was chosen because older adults are eligible for housing assistance and to be placed in communities for “elderly” individuals, according to HUD requirements (HUD, 2015). Although this study uses 62 or older to define older adults, this is not the case for many studies and programs referenced in the literature review or other sections of this dissertation. For example, some community service agencies provide support to older adults aged 55 and older, while other programs consider age 60 and over an older adult.

Low income and affordable housing. Some entities (such as HUD) consider low-income and affordable housing differently, while others consider these as the same. HUD (2014a) calls low-income housing “public housing,” which incorporates “decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities.” Low-income households are considered to have 80% of the “median income

for the county or metropolitan area in which you choose to live,” while very low-income households are at 50% of the median for that area (HUD, 2014a). Low-income housing can be a place or a program, such as a “housing voucher program,” which is more commonly known as Section 8. According to information provided by HUD, the term “affordable housing” is not necessarily a place or a specific program, but a term that refers to housing situations that do not cause a household to spend 30% or more of their income on housing. It is considered too much of a “cost burden” to pay 30% or more of a household’s income towards housing, which affects the ability of the household to meet other needs, such as food, health care, or transportation (HUD, 2014b). HUD (2014b) does not offer affordable housing options, but instead has programs that “support” affordable housing. For example, HUD offers grants to encourage the construction of housing options for low-income individuals and families. This study uses the term “low-income housing,” which is considered the same as the term “affordable housing,” and refers to places and programs such as apartment communities or housing vouchers that are used to assist with the payment of housing costs.

Aging in place. “Aging in place” is a broad term that defines living independently where an older adult decides to live. This is typically the current residence of the older adult, and includes access to community support services the older adult may need as a result of life events, such as the death of a spouse or partner, or chronic and acute medical conditions (Pastalan, 1990). Aging in place can include making modifications to a home, or can include a phenomena or a program. More details on the theory and empirical literature regarding aging in place provided in Chapter 2. Lastly, aging in place incorporates the concept and discussion of aging friendly communities. Aging friendly

communities are communities where older adults can age in place (if they choose), but also continue activities and interests, cultivate new ones, and have access to needed resources and support to ensure that their basic needs are met (Lehning, Chun, & Scharlach, 2007; Scharlach, 2012).

Current Trends

U.S. Aging Population

According to a report by the Administration on Aging (AOA; 2013), titled, “A Profile of Older Americans,” as of 2012, there were over 43 million older adults aged 65 or older within the United States (Ortman, Velkoff, & Hogan, 2014). It was estimated that the population of adults aged 65 and older will increase to 79.7 million by 2040. As of 2012, the population of ethnic and racial minority older adults was 21%; this is estimated to rise to 28% by 2040. There are more women who are older adults (24.3 million) than men (18.8 million). In terms of life expectancy, an individual who was 65 in 2012 was expected to live an additional 16 to 22 years, depending on ethnicity and race. Non-Hispanic black, American Indian, or Alaskan native men have the shortest additional life expectancy, with 16.2 years. At 22.1 years, Hispanic females have the longest life expectancy upon reaching age 65 (Ortman et al., 2014).

In terms of income, older adult men have a higher median annual income of \$27,612, when compared to the median income of women, at \$16,040 (AOA, 2013; Ortman et al., 2014). For 35% of social security beneficiaries, this is the majority of their income (90% or more), and is more common for unmarried individuals (35%) versus married couples (22%). During 2012, poverty amongst populations of older adults was estimated to be higher after being recalculated to consider out-of-pocket medical

expenses. The updated calculation estimated a poverty level of approximately 15% for older adults. Poverty rates were even higher for older adults of color and for those unable to complete a high school education (Issa & Zedlewski, 2011).

Housing Availability and Affordability

According to surveys conducted by the American Association of Retired Persons (AARP), older adults preferred to stay in the place they call home as long as possible (Bayer & Harper, 2000; Kennan, 2010). One of the surveys conducted by AARP found that 92% of older adults aged 65 to 74 preferred to live in their current residence.

Reasons for this preference included wanting to: maintain independence, live in familiar surroundings, and stay within the community they love. However, the dearth of affordable alternative housing options has been shown to force the need to stay in place (Bayer & Harper, 2000; Keenan, 2010; Lipman et al., 2012). In regard to the sample (N=2,000) surveyed by AARP, Bayer and Harper (2000) stated that although AARP “over sampled” for African American and Hispanic participants, low-income individuals were underrepresented, and people living in assisted living communities were “omitted” from the survey (p. 1).

Older adults in need of supportive services (e.g., nursing services, assistance with personal care, housework, or other activities) do have housing options such as assisted living and continuing care retirement communities (CCRC). However, these options are too costly for most older adults, and are therefore accessible only to individuals with high incomes or that possess larger assets or net worth. Approximated average monthly fees for an assisted living facility can be around \$2,500 to \$3,700 or more per month (Met Life Market Institute, 2012); the monthly cost of a CCRC depends on the needed level of

care, and can be from \$3,000 to \$ 5,000 or more a month, in addition to an up front entrance fee that can be as large at \$100,000 or more (AARP, 2014).

Whether they are renters or homeowners, the costs of housing for older adults seems to be the largest item to cover each month, and is usually 35% or more of their expenses—this can be 50% or more for very low income older adults (Lipman et al., 2012; Steffan et al., 2011). Housing costs do not only include rent or a mortgage, but also includes utilities and, for homeowners, property taxes, property or homeowner’s insurance, homeowner association or condominium fees, and maintenance or repair costs (Lipman et al., 2012). While many older adults are homeowners, 40% of age 65 or older households have incomes that are very low, below \$14,000 a year (Harrell, 2011; Lipman et al., 2012). Although many older adult homeowners no longer have a mortgage, in the last ten years, there has been an increase in older adults who do (Harrell, 2011; Lipman et al., 2012). Low incomes force older adults to use other assets to keep up with housing and other large costs, such as health care. Unfortunately, many individuals do not have additional resources, and a review of net worth data showed that there are large differences according to race and ethnicity (Lipman et al., 2012; Taylor, Kochhar, Fry, Velasco, & Motel, 2011). Considering that the income of many older adults decreases as housing costs increase over time (because of increasing rental market rates, or increasing property taxes and maintenance costs for homeowners), in addition to the increased risk of developing a chronic disease or disability, this places older adults at risk of being unable to age in place (Hung, Ross, Boockvar, & Siu, 2011; Lipman et al., 2012).

For low-income individuals of all ages across the US, access to housing assistance and subsidy services and/or programs is very limited. According to HUD’s report to

Congress in 2011, only 24% of low-income renters across the country had access to needed federal rental assistance programs (as cited in Steffen et al., 2011). Waiting lists for federal housing assistance (i.e., vouchers) and public housing have people and families waiting for years, some as long as three to five years. Many waitlists are even closed (Leopold, 2012; National Coalition for the Homeless, 2009; National Low Income Housing Coalition, 2004). The same holds true for other low income or affordable housing communities outside of public housing authorities funded by the government.

For low-income individuals who must rent, rental market prices within and around many metropolitan areas across the country provide few options in finding a place to live. According to a report titled *Priced Out in 2010: The Housing Crisis for People with Disabilities*, data specific to Colorado showed that individuals with a disability who received supplemental security income (SSI) faced rents for a one-bedroom housing that was out of reach for this population (Cooper, O'Hara, Singer, & Zovistoski, 2013). For example, for a single individual with a disability who was receiving SSI and living in the Denver area, the rental rate for a one-bedroom apartment was 104% of the monthly SSI income payment that, as of 2013, was \$699 per month (Cooper et al., 2013). If SSI income was \$699 a month, and fair market rent was listed as \$742 for a one-bedroom apartment in the Denver area, this caused many individuals (all low income, including older adults) to be in a situation where they could not cover the cost of rent, or even have income left over for food, medication, transportation, or other living costs (EHA, 2014).

Risk for Homelessness

The risk for homelessness increases when individuals living on low incomes cannot afford rent, and are therefore unable to get on waitlists for affordable housing (or,

they need to wait for years to find an opening). The National Coalition for the Homeless (NCH; 2009) calls older adult homeless individuals the “forgotten population.” The number of homeless older adults is increasing, and concerns about how resources targeting homelessness, such as shelters, are able to provide support to older adults with disabilities or illnesses exist (NCH, 2009; Knopf-Amelung, 2013). Examples include concerns over waiting in lines to get a bed and having to climb stairs to access beds in buildings that do not have an elevator. Other concerns exist regarding older homeless individuals that are experiencing urinary incontinence or cognitive decline, that need assistance with bathing, and who fall often. Specific concerns about medical issues include when older homeless individuals need electricity to plug in oxygen tanks (Brown, Thomas, Cutler, & Hinderlie, 2013). If an older adult is able to find a bed at a shelter, is shelter staff trained to provide the type of care needed to address these needs?

For older adults, becoming homeless often results in numerous negative health consequences. Not having stable and safe housing increases the risk of chronic illness and can cause cognitive decline, falls, and depression (Brown, Kiely, Bharel, & Mitchell 2012; Garibaldi, Conde-Martel, & O'Toole, 2005). These same factors may cause an increased likelihood of a premature death (Baggett et al., 2013; Barrow, Herman, Co'rdova, & Struening, 1999).

In terms of housing and aging in place, more research is needed on the vulnerable older adult population. In keeping with the *Code of Ethics* from the National Association of Social Workers' (NASW; 2008), issues such as this stated problem need to be addressed in order to support the values of dignity and worth of the person, as well as social justice. Social workers can advocate and improve the right to self-determination

for older adults to support their ability to choose where to live in a place with access to needed resources. To move in this direction, social workers must work towards making sure that all voices are heard. The role of social workers in addressing the housing needs of this at risk older adult population will assist in promoting self-determination and dignity for all older adults.

Purpose of the Study

Although discussion and the study of aging in place have increased over the last few years, a few gaps remain in the existing literature. Input is needed on aging in place from the perspective of older adults with low incomes. In addition, exploration of the decision-making process to move can grow with more information gathered from a pre-move perspective. Lastly, examination and discussion of oppressive factors that may affect the ability of older adults to live where they choose needs to be integrated into discussions of aging in place. Therefore, this study intended to advance the knowledge base of aging in place by incorporating the voice of older adults with low incomes into the discussion.

This research project involved the following aims:

1. Gain perceptions of aging in place from the perspective of older adults with low incomes.
2. Understand the experiences of older adults with low incomes regarding their decisions about low income housing and housing assistance.
3. Examine the potential oppressive factors that may have impacted the ability of older adults to age in place.

The research questions for this study are provided in the next chapter, which also includes a review of the literature. The literature review covers not only aging in place and other relevant factors of this dissertation, but also discusses the theoretical frameworks used to guide the study, the ecological model of aging, and critical gerontology. Chapter 3 presents the research methods used for this dissertation. Chapter 4 reviews the data and results, addressing each of the research questions. Lastly, Chapter 5 provides a discussion of the results and the implications for social work practice, education, and policy considerations. The implications cover items such as interventions needed to support older adults with low incomes as they wait for housing, as well as policy changes needed to support the ability of this group to live where they choose and to receive the services and resources to meet their needs.

CHAPTER TWO: REVIEW OF THE LITERATURE

The following chapter includes the literature pertinent to the presented problem regarding aging in place and its examination. This chapter first provides an overview of theoretical and conceptual frameworks that inform this study, including the ecological model of aging and critical gerontology. These two frameworks assisted in gaining a better understanding of aging in place related to older adults that live in lower income situations. Following the review of theoretical frameworks, this chapter discusses literature on aging in place and decision-making related to relocation.

Theoretical and Conceptual Frameworks

Ecological Model of Aging

Current research literature on aging in place and housing transitions often refers to the theories of Lawton, Nahemow, and Bronfenbrenner to inform the study of aging in place initiatives (Greenfield, 2011; Ivery, Akstein-Kahan, Murphy, 2009; Perry et al., 2014; Pynoos, Nishita, & Perelma, 2003). The ecological model of aging stems from Bronfenbrenner's (1979) work on ecological systems theory. The ecological model of aging looks closely at person and environment, examining the interactions of older adults in relation to their environment and how this influences change over one's life (Lawton, 1990). Lawton and Nahemow (1973) described the interaction of person and environment as a transactional process, and that "change in each is constantly interacting with change in the other" (Lawton, 1980, p.172). The physical, social, and emotional resources an

older adult has, or has access to, as well as the makeup of his or her environment, impacts their ability to function and maintain within their current living situation.

Within the ecological model of aging, the social environment is broken down into different levels, including: the personal environment; the small group environment; larger social networks; and sociocultural factors (Lawton, 1980, 1990). There are a variety of individuals who have roles within the social environment of an older adult. These individuals include members of the family (immediate or extended), neighbors, those who operate the businesses within the community the older adult interacts within (e.g., bank tellers, shop owners, pharmacists, etc.), and physicians and other medical providers (Lawton, 1980).

There are additional components that Lawton and Nahemow (1973) used when discussing the ecological model of aging. Particularly important to note is “press,” which entails the requirements (demands) of the environment on the older adult, as well as the term “competence,” which refers to the ability of the older adult to respond to those requirements or “demands” (Lawton, 1980, p. 174). These terms are part of Lawton’s (1974) discussion of the environmental docility hypothesis. The environmental docility hypothesis states that when there is not a good fit between the demands of the environment and the ability of the older adult (or competence) to respond to those demands, the older adult becomes vulnerable and may be unable to remain within their current environment (Lawton & Nahemow, 1973; Wister, 2005).

A weakness in discussions of the ecological model of aging is seen in a lack of emphasis and depth placed on the role of multicultural factors. Dialogue on how gender, race, ethnicity, socioeconomic status, sexual orientation, and various “isms” within the

environment—including the structural oppression of institutions—is lacking, as these can affect the ability of older adults to thrive and adapt within his or her environment.

Greenfield (2011) explained that in relation to the ecological model of aging, the likelihood of an older adult to age in place is diminished when his or her needs (physical and social environments) are greater than their resources. An older adult may change or adapt their environment to better meet their needs so that they may age in place. For example, an older adult may install grab bars in the bathroom of their home, or may loan a shower chair from a local equipment program to use in their bathtub in order to support and assist him or herself while bathing.

The ecological model of aging has the strongest fit in relation to the problem this study examined. The ecological model of aging helped to examine the context of an individual's decision on whether and how to age in place.

Critical Gerontology

The second framework reviewed is that of critical gerontology. This conceptual framework considers political and socioeconomic factors and how they affect aging within society (Cole, Achenbaum, Jakobi, & Kastenbaum, 1993). This framework also considers gender, ethnicity, and social class and how these factors predetermine the “position [of an older adult] in the social order” (Freixas, Luque, & Reina, 2012, p. 44).

Critical gerontology stems from critical theory of the Frankfurt School and the writings of Jurgen Habermas (Briskman, Pease, & Allan, 2009; Habermas, 1988). Critical theory focuses on the sources of oppression and how those who are oppressed can move toward action against oppression so that social change can occur (Briskman et al., 2009). By examining the many “isms” within society, critical theory places the structural forces

and elements that affect the ability of certain marginalized groups to age in place into view. These “isms” include ageism, sexism, heterosexism, racism, and classism, all of which are seen in the higher rates of institutionalization within nursing homes of older adults of lower socioeconomic statuses (Feder, Komisar, & Niefeld, 2000; Tumlinson & Woods, 2007). Critical theory and critical gerontology critique societal norms to refocus on social justice. Specifically, critical gerontology focuses on the difficulties older adults experience as a result of domination and oppression (Moody, 1993). Moody (1993) stressed the importance of critical gerontology as not merely a way to call attention to the marginalization and oppression of older adults, but that it requires active advocacy and social justice.

This theory guided portions of this study by helping to examine the perceptions and experiences of this group of older adults in terms of how oppressive factors affected their ability to live where they choose or to age in place.

Aging in Place

Aging in place is a broad term that defines living independently—that is, living where an older adult decides to live, which is typically in their current home, with access to community support services needed as a result of life events such as the death of a spouse or chronic and acute medical conditions (Pastalan, 1990). McInnis-Dittrich (2009) emphasized the importance of keeping in mind that the concept of “home” is more than just housing; homes also include quality of life factors, such as “privacy, independence, security, and freedom” (p. 344).

In reviewing the literature, several definitions can be found for aging in place. Lawton (1990) stated that aging in place “represents a transaction between an aging

individual and his or her residential environment that is characterized by changes in both person and environment over time, with the physical location of the person being the only one constant” (p. 288). Bookman (2008) wrote that aging in place “is the term for an approach to elder care service delivery that takes place outside of an institutional setting and allows elders to stay in their own homes” (p. 422). Despite variations of a definition of aging in place, there is some awareness surrounding the lack of exploration of how older adults define aging in place (Wiles, Leibing, Guberman, Reeve, & Allen, 2011).

Aging in place can also incorporate the concept and discussion of aging friendly communities, which are places where older adults, if they choose, can age in place but can also continue individual activities and interests, cultivate new ones, and have access to needed resources and support to age in place and have basic needs met (Lehning et al., 2007; Scharlach, 2012). In order to meet the needs of the growing older adult population, more attention must be paid to the development of aging friendly communities and also to the availability of a variety of care and housing options.

Communities within the United States are not designed to address the changing demographics of the older adult population (Scharlach, 2012), and many older adults live within communities that have not planned for the needs of the older adult. This includes easy access to medical care as well as transportation to locations such as grocery stores, banks, medical facilities, and care providers. The way communities have been designed separates residential living areas from commercial areas, which greatly restricts people unable to afford or operate a vehicle (Lehning, 2012). Feldman, Oberlink, Simantove, & Gursen (2004) reported that most older adults (75%) use a car to meet their transportation needs. If an older adult loses the ability to drive or does not have access to a car, 33% of

these older adults do not have access to public transportation (Rosenbloom & Herbel, 2009). Although mandated transportation services are made available through the *American Disabilities Act*, due to eligibility criteria, it is estimated that approximately 40% of older adults with a disability do not qualify for these transportation services (Lehning, 2012; Rosenbloom, 2009). Older adults who are challenged by a lack of transportation may need to seek services that support aging in place, or must consider moving to a different housing option.

A History of Housing and Aging in Place Services

The *Older American's Act* (OAA) is important to acknowledge when considering the services available to older adults in need of assistance that support their ability to remain within their communities. Enacted in 1965, the intent of the act was to support the well-being of older adults “by providing services and programs designed to help them live independently in their homes and communities” (Administration for Community Living, 2015). The act does this by providing support for states to fund programs and services that benefit older adults aged 60 and over. Examples of services and programs supported by OAA include: home delivered and congregate meals, family caregiver support and respite, transportation services, homemaking services, and funding to support services offered by senior centers that often administer the aforementioned programs (Administration for Community Living, 2015; Naleppa, 2006). Such services are aimed at supporting aging in place for low-income older adults, and are called home and community-based services (HCBS) by the OAA. Home and community based services by the OAA are intended to assist older adults and people with disabilities who need assistance with activities of daily living (ADL; e.g., personal care, bathing, eating, and

grooming) in order to remain living within their home and to avoid institutionalization in long-term care facilities, such as nursing homes (Kassner, 2011). Although OAA supports HCBS, an even larger contributor to HCBS programs is Medicaid. Programs that support aging in place, such as through the OAA, Medicaid, or HCBS, may serve as an alternative solution to relocating older adults into senior housing or when placement in a nursing home is a medically necessity. Programs that support aging in place empower older adults who are at risk of being unable to remain living in their home.

Additionally, family members provide extensive, informal support to help older adults age in place (Greenberg, Seltzer, & Brewer, 2006). However, due to fragmented community services and changes within family makeup and roles (e.g., both partners in a marriage/partnership working outside the home), these historic supports for aging in place may be insufficient. Older adults that require assistance from a caregiver because of limitations due to health problems or chronic diseases are at higher risk of being unable to remain in their own home. They are even more at risk if they are unable to pay for needed support or if they are without family caregivers. (MetLife Mature Market Institute, 2012).

For some older adults who own their home, aging in place can be supported by making home modifications. By definition, a home modification include adaptations to a home that help an individual participate in daily activities, prevent falls or accidents, and assist caregivers; in turn, such modifications should decrease the likelihood of future personal and medical care and costs (Pynoos et al., 2003, Pynoos, Tabbarah, Angelelli, & Demiere, 1998). For those who cannot stay within their current residence, but wish to stay within their community, there are a few residential options. Access to these

alternatives often requires substantial financial resources. Alternative residential options are reviewed in the next section.

Services to Assist Aging in Place

There are several types of services that can increase the length of time that an older adult can remain living in the place they call home. Home health care agencies offer nursing care, various types of therapy (including physical, speech, occupational, as well as home health aides that provide some personal care assistance, which often includes bathing, toileting, eating, and dressing), and homemaking services (MetLife Market, 2012). On average, home health certified nursing assistants (CNA) can cost \$21 to 32\$ per hour. A homemaker costs \$20 to 28\$ per hour, on average (MetLife Market, 2012). The decision to use home health often follows a significant medical event, such as a stroke or a heart attack, and can assist an older adult in remaining in their home during rehabilitation instead of having to reside in a nursing home to receive such care.

Adult day centers provide individualized plans of care during the day for frail older adults who do not need 24-hour care, but do require some assistance (McInnis-Dittrich, 2009). Families or spouses of older adults that have functional and cognitive decline and impairment due to diseases such as Alzheimer's, Parkinson's, and Amyotrophic Lateral Sclerosis (ALS), or may have experienced trauma from a stroke often use adult day centers. Activities, nursing and personal care, transportation, and meals are often provided at these centers (MetLife Market, 2012). Adult day centers also provide a much needed respite to caregivers of older adults who need services. On average, adult day services cost approximately \$70 per day; however, some centers have

reported rates as low as \$26 per day and some as high as \$141 per day (MetLife Market, 2012).

Another option is provided by senior centers, which often offer social opportunities, health and nutrition, education, and recreation at affordable rates for older adults with fewer financial resources (Turner, 2004). Despite these service options to support aging in place, many older adults still face the decision of whether or not they must leave their current residence.

Independent Living, Congregate Housing, and Assisted Living

This section outlines a range of different housing options available for older adults. The housing options discussed here are ordered according to level of supportive services offered. This section begins with independent living, which is not required to offer any supportive service. Following independent living is Section 202, which is specifically for older adults with low incomes; this type of residence may offer some supportive services. Discussed last is congregate housing, assisted living, and continuing care retirement communities, and these housing options offer some level of supportive services.

Freedman and Spillman (2014) reported that 3.5 million beneficiaries of Medicare, age 65 and older, reside within independent, senior housing, or retirement communities. Independent living and retirement communities are usually apartments that include full kitchens and baths. These communities often do not offer support services or activities. However, some retirement communities cater to more affluent couples and individuals, and may offer additional services or activities (MetLife Market, 2012).

Section 202 housing is a federally funded program that finances the construction of apartment communities that require low rent payments from adults age 62 or older, or from individuals with a disability (Keigher, 2006). Section 202 subsidized housing is required to include items such as grab bars and level or ramp-based entrances. Some Section 202 communities are also wheelchair accessible (Haley & Gray, 2008).

Approximately half of these communities have (but are not required to have) congregate dining or “support service providers” (Haley & Gray, 2008). On average, older adults who apply for these types of apartment communities wait two or more years (Haley & Gray, 2008).

Developed in the 1960s, one earlier housing option to assist older adults with living independently within the community was congregate housing. Congregate housing is often a multi-unit apartment building where an older adult resident has his or her own bathroom and, sometimes, a kitchen or kitchenette. Typically, the facility provides some additional support services (Streib, 1990). These support services may include a dining facility, housekeeping, and sometimes transportation. This type of housing differentiates itself from residential facilities because it does not often provide medical or personal care; instead, it is assumed that its residents are able to attend to the daily activities of living (e.g., personal care, bathing, eating, grooming, etc.) One may choose to go to congregate housing when it becomes difficult to accomplish housecleaning, shopping, laundry, or making meals (Streib, 1990). Congregate housing can include federally subsidized housing, assisted living, and continuing care retirement communities (Sheehan & Klein, 2006).

Approximately one million Medicare beneficiaries age 65 or older reside in assisted living residences (Freedman & Spillman, 2014). Assisted living provides housing for older adults who require some level of assistance and cannot live independently. At the same time, the older adult does not need intensive, 24-hour medical support, such as a nursing home resident might need. While some assisted living apartments provide kitchenettes, all provide dining facilities for congregate meals. Activities and transportation are usually provided (MetLife Market, 2012). Assisted living comes with a large price tag. The average monthly cost of a one-bedroom apartment in an assisted living community that includes a private bath is \$3,550 per month, or \$42,600 per year (MetLife Market, 2012). Zimmerman, Munn, and Koenig (2006) called on the field of gerontological social work to pay attention to the industry of assisted living and how it is predominantly funded privately; as such, it is not affordable for individuals with low and moderate incomes. As a result, there are very few minority older adults who reside in assisted living facilities. Zimmerman et al. (2006) stated that “46% to 71% of facilities have no African American residents. Most African Americans reside in smaller facilities in rural, non-poor, African American communities, which score less well on some ratings of environmental quality” (p. 682).

Continuing care retirement communities (CCRCs) are planned communities that offer a variety of services combined with housing options such as independent living, assisted living, and nursing home care (Sherwood, Ruchlin, & Sherwood, 1990). As mentioned in Chapter 1, CCRCs are not affordable for low to moderate income older adults, as average monthly fees range from \$3,000 to \$5,000 per month, and often require a large entrance fee (Met Life Market Institute, 2012; AARP, 2014).

These services allow an older adult to age within the community when they may not be able to age in place within their current residence. Unfortunately, these options have a few barriers, including financial barriers as well as problems with availability. Many older adults are unable to afford the high cost of assisted living, CCRCs, or many other retirement communities. In addition, waitlists for low-income housing communities are closed or have wait times that last for years. Federal rental assistance programs (i.e., housing vouchers) help only a small percentage of individuals and families across the country with low incomes, no matter what their age (Leopold, 2012; Lipman et al., 2012; National Coalition for the Homeless, 2009; National Low Income Housing Coalition, 2004).

Developments in Aging in Place Options

More recent developments within aging in place include naturally occurring retirement communities (NORC) and village programs. A NORC is typically a partnership that involves an already existing (i.e., unplanned or naturally occurring) concentrated community of older adults (age 60 and older) with local service providers (Vladeck, 2006). In turn, this partnership increases the visibility of and access to community support services that older adults can utilize to prolong his or her ability to continue living independently within their home. The partnerships include housing agencies, home health care providers, and local businesses (Alexander, 2006). Examples of these services include: case management, health education and promotion, mental health support, education, recreation, and volunteer activities (Bookman, 2008).

Another development is villages, which are often, but not always, a non-profit member or volunteer-based program with a variety of membership benefits. Villages

provide and connect older adults to support services so that they may remain living independently within their homes (McDonough & Davitt, 2011; Village to Village Network, 2012). Membership benefits or services include transportation to and from doctor's appointments, shopping, or other errands; assistance with yard work; light home maintenance; and referrals to vendors or service providers. Some villages also provide medical or health services, as well as a variety of opportunities for participating in social gatherings and educational programs (McDonough & Davitt, 2011; Village to Village Network, 2011). According to Scharlach et al. (2010), the national average for individual cost of a village membership is \$400; the lowest is \$50, and the highest is \$900. Some villages offer a household membership, and some have programs offering a membership to those who cannot afford the fee.

Also falling under the category of aging in place are measures such as campus affiliated communities (CACs) and architectural design, as well as technological advances to help monitor the health of older adults within their homes (Bookman, 2008, Pynoos, et al., 2003, Tenenbaum, 2010). Although these are great initiatives within the aging in place arena, several of these options are not accessible to everyone. Bookman (2008) pointed out that NORC-SSPs, villages, and CACs are typically in urban (NORCs) and suburban (villages and CACs) communities, rarely in rural communities. In addition, villages and CACs are predominantly utilized by moderate to upper income individuals and families, whereas only NORCs are typically available to lower and middle income individuals and families. There is also an issue with diversity, as villages and CACs are culturally and racially homogenous, and seem to be predominantly utilized by White individuals (Bookman, 2008). Although there are technological and architectural options

to assist and to renovate the existing residences of older adults, this is often only financially accessible to upper income individuals (Rantz et al., 2005; Taira & Carlson, 2000).

Aging in Place: The Best Option?

There has been a national push calling for services to support aging in place (Ball, 2012; HUD, 2013; NIA, 2006). Care within an institution is costly (Alecxi, Lutsky, & Coleman, 1996; Alecxi, Neill, Zerule, & Olearczyk, 2002; Grabowski, 2006), and so, aging in place is seen as a positive for policy makers as well as some older adults.

Despite the positives that are discussed within aging in place literature, there are some who critique and caution against a “full steam ahead” approach when it comes to aging in place, as it may not be beneficial to all (Golant, 2008a, 2008b; Strohschein, 2012). Those who have critiqued this focus on supporting aging in place have asked whether it truly is beneficial to all individuals, especially older adults with low incomes (Golant, 2008a, 2008b; Strohschein, 2012). This research project attempts to explore and add to the knowledge base about aging in place and older adults with low incomes.

Decision Making and Housing Transitions

Several studies have examined the motives, anticipation, and expectation around moves or downsizing that is considered and/or completed by older adults (Bekhet, Zauszniewski, & Nakhla, 2009; Luborsky, Lysak, & Van Nuil, 2011; Perry, 2014; Sergeant, Ekerdt, & Chapin, 2010; Sergeant & Ekerdt, 2008). All but one of these studies used qualitative methods, and most of these studies worked with participants after their move. Two studies did not provide the socioeconomic status of their participants. One study had participants with a mean income of \$24,352, while the demographics of

another study contained broad categories of income, with over half of the participants having an income between \$0 and \$24,999. A study by Lyborsky, Lysack, and Van Nuil (2011) had participants who used the following categories of income: “just enough to get by” (58%); “not sufficient” (10%); and “more than sufficient” (32%) (p. 244). Many studies had predominantly White participants.

There are many factors that affect if an older adult will decide to utilize an aging in place service or to relocate. Some older adults need to downsize to a smaller home, apartment, congregate/senior housing, assisted living, the home of a family member, or a retirement community. The factors that were found to contribute to housing transitions include: health events resulting in declining health that requires a change in physical environment; proximity to family, social support, and services or resources; change in social roles (e.g., widowhood, new marriage, work); finances; influences from friends that had downsized; and as a way to be “proactive,” based upon the assumption that he or she would become vulnerable or frail as they became older and wish to avoid burdening their adult children with caregiving (Sergeant & Ekerdt, 2008; Sergeant et al., 2010; Sherwood et al., 1990). Another key element is the strong influence of family members within an older adult’s decision to relocate and downsize (Luborsky et al., 2011; Perry, 2014; Ekerdt & Sergeant, 2006; Sergeant & Ekerdt, 2008). Most recently, Perry (2014) suggested that some make the move as a “gift” to family, a way to appease or get relief from the requests of a partner or adult child. Similarly, findings from Luborsky et al. (2011) revealed that downsizing can be influenced by “moral persuasion, when downsizing is cast by the downsizer’s family as a moral obligation to enhance the overall well-being of the entire family” (p. 251).

Because NORCs are naturally occurring, there does not appear to be data kept on why individuals may relocate to a NORC. However, Vladeck (2006) discussed that one reason a NORC occurs is due to “in-migration when people at or near retirement relocate” (p. 707). She attributed this to the interest of an older adult in wanting to live in warmer climates, reside near more recreational and cultural opportunities and activities, or live in places where they would not have to be dependent on owning and operating a vehicle to live. Despite the multitude of reasons or precipitants to relocation, there is limited discussion of possible societal or structural influences.

Incorporating an Examination of Discrimination and Oppression

Using a critical lens viewed from the perspective of social justice, there appears to be a paucity of research and information on how discrimination and oppression may affect the ability of older adults to age in place or to transition to different housing. After reviewing the literature, it also appears that samples from empirical work on aging in place involved older adults that were more likely to be White and to have what could be considered middle to upper income levels (Graham et al., 2014; Paganini-Hill, 2013; Scharlach et al., 2010). Research and discussion of aging in place lacks evaluation and study of more diverse populations, and recent studies have noted this gap as well as the need for future empirical study (Graham et al., 2014; Greenfield et al., 2013; Perry et al., 2014).

Brown (2009) wrote about the rhetorical silence that stems from the work of Cheryl Glenn. Glenn (2004) explains that “dominant groups” in power utilize rhetorical silence to remove marginalized groups, making them and their experiences “invisible” (p. 9). As a result, the silence and marginalization leaves marginalized groups without proper

support and services within the community. Using this premise, this dissertation incorporates the exploration of oppression and discrimination. Few studies have explored discrimination or oppression in relation to aging in place (Boggs et al., 2014; Byrnes, 2011). From a perspective of critical gerontology, Byrnes (2011) examined how multiple forms of oppression (age, race, class, and gender) contributed to how a group of non-White, low income urban residents made sense of their new age-segregated, subsidized housing community. A qualitative study by Boggs et al. (2014) found that ageism and heterosexism negatively affected the experiences of a group of LGBT older adults in terms of aging in place in the domains of healthcare, home assistance, legal services, housing, and social support.

From the perspective of critical gerontology, to understand aging we must also examine “larger political, social or economic realities” (Minkler & Estes, 1999, p. 15).

Estes (1999) wrote

Working class elders and particularly minority elders, are more rapidly devalued in the labor market and in the society as a whole than are the aged of other classes. Similarly, women, whose labor is not generally considered productive, are more devalued than men in old age. (p.24)

Therefore, considering the structural systems of institutions must take place in order to examine what aging in place looks like and how it is experienced by older adults with low incomes. Therefore, this research considers rhetoric of silence and examines the institutional and structural impacts on the ability of older adults to age in place by listening to the voices and perceptions of older adults with low incomes. This is done to add to the existing literature on aging in place.

Further, the NASW (2008) *Code of Ethics* stresses the importance of social workers promoting knowledge about “oppression and cultural and ethnic diversity,” as well as pursuing “equality of opportunity and meaningful participation in decision making for all people.” In keeping with the core values of social justice, dignity, and the worth of a person, this research project incorporated an exploration of the perceptions of how discrimination or oppression had impacted the ability of this group of older adults to age in place, under their own terms. Incorporating the voice of older adults with low income provides a better understanding of the needs of a more diverse group of older adults. As a result, more consideration can be given to the needs of all older adults as they age in place. All populations, including those in lower socioeconomic groups, require assistance in deciding to age in place. The findings of this research may assist social workers in addressing oppressive factors and to gain a better understanding of the experiences of this population as they decide whether or not to age in place or to wait for much needed housing.

Additional Gaps in the Knowledge Base

Within the literature, aging in place is often discussed in terms of choice, specifically as being able to choose where to live. However, there is a lack of information about individuals who need to move but cannot. (These individuals are currently on waiting lists, are ineligible for assistance, or cannot afford to move.) Many people who need to move but cannot are often individuals with low incomes and who wait for years for housing (Leopold, 2012; National Coalition for the Homeless, 2009; National Low Income Housing Coalition, 2004). Golant (2008) considers this in his review of US political and organizational barriers that are faced by older adults with low incomes and

who are in need of housing. Golant states that despite the awareness on the part of policymakers to this issue, the housing needs of this vulnerable older adult population (as well as younger ages) have continued to be unmet.

Another gap in the literature comes from the dearth of literature from the perspective of individuals before moving. Many studies interview or examine individuals who have already moved (Luborsky et al., 2011; Sergeant & Ekerdt, 2008; Reinardy, 1992). To date, there are few research articles that explore the situation of older adults who need or want to relocate, but are unable to do so (Erikson, Call, & Brown, 2012; Kohon & Carder, 2014). Strohschein (2012) examined the characteristics of Canadian older adults age 65 and older who wanted to move but could not. The research assessed any health associations with their inability to relocate. This study reviewed data from a national Canadian longitudinal survey and found that this group of older adults reported higher levels of distress and were more likely to rate their health as poor. Most recently, a qualitative study conducted in the U.S. investigated the meanings of health, aging, housing, and independence of adults age 55 and older who resided in or were waiting for subsidized public rental housing (Kohon & Carder, 2014). Results revealed that participants shared feelings of disappointment regarding where they found themselves financially late in life. The participants also found it difficult to cope with changes in mobility and adjusting to their aging body. This dissertation expands this area of research by examining the circumstances surrounding the decision to move of older adults with low income, and it examines the perceptions of low-income older adults as to if oppressive or discriminatory factors impacted their ability to live where they chose.

Finally, an additional gap exists in the literature regarding exploring the meaning of aging in place to older adults (Rosel, 2003; Wiles et. al., 2011). Rosel (2003) interviewed ten older adults in a small area of northern Maine, and examined “where and with whom” this group of older adults were aging in place. The most recent study by Wiles et al. (2011) was conducted in two different communities in New Zealand, and used focus groups and interviews to collect data for a phenomenological study. Results indicated that this group of older adults connected aging in place with a sense of attachment and social connection, security and familiarity, and independence and autonomy (Wiles et al., 2011). This dissertation further explicates the meaning of aging in place by gaining the perspective of the low-income older adults. This study also incorporates an additional tool to better understand the experience of this group by incorporating a collection of photos that further illustrate the current living situation, concerns, and thoughts of older adults as they wait for housing.

Research Aims

The aims of this dissertation are as follows:

- a. To explore the perceptions of low income older adults about aging in place;
- b. To explore the experiences of the decision-making process of low income older adults to move to age-segregated housing; and
- c. To investigate oppressive factors that may be experienced by older adults who are on waiting lists for age-segregated, low-income housing and how that affects their ability to age in place.

Research Questions

Due to the dearth of literature about how aging in place is conceptualized and experienced by older adults with low incomes, the following research questions were developed:

1. What are the characteristics of an older adult who is on a waiting list for low-income, age-segregated housing or other low-income housing options?
2. What are the experiences and perceptions of aging in place from the perspective of older adults who are on waiting lists for low income housing?
 - How do they perceive and define aging in place?
 - Do older adults consider the housing community in which they are on the waiting list an option for aging in place?
3. How was the decision made to go onto the waitlist for low-income housing?
 - What support systems do older adults have in place as they are on the waitlist?
 - What are their concerns, thoughts, and needs as they wait for senior housing?
4. What discrimination or oppressive factors (e.g., ableism, ageism, racism, sexism, classism, heterosexism, bi-genderism, etc.) may affect the ability of older adults to age in place on their terms?
 - How do these older adults see these experiences and perceptions of the oppressive factors that affect their ability to age in place?

CHAPTER THREE: METHODOLOGY

This chapter reviews the research design chosen for this dissertation. Three phases that incorporate quantitative and qualitative methods are discussed; also discussed is the integration of the results. Recruiting the sample and the development of the survey measure are explained, as well as how the data was collected and analyzed, are discussed with Phase One. The discussion of Phase Two covers the use of photo data and the qualitative, semi-structured interviews used in this study. This includes a review of the sample as well as how data collection and interpretative phenomenological analysis was used. Lastly, integration of the data from the first two phases is explained in the Phase Three section of this chapter.

Research Design

A mixed methods study was designed for this dissertation. The researcher chose mixed methods because it appeared that only one source of data would not be adequate for the study, due to the dearth of literature that evaluated or explored the perspective of older adult with low incomes (Creswell, & Plano Clark, 2011). Mixed methods design was also chosen because two specific frameworks were utilized to conduct the study. For the purposes of this study, an explanatory sequential design was used to explore the research questions (Creswell, & Plano Clark, 2011). Creswell and Plano Clark (2011) state that an explanatory sequential design (see Figure 1) involves “two distinct interactive phases” (p.71): The quantitative phase addressed the first research question

specifically which, in turn, helped form the interview questions that were developed for the second qualitative phase. In addition, the results from the quantitative section helped decide how sampling would proceed for Phase Two (Creswell & Plano Clark, 2011).

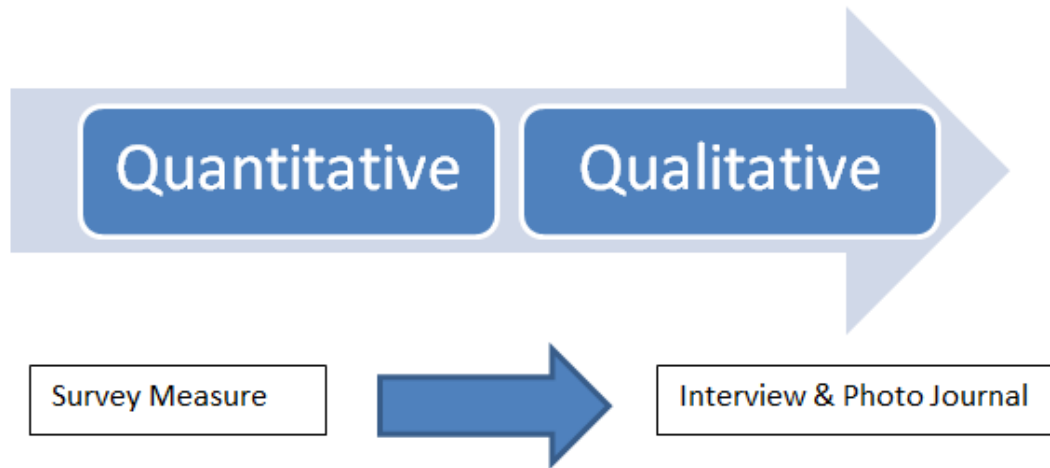


Figure 1. Explanatory Sequential Design.

Phase One

This first phase of the research employed quantitative measures and analysis.

Sample

A convenience sample was used for the Phase One quantitative stage. Ideally (and originally), the research design incorporated the researcher approaching multiple, local low-income housing communities for older adults and requesting that they inform their waitlist members about the study. However, additional recruitment methods were later incorporated; this is discussed further later in the chapter. This study first attempted to contact older adults age 62 and older who were on a waiting list for low-income housing within the Denver area and its surrounding counties. This age guideline was chosen because 62 and over is often the minimum requirement for age restricted low-income

housing communities. For example, some federal housing programs require an older adult to be 62 years old for age-restricted housing, such as Section 202, the Supportive Housing for the Elderly Program, which is overseen by the Department of Housing and Urban Development (HUD).

Based on this age requirement, the following information regarding eligibility was printed on the recruitment flyer for this dissertation: “Are you currently on a waiting list for a low income or affordable housing community? Are you age 62 or older?” An additional inclusion criterion was that all participants be able to speak, read, and write in English. However, the researcher was prepared to locate an interpreter or translator if an individual who spoke a language other than English wished to participate in the study. If an older adult was unable to complete the paper survey form on their own due to a disability, several alternatives were offered, including the option to complete the survey over the telephone. A phone number was listed on the paper survey with the following statement “If you are unable to complete this paper survey and would like to participate, please call the following phone number and leave your contact information. You will then be contacted to complete the survey over the phone.” In addition, older adult participants had the option of having another individual assist them in completing the survey. Lastly, an online version of the survey was made available to those who requested it; they simply needed to call the telephone number provided.

Measure

To describe the characteristics of the older adults on the waitlists for low-income housing, the survey requested demographic information, their current living situation and environment, their health and functioning, and their use of services or resources.

Additional items on the survey asked questions about the older adult's decision to move. For example, participants were asked to explain their reason for moving, the amount of urgency they had to move, and the amount of choice they felt they had in the decision to move.

Some items on the survey incorporated questions from other studies and measurements. These measurements included the five-item instrumental activities of daily living (Fillenbaum, 1985; Gallo et al., 2006) and the Elder Mistreatment Risks and Consequences Study (SOARS), which was developed and conducted by Leslie Hasche and Anne DePrince (2012). Six demographic questions and three service use questions were taken directly from the SOARS study, and an additional three service questions were adapted and altered from the SOARS study and placed into the survey. One item, self-report of health, came from the Medical Outcome Study Short Form (SF8) (Quality Metric, 2013). Questions regarding urgency, choice, and satisfaction were single-item Likert scales. See appendix A for the survey question items.

The survey was organized in keeping with Lawton's (1980) Ecological Model of Aging framework. The items addressed micro, mezzo, and macro factors for older adults. As discussed previously, this theoretical framework looks closely at person and environment, as well as the physical, social, and emotional resources an older adult may have that impact his or her ability to function and maintain within their current living situation (Lawton, 1980, 1990). To further illustrate the micro (individual) level, survey questions asked for demographic information and for the older adult's self-report of health and functioning. From a mezzo (social) level, survey questions asked about social support and formal services or resources used within the older adult's community. With

regard to the macro (environment) level, survey questions asked about current housing environment, such as size. To accommodate individuals who may have a visual impairment, the survey used size 14 font with black ink on white paper.

Data Collection

Directors, managers, social workers, and social service coordinators of low-income housing locations for older adults within the Denver and surrounding areas were contacted. The researcher requested that these representatives inform their waitlist members about the study. A few community agencies that provide support or referrals to diverse groups of low-income older adults were also approached. These agencies were asked to disseminate a flyer (see Appendix B) to their service receivers, or to allow the researcher to post the flyer on bulletin boards within their agency or at a reception desk.

Recruitment began after institutional review board (IRB) approval, in November 2013, and continued through July 2014. The researcher contacted over 27 housing entities and agencies within Denver and its surrounding communities. (Some agencies managed several communities.) Six agencies or housing authorities granted the researcher an appointment to discuss the study. Two of the six agencies allowed the researcher to spread the word about the study. One agency allowed a mailing to be sent to waitlist members, while the other agency allowed the researcher to drop off flyers at the front desk of their two housing communities and to place the flyer on the agency's website. The researcher believes that she was unable to find housing communities willing to mail out the flyer to waitlist members because it would create an additional burden on their staff to manage phone calls once waitlist members received the flyer. Although the researcher's contact information was provided on the flyer, it is likely that the director of

the housing community feared that the flyer would only remind waitlist members that they are still involved in a lengthy waiting period for housing, which could have created a negative response from waitlist members and, as a result, cause an influx of calls to the housing community to inquire about when they may be contacted about a future opening. Due to the inability of the researcher to secure more housing communities to participate by mailing the flyer to waitlist members, additional recruitment methods needed to be pursued.

Sixteen different community agencies were contacted to request that they post or disseminate the flyer (see Appendix B for a copy of the flyer). Of the 16 community agencies, ten agreed to disseminate the flyer, while two posted the flyer on their website. Two other agencies declined disseminating the flyer, but did agree to disseminate the survey in a sealed envelope that included the informed consent form, an addressed and stamped return envelope, and entry into the lottery for a \$25 gift card. Return envelopes were addressed to the “Graduate School of Social Work,” with attention to the researcher.

Following IRB approval, recruitment was expanded by contacting participants of a previous study of older adults completed by the University of Denver, called the Elder Mistreatment Risk and Consequences (SOARS) study. The participants had consented to be contacted about future studies that were approved and conducted through the University of Denver, and had participated in a study completed by primary investigators Leslie Hasche (of the Graduate School of Social Work) and Anne DePrince (of the Psychology Department). Consenting participants of the SOARS study were sent the flyer informing them about the study via email and standard mail. A total of 41 mailings and 14 emails were sent regarding the study to SOARS participants. This recruitment

effort resulted in seven calls about the study; two individuals were appropriate for the study (i.e., were currently on a waitlist) and participated in the study.

In an additional attempt to spread the word about the study, the researcher attended several community meetings and networking events specifically for those involved in providing support to older adults affected by a lack of affordable housing in the community. By attending these community meetings, the researcher started to become a familiar face to a housing authority executive director from an outlying town of Denver. This executive director met with the researcher to discuss the study, and then agreed to disseminate the flyer about the study to members waiting for housing at age-restricted, low-income housing apartments. This housing authority mailed out 182 flyers that resulted in approximately 30 calls and completed surveys for the study. From April through July 2014, 52 calls were received from individuals interested in participating in the study. Five of the callers were not eligible, as they were not currently on a waiting list. One caller was not eligible because he was under the age of 62. The researcher was unable to get a hold of one other caller using the phone number they left.

As mentioned previously, if individuals preferred completing the survey over the phone, they called the office line and left a voicemail. The researcher then returned the phone call, verified the participant's age, and reviewed the description and purpose of the study, as well as the consent procedures. The time involvement (approximately 15 minutes to complete the survey), was made clear to participants, as was assurance that participation in the study was voluntary and the participant could stop and withdraw from the study at any time. Those who agreed to participate over the phone were read the consent form verbatim, which included a description of procedures to ensure

confidentiality and also the contact information for the IRB, in case they wanted to raise any concerns or questions about the study. Appendix A includes the consent form that was attached to the survey for Phase One of the study.

After all surveys were received, a drawing took place for two \$25 gift certificates to be given to participants selected from a lottery. A participant could elect to participate in the lottery after completing the survey by filling out a separate card that asked for his or her contact information, in case they were selected. This card was kept separate from all other data and surveys to ensure confidentiality. If a person completed the survey over phone, the researcher completed the card for the caller and placed it in a secured filing cabinet with the other returned lottery cards.

Analysis

The 45 completed surveys were entered into the *Qualtrics* survey software program. Data was entered immediately following receiving paper copies (n =13) in the mail; or, it was entered simultaneous with asking the questions over the phone (n = 31) for those who elected to complete the survey via telephone. One additional participant elected to complete the survey online; therefore, data was entered directly into *Qualtrics*. Although *Qualtrics* provides descriptive results reports, for the analysis of the survey, all data was saved in SPSS format and then transferred to SPSS. Descriptive analyses were run to verify descriptions of the older adults in the study.

In anticipation that during the course of recruitment obstacles could be encountered, two scenarios were developed. Scenario A incorporated a sample size of at least 112 (based on power analysis). If an N of 112 or more was obtained, bivariate analysis and regression models would be run, with one model being run for the dependent

variables as level of choice regarding the move and satisfaction with the decision to move. Additionally, demographic variables and other items (such as current living situation) were to be used as independent variables. Examples of three hypotheses that could have been considered for Scenario A included the following:

1. Lower level of choice will be reported for those who report informal assistance (e.g., family and friends) in their decision to move.
2. Satisfaction with the decision to move will decrease when informal assistance with the decision is reported.
3. Use of community programs/services (e.g., senior center, adult day center, support groups, etc.) will result in higher level of choice and higher level of satisfaction.

Scenario B entailed using the survey data from a smaller sample size as a screen for the qualitative interviews performed in Phase Two, which would assist in developing questions to be used for Phase Two interviews. Due to challenges with mailing the flyer to waitlist members, Scenario B was followed to complete this study.

Phase Two

This second phase of the research for the dissertation employed qualitative measures and analysis. The measures included a semi-structured interview and a photo journal. The qualitative measures helped expand the data received from the quantitative measures used in Phase One. First and second interviews with a review of photo journals took place between April 2014 and October 2014. More depth was obtained during the first interview by asking specific questions assisted in gathering richer data. For example, question 22 on the survey asks the following:

Do you receive any of the following assistance: (Please check all that apply):

- Food Stamps
- SSI/Disability
- Section 8 Housing
- Meals Delivered to your Home
- Other (Please describe):

During the interview, Phase Two participants were asked: “Tell me about any supports or resources you use now while you wait for housing to become available?” By asking this question, more information was obtained about the services utilized by participants. This data was integrated with the question on the survey that asks about programs or services used in the community to assist in answering a sub-question to the third research question for the dissertation: “What support systems do older adults have in place as they are on the waitlist?”

Some questions asked in the first interview were incorporated from a previous study performed by Wiles et al. (2011) in New Zealand, who investigated the meaning of aging in place to older adults. Examples of questions asked from the study done by Wiles et al. (2011) included: “What is the ideal place to grow older?” and “Does aging in place mean staying in the same place?” See Appendix C for a list of some of the questions asked in the interview guide.

Photo Data

It has been stated that the use of photos provides rich description (Novek, Morris-Oswald, & Menec, 2012). In addition, Baker and Wang (2006) indicated that the use of photos “contributes insights into social problems that may otherwise be overlooked or

ignored” (p. 453). Use of the photos and photo journals was another way to give voice to the participants. Within qualitative studies, using photos can assist in stimulating and verifying perceptions and can involve a few types of methods, such as photo voice or photo elicitation interviewing. The photo voice method is part of a community based, participatory research method that often involves focus groups or other types of group process (Carlson, Engebretson, & Chamberlain, 2006; Novek et al., 2012). Photo elicitation integrates photographs into the qualitative interviewing process (Padgett, Smith, Derejko, Henwood, & Tiderington, 2013; Harper, 2002), the goal being to evoke a higher level of consciousness (Carlson et al., 2006). Harper (2002) wrote: “Thus images evoke deeper elements of human consciousness than do words; exchanges based on words alone utilize less of the brain’s capacity than do exchanges in which the brain is processing images as well as words” (p. 13). For the purposes of this study, photo elicitation more closely resembled the use of photos for additional rich data, as this study did not involve a focus group to view photos. When considering the sample population of the current study, it is important to note that using photos within research has been successfully performed in studies that involved older adult participants (Byrnes, 2011; Kohon & Carder, 2014; Novek et al., 2012; Lewinson, Robinson-Dooley, & Grant, 2012).

For those who chose to participate in the photo journal, the act of discussing the photographs during a second interview assisted in clarifying the meaning of the photos taken by participants. In addition, the relationship of the photos to aging in place, as well as the concerns, thoughts, and needs of the older adults as they waited for senior housing,

also became clearer. During the interview, the participants were asked to elaborate on the meaning of their pictures.

Sample

Purposive sampling, specifically a maximum variation strategy sample, was planned for Phase Two. Maximum variation sampling allows the researcher to attain heterogeneity (Patton, 2002; Padgett, 2008). After receiving and entering all completed surveys, those who chose to participate in Phase Two of the study were sorted. Then, additional grouping was made according to specific characteristic groups from the purposive sample (age, race, and ethnicity). The researcher also grouped the surveys according to current living situation (e.g., apartment, living with family member or friend, hotel, etc.) and what level of urgency the participant felt in terms of needing to move into available housing. Originally, the study sought to obtain a purposive sample of ten individuals to participate in Phase Two. In considering sample sizes for phenomenological qualitative studies, Padgett (2008) indicated that the most common amount of participants are six to ten; however, she also stated that if resources allow it, the sample size can be larger. Sixteen individuals participated in the Phase Two interview. After being interviewed, participants were offered a chance to participate in the photo journal experience. Nine of the 16 interviewees agreed to participate in photo journaling.

Data Collection

Phase Two involved a semi-structured interview and photo journaling experience. All participants of Phase Two were compensated with a \$10 gift certificate to a business of their choosing. The length of the first interview ranged from 30 minutes to over one

hour. The photo journaling experience was helpful in gaining a deeper understanding of the perceptions of this group of older adults; it also helped triangulate the data. Patton (2002) stated that methods triangulation involves “checking out the consistency of findings generated by different data collection methods” (p. 556). Interview participants who wanted to participate in the photo journal were given disposable cameras to document their current living experience, while they awaited housing.

Protocols for the photo-taking section were gathered from several areas. Research conducted by Lewinson (2007) and Lewinson, Robinson-Dooley, and Grant (2012), as well as Novek et al. (2012) assisted in shaping the procedures for the photo taking and photo journaling processes. Participants were given a packet to assist with the photo journaling experience. In addition to a disposable camera, the packet included one sheet of paper with instructions, which read (see Appendix D):

Over the next week, please take photos that you feel best illustrate or describe what your *current housing situation, experiences and thoughts* are, as you wait for housing to become available.

Participants were also given a log to track the photos taken (see Appendix E). The packet also included several photo release forms, in case the participant took a photo of a person. The photo release used in this study is the formal release form used at the University of Denver for any matters involving photos taken of people.

Cameras were collected depending on the preference of the participant, which was based on the length of time the participant felt he or she needed to use the camera, anywhere from one to two weeks. When the researcher retrieved the camera from the participant, a second, follow-up interview was scheduled in order to review the photos

and to conduct a brief review or summary of the first interview. After the photos were developed, the researcher created a photo journal, which was then reviewed during the second interview. Appendix F offers an example of the layout of the photo journal, which included questions placed underneath photos on their respective pages of the journal. Some example photo questions included: “Tell me about this photo” and “Why did you take this photo?” Participants were given the option of writing down their reflections about the photos in response to the questions asked in the journal before the researcher conducted the second interview. Only two participants wrote notes directly in the journal. All other participants requested that the researcher make notes underneath the pictures and the questions according to what they told to the interviewer during the review of the pictures and the second interview.

It was anticipated that the photo journal would be dropped off at the participant’s home to allow him or her to create notes in the journal when given a week to do so. However, the researcher became concerned that asking for an additional week was too much of a burden for the participants. It was therefore decided to review the journals and conduct the second interview soon after the photo journal was made.

If an individual was unable to operate the camera for any reason (e.g., a disability), the participant was allowed to ask for assistance in taking photos. If the participant did not have someone available to assist with the camera, the researcher could schedule a time to visit with the participant and take photos for the photo journaling experience. None of the participants requested help in operating the camera, though one participant requested that the researcher take a photo of the participant for his photo journal. Out of the nine participants that chose to take photos, 124 total photos were

taken. Some participants took as few as five photos, while one participant took as many as 24 photos.

Analysis

For the purposes of this study, interpretative phenomenological analysis (IPA) was used to guide the analysis. Smith, Flowers, and Larkin (2009) wrote that “the essence of IPA lies in its analytic focus [T]hat focus directs our analytic attention towards our participants’ attempts to make sense of their experiences” (p. 79). Smith et al. stated that the structure of IPA is “intended to be flexible”; however, IPA can often incorporate some of the following processes: reading and re-reading, initial coding, and developing of emergent themes. The researcher then repeats the process for each transcript, examining for patterns across the transcripts. Additional common characteristics of IPA involve “supervision, collaboration or audit to help test and develop the coherence and plausibility of the interpretation . . . as well as reflection on one’s own perceptions, conceptions and processes” (Smith et al., 2009, p. 80). According to IPA, initial coding involves keeping an open mind and making notes on “anything of interest” as the transcript is read; this is referred to as “exploratory comments” (Smith et al., 2009, p. 83). In addition, Smith et al. (2009) noted that while there are differing approaches to this initial coding stage, the most important factor is that the analyst is involved in a “fluid process of engaging with the text in detail, exploring different avenues of meaning which arise, and pushing the analyses to a more interpretative level” (p. 91). Table 1 provides an example of a completed initial coding.

In vivo coding and analytic memos were also utilized for the first stages of analysis. This type of coding involves selecting words or phrases from the participants. In

Original Transcript	Exploratory Comments
I: Yes. That's what I'm hearing.	
<p>P: So, some of the other buildings that I've been in while I was in the apartment with Mom, I did get two calls from other buildings. But since she was having all these issues, I didn't want to leave her, . . .</p> <p>I: Yes. Right.</p> <p>P: That wouldn't have been good. So, I'm on a wait list here. When I asked about the wait list, the wait list was closed, because it does close from time to time. And it was closed for—it had been closed almost a year when they opened it again. And so, as soon as they opened the wait list, of course, I got on the wait list.</p> <p>...I need to stay with my mom. And so, my goal is still to get an apartment close to her as—fair[ly] as close as I can get to her in this building, because that way I'd be—because—all my stuff is in storage. And that's an extra bill I have to pay. So—and, you know, if I want to get anything, I have to take somebody with me, and it's an all-day project.</p> <p>I: How does she feel about the building, and how do you feel about the building?</p> <p>P: She likes the building. I didn't realize till I moved in here just how cliquy and how much politics there are.</p> <p>I: Yes</p> <p>P: I'd never really done apartment living. I always lived in a home, and my husband passed away in 2008.</p> <p>I: Oh. I'm sorry.</p> <p>P: And so, my whole—the whole dynamics of my situation changed. All—lost the houses, the properties that we had because just had no way to support it. And so, my son let me move in with him.</p>	<p>Unable to get own space even when an opening arises due to need to be close by to mother to maintain caregiver role.</p> <p>“I didn't want to leave her”</p> <p>Costs of being in a state of transition liminality (possible code). Burden of cost of storage as well as the difficulty of not having your belongings with you and having to travel to storage area and dig when needing belongings while waiting long periods.</p> <p>Possible codes “cliquy” “politics” and/or drama. Similar to what I am hearing from other participants currently residing in public housing in regard to “drama” and fighting that goes on. (note: look up articles on bullying amongst older adults within senior housing/nursing homes/assisted living, etc.)</p> <p>Loss of Spouse - death Fits with literature and stats on how women without partners (Single/Divorced/Widowed Females) at greatest risk of poverty.</p> <p>“the whole dynamics of my situation changed”</p> <p>Codes: Multiple types losses (spouse, homes, property, lifestyle...)</p>

Developing emergent themes involves “mapping the interrelationships, connections, and patterns between exploratory notes” (Smith et al., 2009, p. 91). The focus shifts more heavily to initial codes and notes versus the transcript because “themes reflect not only the participant’s original words and thoughts but also the analyst’s interpretation...emergent themes should feel like they have captured and reflect an understanding” (Smith et al., 2009, p. 92).

Thematic charts were also utilized for the second stage analysis of the qualitative data. To assist with developing the emergent themes and, in order to link codes from each of the stages of analysis to themes, the process of developing thematic charts was used to help organize the data (Ritchie & Lewis, 2003). Ritchie and Lewis (2003) explain that the process of thematic charting can be used to summarize “the key points of each piece of data . . . usually working from already indexed material” (p. 231). IPA encourages using a “visual guide (diagram or table) during analysis” (Smith et al., 2009, p. 80). Appendix G contains an example of thematic chart used in this study. *Atlas.ti* software was also used to both organize and analyze the data.

Incorporation of Photo Data

Although there is an increase in the use of photo elicitation and photo voice within gerontological research, there is very little information on the analysis of photos in qualitative research. The second interviews involved reviewing photo journals and data obtained from the first interview. These interviews were recorded, and the audio recordings were transcribed. The journals and the transcripts were then analyzed. Codes were generated for content and context; for example, how the older adult sees, or what they view as, the important elements of the photo. All photos and photo journals were

reviewed (by hand) to uncover common themes, and this was compared with data from the interviews and the survey. Of the nine second interviews, two were not recorded due to an error with the audio recorder. Instead, hand-written notes taken during the second interview were used for analysis.

Methodological Rigor

Creswell and Miller (2000), as well as Patton (2002), discuss the importance of using certain measures to address validity during qualitative studies. Throughout this dissertation, strategies were employed to address rigor and trustworthiness. Rubin and Rubin (2005) discuss the importance of thoroughness, credibility, and getting feedback.

Member checks were used during the interview process. For example, the researcher stopped and then clarified or repeated back what was said to ensure that what the participant had said to the researcher was understood. Member checking also took place in this study, during the second interview with the nine individuals who elected to participate in the photo journaling experience. Information collected and interpreted from the first interview was reviewed with the participants during the second interview. This was done to ensure that what was interpreted held the participant's intended meaning.

In addition to the use of member checking, inter-rater reliability checks and peer debriefings were utilized during a peer review meeting. An inter-rater reliability process was used. One inter-rater reliability exercise involved consulting peers (including social workers in gerontology, and doctoral student colleagues) to review and discuss the data and the processes. During this peer review, portions of the transcripts were given to peers, and they were asked to review. The peers were provided with the rules and

definitions for first-cycle codes. An example of a rule for one of the codes incorporates the following:

The rule for “privacy” included words, quotes, or photos that showed elements of a participant’s struggle to find a space of their own. It can include a participant’s longing for privacy or adaptation to a change in access to privacy. For example, one participant took a photo of her bed that takes up the space of what was once her adult child’s living room in their townhome.

After reviewing the definitions and rules, peer reviewers read over several pages of transcripts from select participants. Peers then provided feedback as to whether the codes were intelligible and consistent. Peers also offered thoughts after reading the transcripts.

Peer debriefing, as discussed by Lincoln and Guba (1985) and Padgett (2008), is a way to increase the trustworthiness of qualitative work. Padgett (2008) explains that peer debriefing “contributes to the rigor of a qualitative study by reducing researcher bias” (p. 189). Peer debriefing occurs by asking a group of peers (in this case, social workers in gerontology, doctoral student colleagues, and social work faculty) to meet and review the analysis process, data coding, and thematic charts for the study. Peers then provided additional feedback as to whether the codes were intelligible, and provided insight and ideas about coding, themes, and processes utilized in the research.

Audit trails were kept throughout the process, starting from the application being submitted to the IRB, through to recruitment and data collection, and to the completion of the analysis. Documents included in the audit trail were field notes, analytic memos, and thematic charts. Use of an audit trail was done to “enhance rigor” (Padgett, 2008, p. 191).

Risk and Protection

The researcher was aware that she is not a member of the community in which older adults were asked to participate in the study and worked to keep this in mind as she progressed through the study. The researcher is a trained social worker, and has experience working with and providing support to older adults, including low-income, older adult populations. Participation was voluntary, and a participant could decide to not answer a question and/or to stop the study at any time. All possible measures to ensure confidentiality were taken, including the creation of a unique identification code (with no identifying information, and consent forms), and data was kept with the collected data.

Please see Appendix A for more information regarding the informed consent for this project.

Phase Three

The last phase of the study incorporated further interpretation of the data. The focus of this phase was on integrating and merging data (Creswell, Padgett, & Henwood, 2012). This last phase involved reviewing, summarizing, and interpreting the data results from the quantitative and qualitative phases. This last step involved a discussion of the ways the results of each strand of research integrates with the others (Creswell & Plano Clark, 2011). Appendix H provides an example integration chart used to review and merge the sources of data.

Finally, following the completion of this dissertation, the researcher will provide an executive summary of the results to the local housing managers, social workers, and other service providers that may benefit from findings of the study. Important information to disseminate includes responses to the following three questions: “What

should social workers and other individuals who work with older adults know about what it is like to wait for housing?"; "Are there any services or support that you think need to be in place that are not available while you wait for housing?" "What has been helpful to you as you wait for housing?"

CHAPTER FOUR: RESULTS

This chapter reviews the results of this dissertation, and is organized according to the research questions. First, the characteristics of the participant sample are described, as well as reports on urgency to move and information regarding choice. Then, results about the experiences and perceptions of aging in place are provided, including how the decision was made to apply to the waitlist. Incorporated in this review are the support systems, concerns, thoughts, and needs of this group as they wait for housing. Results related to the factors of discrimination and oppression, which affect this group's ability to age in place on their own terms, are reported.

Participant Characteristics

The first research question for this study was, "What are the characteristics of an older adult who is on a waiting list for low-income, age-restricted housing or other low-income housing options?" For Phase One, 45 older adults completed the survey. Their ages ranged from 62 to 89 years old, with an average age of 69. The majority of participants were female (n = 32) and predominantly White (n = 40). Two participants identified as African American or Black, one as Native American or American Indian, and two participants identified as more than one race. Three individuals identified as Latino or Latina. Only two participants were married; all others were divorced (n = 26), never married (n = 10) or widowed (n = 7). Of the participants, 40 identified as heterosexual or straight, and 13 reported not having any living adult children. Of the

participants, 60% (n = 27) of the participants live alone, and four individuals reported being homeless (i.e., as residing in shelters, on the street, or rotating to the home of different friends).

Five participants reported being a military veteran. Related to income level, 18 participants had a very low annual income (between \$6,000 to \$10,000 annually), while 13 reported incomes between \$11,000 to \$15,000 annually. Of the participants, 27 reported being retired, while four worked either full-time or part-time. Table 2 provides detailed characteristic data for the participants.

Table 2

Sample Demographics

Variable	Total Survey (N=45)	Total Interview (N=16)	Total Photo Journal (N=9)
Mean Age			
Range 62-89 (survey)	68.8		
Range 62-87 (interviews)		67.9	
Range 62-87 (photo journals)			68.7
Sex			
Female	71% (32)	63% (10)	56% (5)
Male	29% (13)	37% (6)	44% (4)
Race			
Caucasian	89% (40)	81% (13)	88% (8)
African American	4% (2)	13% (2)	0% (0)
Native American	2% (1)	6% (1)	11% (1)
More than one race	4% (2)	0% (0)	0% (0)
Ethnicity			
Latino	7% (3)	13% (2)	11% (1)
Non-Latino	93% (42)	87% (14)	88% (8)
Marital Status			
Divorced	58% (26)	63% (10)	56% (5)
Never married	22% (10)	25% (4)	22% (2)
Widowed	16% (7)	12% (2)	22% (2)
Married	4% (2)	0% (0)	0% (0)
Sexual Identity			
Heterosexual	91% (40)	87% (14)	78% (7)
Gay or lesbian	7% (3)	13% (2)	22% (2)
Other	2% (1)	0% (0)	0% (0)

Variable	Total Survey (N=45)	Total Interview (N=16)	Total Photo Journal (N=9)
Children currently living?			
None	29% (13)	38% (6)	33% (3)
One	27% (12)	6% (1)	11% (1)
Two	24% (11)	38% (6)	45% (4)
Three	16% (7)	12% (2)	0% (0)
Four	4% (2)	6% (1)	11% (1)
Grandchildren currently living?			
Range 0-11			
None	42% (19)	50% (8)	44% (4)
One to Two	24% (11)	12% (2)	22% (2)
Three to Five	22% (10)	25% (4)	22% (2)
Six or More	11% (5)	12% (2)	11% (1)
Military Veteran	11% (5)	19% (3)	19% (3)
Someone assisted with decision to apply to waitlist.			
Yes	29% (13)	31% (5)	22% (2)
No	71% (32)	69% (11)	78% (7)
Income Level			
\$0 - \$5,000	2% (1)	6% (1)	0% (0)
\$6,000-\$10,000	40% (18)	50% (8)	67% (6)
\$11,000-\$15,000	29% (13)	13% (2)	11% (1)
\$16,000-\$20,000	20% (9)	25% (4)	11% (1)
\$20,000-\$29,000	7% (3)	0% (0)	0% (0)
\$30,000-\$39,000	2% (1)	6% (1)	11% (1)
Considers current housing to be stable for next six months.			
Yes	71% (32)	75% (12)	78% (7)
No	29% (13)	25% (4)	22% (2)
Percent homeless (i.e., living in car, on the street, or in a shelter).	9% (4)	19% (3)	11% (1)
Current Work Status			
Employed FT	2% (1)	0% (0)	0% (0)
Employed PT	7% (3)	6% (1)	0% (0)
Unemployed looking for work.	13% (3)	19% (3)	22% (2)
Unemployed not looking for work.	9% (4)	13% (2)	0% (0)
Retired	60% (27)	56% (9)	67% (6)
Other (e.g., disability, social security).	9% (4)	6% (1)	11% (1)

Of the participants, 38% reported waiting for low-income housing between one month and six months, and 24% reported waiting for over two years. At the time of the survey, most of the participants (29) resided in their own rental apartment. The remainder resided either in the home of a family member or friend, utilized a shelter or hostel, or rotated between residences of friends. One participant resided in an assisted living facility. Lastly, 60% (n = 27) of the participants lived alone. Table 3 breaks down the residences of the participants at the time of the survey.

Of the participants who completed the survey, 16 also completed the Phase Two interview and, of the participants interviewed, nine also completed the photo journaling experience. Please see Table 2 for characteristics of the participants in Phase Two.

Table 3

Housing Characteristics of Survey Participants

Variable	Total Survey (N=45)
Current Housing as you Wait	
Single family home (of family member, friend or acquaintance)	11% (5)
Apartment/condo/townhome (that you rent)	64% (29)
Apartment/condo/townhome (of family member, friend or acquaintance)	7% (3)
Shelter	4% (2)
Hotel room	2% (1)
Other (e.g., assisted living, on street, hostel, “staying with son,” “every three days stay with different friends’ homes”)	11% (5)
Length of Time on Waitlist	
Less than one month	7% (3)
Over a month up to 6 months	38% (17)
Six months to one year	16% (7)
Between 1 year to 2 years	16% (7)
Over 2 years	24% (11)
Consider current housing stable for next 6 months?	
Yes	71% (32)
No	29% (13)
Current Household Size	
Live alone	60% (27)

Variable	Total Survey (N=45)
One other person	20% (9)
Two	2% (1)
Three	4% (2)
Four	2% (1)
Six	2% (1)
Ten	2% (1)
Eighty-eight (Shelter)	2% (1)
Fifty (Shelter)	2% (1)
Other (It changes as respondent rotates friends' houses each week; one week there is one person, and the next place there are two others.)	2% (1)
Received assistance with decision to move.	
Yes	29% (13)
No	71% (32)
If Yes, who?	
Caseworker	21% (3)
Social worker	14% (2)
Counselor	7% (1)
Doctor/health care provider	14% (2)
Spouse/partner	0
Other family (Daughter (3), adult child, sister-in-law).	36% (5)
Friend	29% (4)
Neighbor	0
Coworker	0
Satisfaction with decision to move to housing option (currently on waitlist).	
Very Satisfied	26% (11)
Satisfied	21% (9)
Somewhat Satisfied	12% (5)
Neutral	19% (8)
Somewhat Dissatisfied	5% (2)
Dissatisfied	5% (2)
Very Dissatisfied	14% (6)
No answer	5% (2)
How much choice in making decision to move?	
Large level	33% (15)
Somewhat of a choice	22% (10)
Very little choice	20% (9)
No choice	24% (11)
Did you have multiple options from which to choose?	
This was my only option.	62% (28)
I had two options.	9% (4)
I had more than two options.	29% (13)
How urgent is it for you to move off the waitlist?	
Very Urgent	41% (18)

Variable	Total Survey (N=45)
Urgent	7% (3)
Somewhat Urgent	25% (11)
Not Urgent	27% (12)

Experiences and Perceptions of Aging in Place

The second research question was “What are the experiences and perceptions of aging in place from the perspective of the older adult who is on a waiting list for low income housing?” Two sub-questions included: “How do they perceive and define aging in place?” and “Do the older adults consider the housing community in which they are on the waiting list, an aging in place option?” As shared earlier, more than half of the participants resided in apartments they rent. Many lived alone. Of the sixteen participants interviewed, six lived in public or low-income, subsidized housing apartments (one lived in a family member’s apartment); two lived in the homes of family members; one lived in a hotel; three were homeless (an additional individual was homeless and lived in a shelter when she completed the survey, but had just moved into an apartment complex for older adults at the time of the survey, and was spending a large percent of her monthly income on housing); one resided in a hotel; and two others lived in apartment complexes, paying a large percent of their income towards rent. One participant was unable to retire in order to pay the rent, and the other was worried that the remainder of her savings would soon be spent paying the high monthly rent; she feared she would be evicted if not called for an opening on a waitlist.

Aging in Place

Most participants shared that they had not heard of the term “aging in place” prior to the interview. When asked what they thought it meant, the researcher received a wide variety of answers. Some thoughts from participants were brief. For example, participants felt aging in place meant “getting or growing older”; some specifically mentioned “nursing homes.” Other participants shared lengthier perceptions that included broader ideas about independence, comfort, or feelings about oneself. While some answers possessed words that indicated a sense of comfort, other answers appeared to encompass thoughts that were more negative. These types of responses included words such as “stuck” or “dying.” Table 4 includes full answers from selected participants.

Table 4

Participants’ Thoughts on Meaning/Defining Aging in Place

Participant	Thoughts
da09ce	“Would it be like a building that the aging goes to and live? But you know, I don’t want to go to something like that.”
do27al	“Just growing old, older.”
mallma	“Probably a senior place to live that will not be covered by HUD or whatever.”
he08er	“What comes to mind is a nursing home. Okay, where you’re there and that’s where you’re gonna age. But it’s a comfortable place. Yeah, it’s comfortable and you’re not gonna get kicked out of. You know, they’re not gonna take it away from you and they’re gonna let you be there comfortably for your days, years, months, whatever.”
ia08er	“Oh it can mean a lot of different things, but I would think aging in place would be wherever you are as far as personally, your personality, where you are, as far as what you feel about self. I would think a lot of people would say aging in place would be aging wherever you’re at, at the time, you know? I wouldn’t think that’s what it really means. I think it would be more aging, kind of like this aging gracefully. And I’ve kind of changed a lot over the years, so being a caregiver and doing a lot of things like, you become very giving to people.”

Participant	Thoughts
ne20re	“Well I would say it’s probably about people that are in nursing homes or subsidized housing like this, over 60, how they can do things, as many things as they can for themselves.”
ed13er	“It means staying right where you are.”

Same place? Many participants did not feel that aging in place meant staying in the same place. For example, one participant stated the following:

No. I think that really, in the long run, it’s finding a home within yourself, you know? I mean, so that you’re vitally connected to the things that are going on around you.

Another participant shared this:

Some people don’t have that choice, though. . . . But there are some people who don’t have any family. And so, they’re kind of—they’re where they need to be at the time they need to be there, because that’s something they can afford. And that—see, that’s why so many people are on these wait lists, is because they can only afford so much. And senior housing is a really wanted commodity.

When this group was asked if there are advantages to staying in the same place, some participants stated they could imagine that there were feelings of comfort and safety in being familiar with one’s surroundings and routines. One participant stated the following:

We’re creatures of habit. We might step out of our comfort zone every once in a while, but we always run back to it, because it feels safe. And I think the older you get, the more safety you want...because I think, like I said, if you find a good place and you can afford it and you can then build your support system, or you have a support system, and, like I said, as you get older, you want to feel safe.

Waitlist location an aging in place option. When asked, “Do you consider the senior community that you are currently on the waitlist as a way to age in place?,” most of the participants answered “yes.” One participant explained further, stating, “I would guess so. Because it would be my last place to move. I would never plan on going anywhere else. The next place, wherever I go, you know, that’s it.” Another participant who, at the time, was waiting for housing when she completed the survey but, by the time of her interview, she had moved into a subsidized housing unit, also provided her opinion. In regard to her current community being a location to age in place, she stated the following:

Oh, definitely. Yes. The people here are real friendly, and it’s, there are a lot of people from other countries here that don’t speak English. But if you speak to them, they’ll usually speak back. And they have a lot of things downstairs to do.

One participant who answered “no” to the question offered the following:

Well, that wouldn’t be aging in place to me because it’s quite a ways and away from my kids and my grandchild. So, you know, it’s probably not something I’m going to want to do. But it’s not 50 miles but its 30 miles of traffic and they wouldn’t come see me that much.

Finally, when asked if the only community that she was on the waitlist for could be considered a way to age in place, another participant responded by stating:

For the time being. I’m 64 years old. If I live to be 90- years old that’s another 30 years down the road. I have a lot of living to do in that thirty years. I have a lot of grandchildren I would love to be able to spend time with.

Hope for a feeling of peace. During discussions of an ideal place to grow older, participants hoped for a release from the sense of urgency they felt waiting for a call from affordable senior housing communities. They felt that once they were contacted, they no longer needed to spend most of their income on housing. The ability to devote 30% or less of their income on housing would give them peace and the ability to enjoy more in life. For example, one 66 year-old participant, who worked to cover her rent, and was paying \$700 per month towards rent (out of \$927 per month social security check) stated the following:

But I would like to be able to enjoy, now that I am healthy, and I am able to, I should be able to enjoy, you know, I don't want to live wealthy. I don't want to have a lot. I just want to be, you know, feel a little peace, that I worked hard and I can relax a little bit and then I can enjoy the things I want to do.

Another participant was paying \$760 per month in rent out of her \$838 per month in social security. This participant stated, "I'm just marking time until the money is gone. I mean, I don't know what I'll do then."

Access to the outdoors. One emergent theme in the data included the "need for green." When discussing the ideal place to grow older, many participants expressed a craving for outdoor space: a "patio" that would provide for "fresh air." One participant stated:

And like I say, a little patio will make us older people more useful. We can grow plants or grow whatever. Especially you know, in Colorado we have a winter that we don't go out in. A lot of people don't drive anymore. So, it will be great for

them to have a little patio where they can just sit down with a friend or whatever, a neighbor, sees the plants grow.

During the review of his photo journal, one participant shared how he needed to have potted plants and a window within his apartment to stay connected to memories of times spent outdoors, gardening. He stated, “But green is very critical to my emotional needs and being connected to the outside.”



Figure 2. Participant image of window with potted plants.

When asked her thoughts on what aging in place meant, one participant who was residing in public housing stated the following:

I'd like to have a place where I can have a patio, you know? Where I could sit out in the fresh air. If I go downstairs, I (sic), we sit out front for a while and then we, me and (name of friend who is also a resident), then we come back up. She takes

her little dog out there and she watches it. But uh, really I just don't like this building.

In her photo journal, this same participant shared a picture of a small garden bed in front of her public housing unit and stated in her interview, "I wanted you to see that its grounds are real pretty. Flowers is what that was." She took another photo of her friend and her dog sitting outside in the courtyard of the public housing apartment complex.



Figure 3. Participant photo of flower bed at public housing unit.

Related with the "need for green" within the codes were connections with animals. See Figure 4 for an example photo that shows the importance of human/animal connection for the participants. During the review of the photo journal, the participant who took this photo stated that the photo not only sparked his feelings about the importance animals, but also of Mother Nature. He stated:

There's something just nice about having an animal around The kids, it's so cool watching the kids come through on their way home from school because they'll pull up the grass over here when it gets long and they'll hand it through I just freak out every time I think of a child that's never been out in Mother Nature and they don't know how glorious it is. It's my church. After spending most of my life outdoors, whether it was gardening or fossil hunting.



Figure 4. Participant photo of the importance of a human/animal connection.

Towards the end of the second interview, this participant added: “And again, Mother Nature is very critical to my sense of well-being. I would give anything if I had my own private deck I want to be able to smell the grass or the leaves or a storm coming.”

More than place. After reviewing the qualitative data, the researcher also found that aging in place and the ideal place to grow older is more than merely a “place”—it is

a situation that allows the older adult to do activities, hobbies, or work that fulfills them, including volunteering, being active, fostering wellness, and giving back to the community.

This is reflected in photo journals. See Figure 5, which is a photo taken by a participant of a pamphlet for a festival that she is planning to volunteer at. During the first and second interviews, the participant explained that she volunteers at a variety of local festivals each year. The participant discussed how it feels good to volunteer at festivals to help them operate, and also that she can interact, give back, and enjoy the festival without the cost of admission.



Figure 5. Participant photo of a local festival pamphlet.

When asked about the ideal place to grow older, another participant discussed the activities he would like to do, such as teaching art and providing support to young gay men. He reflects on his own experiences of feeling the need to stay “in the closet” late into life, and that he wants to help young gay men who do not have or fear a lack of support from those closest to them. This participant stated: “I want the kids to know that they’re all right, you know?”

Need for experiencing a sense of community. Several older adults shared a longing for, or stressed the importance of, a sense of community and belonging. When discussing what is important for others to know regarding housing transitions for older adults, an African American participant shared the following about the search for housing:

It would be nice if we could get a list of low (income) housing that people can move to, you know, within a certain area. Now, I don’t want to go on the west side. I don’t want to go out south, you know, because that’s too far I feel. And, you know, I know they’ve got the same stores and stuff, but I’m comfortable within my community.

When discussing the definition of aging in place, another participant incorporated a discussion of the search for community. He stated:

I might find community wherever I go. You know, it might be better, you know. I just don’t know. And that is going to be an important part. However, because I’m gay, I have to be out and I want people to recognize that, and I want to be treasured for that...For me it would be, you know, being around other gay people of all ages.

Decision Making

The third research question asked “How was the decision made to go onto the waitlist for low income housing?” The two sub-questions were as follows: “What support systems do they have in place as they are on the waitlist?” and “What are their concerns, thoughts, and needs as they wait for availability in senior housing?” Of all participants, 71% made the decision to move without assistance. For those who did, it was often an adult child, a case worker, or a social worker that assisted the participant with the decision to apply. A few participants received assistance from friends, physicians, or health care providers.

The results reveal that some older adults from this group have experienced the loss of a partner or family member, which became the precipitating event for them to apply to low-income housing. On her survey, one participant shared that she lost her adult child whom she lived with and then, soon after, lost her home. This participant wrote on the survey: “I was living with daughter in Section 8 housing as her caregiver but she was killed last August and Section 8 made me move immediately since I wasn’t on the lease.” Another participant experienced multiple losses once her partner died, several years before. She explained, “I’d never really done apartment living. I always lived in a home, and my husband passed away in 2008.”

Other participants shared that their precipitating events prior to needing to apply for low-income senior housing included the loss of employment and sudden changes in health, both of which contributed to loss of their residence.

The survey included questions about urgency and choice. Participants were asked how urgent it was for them to move off the waitlist and into new housing. Of the 45

participants, one did not complete this question, which left a total of 44 responses. As seen in Table 3, 41% of the participants felt it was very urgent for them to move off the waitlist and into a housing unit.

Participants were also asked “How much choice did you have in making the decision to move? (according to how strong other people or circumstances/events influenced your move).” The responses of participant were divided almost in half amongst the levels of choice. Table 3 provides this breakdown.

On the survey, participants were asked if they had multiple options from which to choose. A large percent of the participants, 68% (28), reported that this was their only option; four reported that they had two options; and 29% (13) responded that they had more than two options. After further review, this question could be interpreted by a participant in different ways. Simply asking “Did you have multiple options from which to choose?” could be interpreted as multiple options of housing communities, senior living apartments, etc. Or, it could be interpreted more broadly; for example, to a participant, this may mean multiple options of living arrangements, such as the option to move in with another family member (such as an adult child) on a permanent basis. In hindsight, this question should be asked differently, or should include additional information to clarify the question.

“It’s not a decision.”

The survey also included the question, “Why are you planning to move? (please briefly describe).” Responses to this question were diverse. Some of the reasons participants needed to move were to find a safer place to live; to live in a location closer to family; or to have better access to (i.e., less traveling distance to) health care providers.

However, many participants cited “finances” as the reason. When interviewed, several participants made it clear that in terms of decision or choice, they felt powerless. When asked during the interview if they would tell the researcher the story of their decision to apply to a waitlist for housing, one participant responded: “Well, it was kind of forced on me.” Another participant began her story by stating, “It actually wasn’t a decision. I had to do it. I had to sell my house or my townhome, and I’m rapidly running out of money.”

Several participants shared that they were already residing in public housing or lower income, affordable housing communities. Some participants also shared that they wished to move to a different low-income housing community that would be a “safer and quieter environment.” In addition to survey responses indicating safety as a reason for moving, a code for safety was used during analysis of the qualitative interviews and photo journals. See Figure 6 for photo journal example of a code for safety.



Figure 6. Participant photo of safety.

Figure 6 shows the doors to the public housing building where the octogenarian resides. During the second interview and review of the photo journal, the participant stated: “A broken door. See, that’s where people sneaks in at. Well if they’d fix the door, that’s what they need to do. People comes in it and they don’t know who they are.”

Several participants wrote on their surveys about their need to move to a safer community. One explained the reason for needing to move was “Safety issues. Safety is a big issue, mentally I will feel safer and better and it will lift my spirits. Would like to go into a more friendly, safer and better environment.” Another participant wrote:

I live half a block from (name of major street in downtown Denver) and am afraid to go out of my apartment unless I have a ride. People are getting mugged for

money at the bus stop. Two people here who no longer live here got there (sic) throat cut and robbed.

Although safety was discussed as a concern of their existing residence (and often was a reason to move) in surveys, interviews, and photo journals, safety also arose throughout the study. For example, some participants shared that safety was something they feared they would lose once they moved into a housing community for which they were on the waitlist:

It scares me; some of the neighborhoods where some of the housing is. And riding the buses you see some of that, and I really like to walk at night sometimes, and many of these places you would not feel comfortable walking at night and all.

Some participants discussed other ways they did not feel safe within their current apartment community, specifically in terms of tense living environments, such as bullying.

Drama, Politics, and Cliques

Through survey data and interviews, participants revealed experiences of challenging environments that exist within subsidized low-income housing. When answering why they planned to move, one person shared the following:

I am the target of a bully on a daily basis – tenant in apartment below me. Have gone to the staff three times and because they like this woman, they refuse to believe it. Since she now knows she has impunity, she has escalated to egregious levels. I am not safe here.

Other participants shared frustrations around “drama” that occurs. One participant stated, “I didn’t realize till I moved in here just how cliquy and how much politics there are.”

While discussing the ideal place to grow older, another participant shared the following:

Well, I just want to be in a nice place that’s peaceful and that I can just enjoy my life. You know, I don’t, I don’t do well with stress and I don’t do well with drama. So I just want to be able to live my life peacefully.

Tensions such as these, which are created by drama, politics, and cliques, may affect the level and sense of urgency to move from their current public or low-income housing community.

Support Systems

When considering how long older adults wait for needed housing, better housing conditions, or assistance in lowering overall monthly housing costs, the researcher wanted to examine the kinds of support systems in place for older adults while they wait. Survey data revealed the types of assistance received, as well as the types of community services utilized while waiting for housing. Among this group, the most common assistance received was food assistance through the Supplemental Nutrition Assistance Program (SNAP), with 18 older adults reporting use of food assistance. The most common community services utilized included mental health agencies, counselors, or therapists. Equally common was participating in activities and services at a local senior center. Please see Table 5 for additional data on assistance received and community services utilized.

Table 5

Health and Service Use by Participants

Variable	Total Survey (N=45)
Overall, how would you rate your health over the last month?	
Excellent	11% (5)
Very Good	18% (8)
Good	36% (16)
Fair	23% (10)
Poor	11% (5)
Very Poor	0% (0)
No Answer	1
How would you rate your health now, compared to when you applied for housing?	
Much Worse	11% (5)
A Little Worse	25% (11)
Same	50% (22)
A Little Better	9% (4)
Much Better	5% (2)
No Answer	1
Have you received care within a nursing home within the last year?	
Yes	4% (2)
No	96% (43)
Do you now or have you in the last year received services from a home health agency (CNA, nurse, social worker, housekeeper, companion, etc.)	
Yes	11% (5)
No	89% (40)
Receiving Medicaid	
	44% (20)
Utilizing Medicare	
	73% (33)
Do you have other health insurance or supplemental insurance? (Please describe if Yes: United Health Care, AARP, PERA, VA Benefits, Denver Health, Kaiser /Senior Advantage, etc.)	
Yes	47% (20)
No	53% (23)
Can you prepare your own meals?	
Yes (without help)	95% (40)
Yes (with assistance)	5% (2)
No	0% (0)
Can you do your own housecleaning and housework?	
Yes (without help)	77% (34)
Yes (with assistance)	23% (10)
No	0% (0)
Can you manage your own finances?	
Yes (without help)	93% (42)
Yes (with assistance)	4% (2)

Variable	Total Survey (N=45)
No	2% (1)
Can you travel to places on your own (e.g., to doctor's appointment via car, taxi, bus)?	
Yes (without help)	98% (44)
Yes (with assistance)	2% (1)
No	0% (0)
Can you go on shopping trips for groceries or other needs for your home?	
Yes (without help)	91% (40)
Yes (with assistance)	9% (4)
No	0% (0)
How do you get to places to which you need to travel? (Check all that apply.)	
Own and drive own vehicle.	53% (24)
I share a vehicle with family/friend.	2% (1)
Someone I know drives me.	20% (9)
Public transportation.	53% (24)
Cab or other transportation service.	11% (5)
I walk.	51% (23)
Access a Ride or other disability transportation service.	16% (7)
Currently unable to get to where I need.	2% (1)
Other (Unable to drive own car due to DUI; Sometimes a friend picks me up; bicycle up until a month ago; I use a go go scooter; ARTS bus, etc.)	16% (7)
Of all you just checked, which is your primary way of getting to where you need to go?	
Own and drive own vehicle.	51% (23)
I share a vehicle with family/friend.	2% (1)
Someone I know drives me.	7% (3)
Public transportation.	29% (13)
Cab or other transportation service.	0 (0%)
I walk.	4% (2)
Access a Ride or other disability transportation service.	7% (3)
Currently unable to get to where I need.	0% (0)
Other	0% (0)
Are some of your needs not met due to transportation difficulties?	
No	60% (27)
Yes	40% (18)
Do you receive any of the following assistance? (Please check all that apply.)	
Food stamps (SNAP)	50% (18)
SSI/Disability	33% (12)
Section 8 (Housing Voucher)	8% (3)
Meals delivered to home	6% (2)
Other (LEAP, Old Age Pension, HUD subsidy pays a portion of rent; St Francis Center, food bank)	58% (21)

Variable	Total Survey (N=45)
Do you go to the following programs/services within the community?	
Senior Center	48% (11)
Meals Program	9% (2)
Vocational Rehabilitation/Employment Center	9% (2)
Adult Day Center	9% (2)
Mental Health Center or Counseling/Therapist	48% (11)
Support Groups (caregiver, grief, AA, etc.)	22% (5)

A review of interview and photo journal data revealed additional supports for some of the older adult participants, who explained that support was received by friends and family, and was sometimes more formal. Only some of the low income senior housing communities this researcher visited to conduct interviews had a social service coordinator on staff. When asked, “What has been helpful to you as you wait for housing to become available?” one homeless participant replied:

People. Just people in general. I have a support system of, you know, buddies and, you know, people that I talk to, and so on . . . Other homeless people, you know. The staff here (homeless day shelter). My family—some of my family are supportive, and so on. And some of my family just won’t even talk to me anymore. But I don’t care. I’m actually used to it! [Chuckles] Yeah, so I do—and I seek support, you know, when I need it, you know. I go to—you know, I go to mass and so on. And I quit smoking.

Another participant residing within public housing took photos of the staff she felt were most helpful to her while she waited in that community setting. Figure 7 illustrates a photo of the housing coordinator, to whom the participant stated: “She is our coordinator, and she is real helpful. Anything I ask, she does and gets it done.”



Figure 7. Participant photo of housing coordinator.

In regards to support, there was a varied range of relationships regarding family as support. Some shared that family members such as a mother, uncle, brother, or an adult child were very supportive as they waited. The support they were provided ranged from being a “sounding board” to temporary housing. Several older adult participants did not have children, had estranged relationships, or even experienced verbally abusive relationships with their adult children and, therefore, did not have them as reliable and consistent support. Some older adults with no family support often had friends that filled that role. See Table 6 for explanations of support from family and friends from some selected participants. While analyzing the photos, the researcher noted that only two of the nine participants who completed photo journals included photos of family members. This could have been to protect the privacy of family members, but it could have been due to the family not being a significant support during their wait for housing.

Table 6

Participant Support Systems – Family and Friends

Participant	Support Systems: Family and Friends
da09ce	“My mother, father, all of them’s dead but my son is in [name of state], I don’t know where my two-two granddaughters are, or my daughter.”
ma08ca	“They’re (adult children) very, very good to me. I can’t deny that. But you still want your own space, you know.”
ys23er	“Well, my brother is kind of my sounding board, but he’s been so wonderful.”
ma08er	“I don’t know what I would do if it wasn’t for my friends.”

An additional support system seen in semi-structured interviews was support from a church. One homeless participant described how helpful church has been to him:

And these people come down every—I mean, all the time, these churches, and feed, feed, feed, feed, feed and bring new clothes. It’s such a generous community, and I never knew that, until I became homeless, that Denver was so generous. And that’s why my other supports are through the churches. And I go to my church, you know, for psychological support.

Thoughts, Concerns, and Needs While Waiting

Several additional themes emerged while analyzing data from the surveys, interviews, and photos. These themes included: the experience of living in a liminal state; the experience of jumping through hoops; concerns around intergenerational contact; experiencing multiple losses; and fears of future losses. The first theme addressed the experience of being in a state of transition for extended periods of time.

Living in a liminal state. Participants revealed how their lives are impacted by being in a liminal state for a long period of time. Because they lived in states of liminality, participants described having to adapt to a way of life that is always in a state of transition. This way of life includes the loss of privacy, having to share a living space with family or friends or in a shelter; living away from belongings that are in storage; living around unpacked boxes, or living in cars, motels, or a garage. This section includes photos and quotes from surveys, interviews, and the review of photo journals regarding liminality.

When asked on the survey “Why are you planning to move? (Please briefly describe), one participant wrote: “I feel it’s time, my grandson needs his room back. I need my own space.” Figure 8 depicts where a different participant wrote in her journal beneath a photo of her bed, which is in the living room of the townhome she shared with her adult children: “My bed, in living room, there is no privacy for me.”

Guide for photo journal

Select photos to reflect on and share the story behind taking the photo. Choose as many photos as you like and feel free to skip any photos that you do not wish to discuss or share at this time.



Please answer the following:

Tell me about this photo

*My Bed, in living room, there is no
privacy for me*

Why did you take the photo?

Figure 8. Participant photo of her bed in the living room of her townhome.

This participant went on to describe how she changed her clothes in the downstairs half bath, which was next to the living room and the kitchen. Figure 9 is a photo taken by a participant that depicts sharing a one-bedroom apartment with her mother, who is in her nineties, to whom she provides caregiving.



Figure 9. Participant photo of sleeping space in one-bedroom apartment.

This participant described how she moved back and forth between the couch and the recliners during the night to sleep, since her mother slept in the bedroom. She discussed how she had always had her own space and a bed to sleep on in a bedroom, until she started sharing this small space as a caregiver.

Participants also discussed how they were unable to fully unpack their items in a temporary space. Figure 10 is one of several photos from participants who took pictures of boxes stacked within the rooms of their temporary space.



Figure 10. Participant photo of boxes in a temporary space.

During review of the photo journal, this participant discussed how waiting to move “is a really slow process,” and that he had to look at the boxes “every day.” He shared how the boxes “remind you, you’re still waiting to move.”

Liminality was also seen when the participants discussed having to live apart from their belongings, which were often in storage. Some participants described the added financial strain of paying for storage, the hassle of finding a way to travel to the storage facility, and finding the items they needed once they reached the storage facility. One participant reported the following during a first interview: “[A]ll my stuff is in storage and that’s an extra bill I have to pay. So and, you know, if I want to get anything, I have to take somebody with me and it’s an all-day project.”

The theme of living in a liminal state included living in alternative spaces, including cars, motels, and a garage. The code for motels appeared in several interviews.

During a first interview, one participant shared how she had to live in a motel for a “couple of weeks” until she found her current apartment, which is temporary until she receives a call from the waitlist for an affordable apartment. In regard to her time at the motel, this participant stated:

But I found that there was a lot of retired people living in (name of motel). Yeah, I met a couple, I met an older man, a couple older men were living there. And I don't know how much money they made, but it was quite expensive.

Another participant shared a photo of a stove in the hotel in which he was staying, and described how the hotel made this available in the basement (see Figure 11). The participant explained how he appreciated the space being made available; however, it was difficult to find a time that someone else was not using this stove, as 88 other units in the hotel shared the one stove. The owners of the hotel also made available lockers for the residents to store their pots and pans in order to avoid carrying them to the basement to use the stove.



Figure 11. Participant photo of a stove in a hotel basement.

In addition to motels or hotels, some participants discussed living in alternative spaces, such as a car and even a garage. Figure 12 shows a vehicle used as a living space, and includes written journal notes from a homeless participant.

Guide for photo journal

Select photos to reflect on and share the story behind taking the photo. Choose as many photos as you like and feel free to skip any photos that you do not wish to discuss or share at this time.



Please answer the following:

Tell me about this photo

APPEARS NORMAL!

Why did you take the photo?

No way To LIVE.


Figure 12. Participant photo journal of a vehicle used as a living space.

Figure 13 depicts an additional photo of the vehicle in which the participant had been living. Also included are his notes on the home he made out of his vehicle for nine months.

Ma08er photo I

Guide for photo journal

Select photos to reflect on and share the story behind taking the photo. Choose as many photos as you like and feel free to skip any photos that you do not wish to discuss or share at this time.



Please answer the following:

Tell me about this photo

MY MOBIL HOME 9 MONTHS LIVING & LEARN!

Why did you take the photo?

TO HOPE FOR HELP FOR HOMELESS VICTIMS,

Figure 13. Participant photo of vehicle-alternative spaces.

As you can see from Figure 13, the participant reported living in his vehicle for nine months. He was later forced to find an alternative place to sleep at night, after developing pneumonia, for which he needed to use oxygen (the oxygen required an electrical outlet). At the time of the interview, the participant alternated nights each week, staying with different friends and family members. During the second interview and review of his photo journal and notes, the participant added “This is no fun. This is no picnic.” This participant also shared two other photos of a garage—one of the inside of the garage, and one of the outside (which is shown in Figure 14).



Figure 14. Participant photo of the outside of a garage.

The garage had been just offered as a place to sleep by friends. He was allowed to live in the garage until he was able to be taken off housing waitlists. Although the garage had no bathroom, he was excited because “It’s got cable TV. It’s got electricity. It’s got a furnace.” The notes that this participant wrote for these photos described the place as available, affordable, safe, providing comfort, and also that it “Will be a cozy place for fall and winter.”

Jumping through hoops. Participants discussed an exhausting and what appeared to be a never-ending and confusing process of dealing with the “systems” in place for accessing assistance programs while waiting for and applying to housing. Some participants describe searching for and applying to housing as a “full-time job.” One participant shared the following:

I spent so much time at the county, and it’s so frustrating that it’s, you know, that’s partly why I don’t go back there because, you know, I can’t find the darn buildings! But, it just felt like you’re on a treadmill that never ends, and you’re not getting anywhere.

Another participant shared his frustrations with always feeling like he must fill out or update housing forms. He states: “And I just don’t like dealing with all this repetition of things. It’s just—I want to clean up that whole process and simplify it.”

Lastly, one participant also shared frustrations around feeling like she was treated with a lack of empathy on the phone:

So what does a person do that needs a place to live and, you know, and can’t afford it and they’re on a waiting list but they need to move? I mean, where do you go? What do you do? I mean, because, say, I needed to move and you’ve got

this waiting list, where do I go? And they said to me, “Well, you can always go to a shelter.” And I said, “Oh, yeah, that’s great.” That’s what I worked hard all my life for was to be told that when I want to have—to find a place to live, that I can always go to a shelter. . . . It gets very depressing. I cried many times. Right. Just to, you know, get my frustrations out.

Intergenerational contact. Throughout the interviews, many participants shared stories about their contact with younger generations, both positively and negatively. Some participants who looked forward to moving into a public housing situation that was only for 62 year olds and older, as their current housing situation had very active younger residents, as well as some older residents who were grandparents that provided childcare or raised their grandchildren. Two participants shared that they did not enjoy having younger children around the housing. However, two other participants delighted in seeing younger generations. See Figure 15 and Figure 16 for photos from two participants. Figure 15 is a picture of a school next door to the participant’s apartment. She reported that she watched the marching band and tennis practices that took place outside her windows. During her review of her photo journal she stated, “I just enjoy the kids.”



Figure 15. Participant photo of a school outside her residence.

Figure 16 is a photo by a different participant. During the review of the photo journal, he stated the following in regard to this picture:

Yeah, that's looking down toward the dead end. There's a little walkway right here that the kids use to get to the elementary school that is on the far side. And so, you see the kids pouring out. It's kind of nice to see kids around.

Despite some participants looking forward to living in an environment with no young children running loose in the hallways or in the lobby, other participants revealed concerns about losing access to younger generations once they received a spot in an age-segregated, lower-income housing community.



Figure 16. Participant photo of a path that leads to a school at the end of the street.

Social isolation and loneliness. The theme of social isolation and loneliness was created after reviewing Phase Two interviews as well as the completed photo journals. Several participants shared their thoughts and photos of the challenges of loneliness and social isolation. Figure 17 and Figure 18 are examples of photo data that was coded and connected with this theme. Figure 17 is a photo of a wall of a participant's room that he shares and rents in the home of a friend. When reviewing the photo journal, the participant stated: "I watch a lot of tapes and stuff. This basically is what I do." He explained that due to his health and need to use and carry around oxygen, as well as his lack of transportation, this limits his activities.



Figure 17. Photo of a television and VHS tapes in rented room.



Figure 18. Participant photo of a television.

During his review of the photo journal, this participant stated: “And so, this is my social life . . . I can’t afford the gas (for his car). And so, I’m kind of dependent on the TV.” This same participant shared photos of the community room and the outdoor

courtyard located in his current senior apartment community. He shared that he was unable to use the courtyard or, as he refers to it, “the smoking parlor,” due to the amount of smoking that occurs. Due to his history of lung and pulmonary issues, he could not risk being a smoky environment (see Figure 19).



Figure 19. Participant photo of “the smoking parlor.”

When discussing the picture of the community room (as shown in Figure 20), the participant stated that the room is rarely used, adding, “That would be a nice thing that they could do is have some kind of activities or something, even if it’s just a coffee group or something.”



Figure 20. Participant photo of a community room.

Fears of future losses. One participant who feared losing access to younger generations stated, “Being surrounded by a bunch of old people doesn’t sound very invigorating.” In addition to losing access to younger generations, some participants shared through their surveys, interviews, and photo journals that they feared losing their vehicle. Thus, two losses that surfaced during the study included the fear of losing space, as well as the fear of losing of transportation. During an interview, one participant stated the following:

If I get on Section 8, they will make me move to a one-bedroom. And I really don’t want to, because, you know, I don’t have a lot of stuff, but then, I have a lot of stuff too, but I don’t want to be jammed up in a, in a one –bedroom and they do kind of force you into a one-bedroom.

During a second interview and review of his photo journal, a participant took a photo of his art easel and supplies, and stated, “This (art and supplies) is a good part of the sense

of who I am. How will I do this if I have to move to a studio?” This participant explained that it was his understanding that the first apartments to usually become available are studios. He continued, discussing how he couldn’t imagine downsizing to a studio and if he had to, he wondered if he would still be able to work on his art.

A few participants took pictures of their cars for their photo journals. See Figure 21 for photo of one participant’s car. During his second interview, he stated:

Here’s my car, my transportation. It’s a ’96—or, I’m sorry, ’97—Chevrolet Blazer that is falling apart. But it is very, very critical to my current lifestyle. And I’m dependent on it getting me into town. It takes me between 30 to 50 minutes to get to some of my doctors from way out here. And I can’t live without it right now.



Figure 21. Photo: Fear of potential loss of car.

Although some participants shared different items or situations they feared losing once accepted into affordable housing, others revealed the many different losses this

group of older adults may experience within a short period of time. Some of these losses included the loss of a partner, a home, their possessions, their lifestyle, and their independence. One participant shared the loss of her vision due to macular degeneration, which affected her ability to read contracts and drive her car—causing her to lose her job. Another participant shared the multiple losses that occurred just before and then after the death of her husband. She stated, “And so, my whole—the whole dynamics of my situation changed. All, lost the houses, the properties that we had because just had no way to support it. And so, my son let me move in with him.”

One participant shared another type of loss—the loss of separating from a long-term partner and of moving out of the home they shared. This participant stated:

Because when I had—you know, when we had our home, every weekend was filled with my family. I, you know, they knew where they could go to have a meal with me, you know. And that’s what I miss a lot now.

Another story included a participant who, after retiring, experienced a fire in her apartment in which they lost all their belongings and temporarily lost their pets. This participant stated:

I lost pretty much everything. I lost my little dog for a while but I got him back. Her back. And then they weren’t hurt in the fire but I lost all my possessions . . . But um, and then I started drinking heavily again because I had just retired two weeks before that. I had just quit my job.

Soon after, this the participant moved in with an adult child and then another, but ended up leaving both places after the participant relapsed and began drinking. After being

sentenced to jail after a Driving Under the Influence (DUI) conviction, this participant tried one more temporary housing location before having to stay in a shelter.

When asked “What do you think others should know in order to support older adults to age well in the community?”, one participant responded:

They need to know how difficult it is and how unfortunate it is, how circumstances can cause all of this to happen. I was never a bum you know? I worked, I had my own companies, I was wealthy, I had homes, I raised my children, all of that, and all of a sudden I had nothing. I mean nothing. I couldn't even walk in and buy a hamburger. Everything deteriorated that much.

Moving expenses. Several participants shared concerns about finding the money to move once they received notice that housing was available. On the survey, one participant explained that even if she received a phone call from the housing authority or a housing community, “I cannot afford to move.” This topic was raised during several interviews.

When asked about the feelings, thoughts, or concerns that arise when he thinks about receiving a call to move to an available housing unit, one participant replied:

Oh, I'm very excited, but would I have enough money to move? Because that's the biggest thing. You know, I save—I'm saving up a little bit now, but it's a very slow process. Because I'm on disability, I'm on Social Security. But you add them together, you don't really get anything. And when I pay my rent here, and I have a few other bills—I have my cable, you know, and I've thought about maybe turning off my cable, and I said, Oh, my God! I can't do that. I, you know. So, the thing with me would be, Do I have enough to move? You know, because the most

expensive thing are movers, you know, movers. So—but I'd be very excited, you know—very excited.

Discrimination and Oppressive Factors

Discrimination

Research question number four asked “What discrimination or oppressive factors (ableism, ageism, racism, sexism, classism, etc.) affect their ability to age in place under their terms?” Participants of Phase Two interviews were asked the following question: “Do you feel that in any way any types of discrimination have affected your ability to live where it is you want to live now as an older adult?” After asking the question, further information was provided by the researcher about the word “discrimination.” This information included how there were many types of discrimination, including: ableism, ageism, racism, classism, sexism, heterosexism, and bi-genderism.

Approximately half of the participants answered “No” to this question. For the participants who felt that discrimination affected their ability to live where they wanted as an older adult, they reported a variety of reasons. These reasons most often included ageism, racism, classism, and sexism. Ageism was described as a problem in relation to being hired for jobs as an older adult, which then affected their income and access to affordable housing. In addition, age was mentioned around expectations of what is important to an older adult, and whether older adults hold value. For example, one participant described her feelings about her interactions with housing authorities when after discovering available housing spaces that were not appropriate for her, or that she felt were unsafe. She stated, “Why can't I have something like that, at a reasonable price

that I can afford? And I really feel that, to me, it's, like, You're old. Why are you looking for something special?"

After the question, "Why are you planning to move?" was asked on the survey, a Phase One participant wrote, "Must have subsidized housing, on Social Security, etc. No other stable source of income. Not able to work, nor would anyone hire me. Age Discrimination!" Some participants felt that the lack of available, affordable housing for low-income individuals was classism. Another participant felt that they had not been rented to due to their race, and another participant due to their gender. Those who were homeless felt that they experienced classism on a very strong level, and that individuals in all circles judged them and put up barriers due to their homelessness.

Oppression

In reviewing the transcripts, oppression was seen throughout several of the interviews and in some of the photo journals. Stories of how oppression affected the lives of these older adults came from outside the question asked in interviews. At times, these stories arose through by telling a story of their situation, or after discussion of an ideal place to grow older. One participant discussed how women are oppressed by structural or policy systems:

[W]hen you take off for motherhood or whatever, and you're not out in the work market, you're not getting anything towards your social (security) It was, like, a ten or fifteen year gap in my social security stuff, so that makes a lot of difference on what you're getting in the end. They don't account for, they don't give you wages for being, raising your children and making them productive adults And then, I still say that the equal pay for equal work is still, women

are still not making what men make, in this day and age . . . to think about that in this day and age, when you're a woman, most women are single with children or divorced, and a lot of the older people are, don't have spouses. There's a lot of women that are single or independent. And there's no, there's nothing to support them And so, it's almost like they force you to be a couple or to have somebody living with you so that you have that income.

Another participant shared a story where she was given the impression that she was not allowed to exercise choice. The participant stated that they had been called by a housing authority that a unit was available, and that the participant needed to look at the unit in the public housing building. The participant shared her story of what happened when the housing authority found openings that were not appropriate for her needs:

They gave me my first offer. Okay? And it [was]—I went—it was a small studio. When I walked in, the lady says, “All you need is a twin bed and a table.” I'm not used to—you know, I'm used to having my own place, doing my own thing. So, I turned it down. They gave me another chance, and this was all within a month. They sent me to a place on 17th and Williams, a place that I'm very unfamiliar with. It was a one bedroom, but it was set up for a handicapped person. And I told the gal, I says, “Why don't you save something like this for a handicapped person?” And I told her, “I can't do it” . . . I don't know. So then, the third one was at the Denver Housing there on 14th and right around 14th and Knox. But it was for families. I mean, all these kids running all around and you know and I just, I can't. I couldn't put myself, so, they finally told me, “Well, that's it. We

cannot help you anymore. You know. You're off the list, and you'll have to wait until it reopens again.”

The participant went on to discuss how she felt this decision and the system was unjust. The participant felt that the reason behind her declining the openings were appropriate, and wondered why they felt she did not have a choice to decline and wait for something more appropriate.

Another participant shared how heterosexism affects his life as he resides in a low-income senior community. This participant discussed “authenticity” and the hard work of not revealing part of one’s identity. This participant shared:

Well, I’m certainly not out here, you know. I could be—I don’t know. [Laughs] I mean, it’s not like I’d go down—prancing down the hallway or something like that, you know. I am what I am. But the thing is that I realize that I’m always curtailing talking about subjects that are, you know, bring up gay issues or about my sexuality or just even commenting about, Gosh, that guy just melts my butter, you know?

I mean, you hold back a lot of stuff, and that’s a lifelong process of learning it. But it’s amazing that, after you’ve been used to being that way and then all of a sudden having to kind of watch yourself, you’re not—you’re not being authentic. And I think people that—the people around you benefit from your authenticity, you know? I mean, they should. Be a beacon!

Lastly, one participant shared a story of how he understands and deals with certain risks that African Americans face within America. When explaining discord between older adult African Americans and young African Americans, he stated:

Well, the destruction of the home, and the, you know, discipline is atrocious.

They get—they find something that they figure they can push buttons, like the n-word, and then they just go overboard. And then, they say things, like "The police is everywhere." I don't say that. Because I'm older. I have a good rapport with the police. I also do comical things to, you know, let them know that I'm not a sixteen-year-old. Like, I take a broom out, before I left (name of city he resided), at night, and I walk with my broom, and that's to let the police know, "Don't mess with me."

I: Tell me more about that.

P: Oh, the broom? Oh, it's just—I'm from (name of another state). We, and I grew up with a lot of older people, and I, you know, learned different trick[s]. To me, they're just tricks. If it works, then you stay with it.

The police is the police. You have good police, and then you have, well, arrogant, and then you have cocky, and then they get to shaving they head and everything and stuff. And so, that intimidate us—that frightens a sixteen-year-old, a nineteen-year-old, but that doesn't frighten [me]. I've seen my share of bald heads And so, I'm more than happy to let them know that I see you coming. And then, I tell the police, I don't like mean police and I don't like gangbangers—and I put that in the same sentence. And then, I go and tell their elders, "I don't like mean police and I don't like gangbangers. And so, the elders are naturally going to say, "I'm not like that." So—and so, somehow the word get out, and then they get to looking at me kind of crazy. "You know, you told our—," and so, like

I say, Denver cops, Aurora cops, we have a special relationship, and that's something that our young people may never have.

It is interesting to note that this participant was interviewed just a week before Eric Garner was killed by police in New York, after being placed in a choke hold. This was also a month before Michael Brown was killed by a police officer in Ferguson, Missouri. Both of these killings brought additional awareness to ongoing problems with police brutality and the deaths of non-White citizens at the hands of police officers. To date, the researcher has been unable to locate this older adult to discuss what he has shared with me, but this story can be interpreted in several different ways. The most important theme is of survival and safety and how racism affects his life and everyday interactions.

Lastly, several participants discussed ways that the spaces and environments where they resided did not support individuals with disabilities. This was seen not only during interviews, but was also included in photos. Many participants shared how their living spaces, low-income housing communities, and city streets do not provide enough space (e.g., wide enough sidewalks), automatic doors, or elevators. Figure 22, for example, is a photo provided by one participant. This participant was concerned about what would happen if she or another resident needed to use a wheelchair. The building did not have automatic doors or an elevator for second-floor residents. In addition, as this photo illustrates, the mailboxes are at too high for someone utilizing a wheelchair, causing that person to be dependent on someone else to help them get their mail.



Figure 22. Participant photo of a housing community’s mailboxes.

Conclusion

This chapter reviewed the results of the study. The shared results were organized according to the research questions for the study. The sample age ranged from 62 to 89. The sample was predominantly female, White and either divorced, widowed or single. The majority of the participants had made the decision to apply to the waitlist on their own. Their reasons for moving were quite varied, ranging from “finances” to safety or for proximity to health care providers or family. Most had never heard of aging in place, and when considering aging in place did not believe it meant staying in the same place and that aging in place was more likely a “situation” than an actual “place.” Many participants received SNAP food assistance, also utilized services at a senior center and some were received support from a counselor or therapist. The thoughts, concerns and needs of the participants as they waited for available housing included many issues. Some of these issues included access to outside space or fresh air, interactions with younger

generations, sense of community, as well as what life is like in a liminal state. Social work implications of these findings and concluding remarks will be provided in the next chapter.

CHAPTER FIVE: DISCUSSION

This final chapter reviews how this study adds to existing aging in place literature by incorporating the perspective of older adults with low incomes. Through the ecological model of aging and critical gerontology frameworks, this dissertation examined aging in place from the perspective of older adults with low incomes. Decision-making in regards to low-income housing and housing assistance and the potential oppressive factors that may impact the ability of older adults to age in place were also studied. This chapter discusses the relevance and implications of the results reviewed in the previous chapter. The limitations of the study are reviewed. Finally, from the perspective of an ecological model of aging at micro, mezzo, and macro levels, considerations for social work practice, education, research, and policy are covered.

Implications of the First Research Question: Characteristics

It is important to note that not a single participant of this study owned a home. All participants either rented an apartment or stayed with someone else (e.g., an adult child or a friend); a few stayed in shelters or other alternative spaces. This was also the case for the Canadian study by Strohschein (2012) about characteristics of older adult involuntary stayers. This characteristic may affect the thoughts and insights on aging in place in many ways. For example, Wiles et al. (2011) described how a sense of attachment and social connection is linked to aging in place; however, their sample was not specifically representative of individuals with a low income. The participants of this dissertation did

not share stories or reflections on connections to attachments, and revealed very little emphasis on social connection to their current residences.

The characteristics of the participants for this study also reveal that many of these older adults are women who are divorced, single, or widowed. These findings are consistent with US Census Bureau findings in terms of who lives in poverty as well as the demographic that holds the highest rates of poverty (De Navas-Walt & Proctor, 2014; Issa, & Zedlewski, 2011).

The few studies that examined older adults needing to move but were unable to move did not provide the characteristic of adult children within their studies. For this study, 13 of the 45 participants did not have children. Twelve reported having one child (see Table 2 for complete breakdown of the numbers of adult children and grandchildren). The interviews also revealed that several participants had estranged relationships with their adult children. Two of the participants interviewed had a supportive adult child; however, both of their children lived out of state. This sparse amount of adult child involvement was also noted in the lack of photos of children or grandchildren within the photo journals. Implications of family support are discussed in the Implications of the Third Research Question: Decision Making section.

Implications of the Second Research Question: Experiences and Perceptions of Aging in Place

The work of Wiles et al. (2011) discussed the ambiguity of the term “aging in place.” The stories of the participants of this study revealed the complexity of aging in place as a concept and that, for many—especially this group of older adults who are in transition and are waiting—aging in place is not about the importance of remaining in a

“home” or a “house.” Rather, aging in place provides situations, opportunities, and space that allow for decreased levels of emotional stress and an increased quality of life. For this group, quality of life could be enhanced by access to the outdoors, fresh air, and safe places to go for walks. Quality of life could be enhanced if given the opportunity to retire, allowing this group of older adults to not have to constantly find ways to pay for living expenses, as most of their income is spent on high rental rates within this metropolitan area. Merely by not having to pay more than 30% of their income towards housing would relieve those renting an apartment while waiting for subsidized housing. In addition, in terms of aging in place, quality of life for this group means seeking a sense of belonging and community.

As discussed in Chapter 4, although this group needed to move, in discussing the concept of aging in place, they shared what they thought were the advantages to be able to “stay in the same place.” This group shared the benefit of being comfortable within familiar surroundings and how that contributed to a sense of safety. These findings are similar to those of Wiles et al. (2011), which link aging in place to a sense of security and familiarity.

Unlike the findings of Wiles et al. (2011), the participants of this study did not describe their community as “warm.” Although the participants of this study found several positives within the communities they were living, they more often shared stories of environments that were tense due to “drama” (e.g., arguing, bullying, fighting, etc.); or, they shared concerns with safety and social isolation. Some of the participants in this study developed supportive friendships within their apartment communities; however, a “strong sense of connection” to their physical spaces and neighbors as was found with

Wiles et al.'s (2011) work, was not necessarily evident within this study's participants. This may have been due to their having lived in and moved around to different apartment communities over the years, or because, for those participants who were once homeowners, they had already adapted to the transition, and therefore had adjusted to a change in connection.

Aging in Place versus Communities for All

During the plenary session of the 2015 Society for Social Work and Research annual conference, presenters Morrow-Howell and Pitt-Catsouphes (2015) discussed that what is good for older adults in creating aging friendly communities is also good for community members of all ages. The presenters encouraged conference participants to consider envisioning "communities for all" versus "aging friendly communities." "Communities for all" is an initiative created by Temple University's Intergenerational Center (Brown & Henkin, 2014), and "promotes a vision, a lens, and a framework for creating communities that are good for growing up and growing older" (p. 63). For example, access to reliable transportation is helpful to community members of all ages.

This intergenerational focus fits well with the concerns raised by participants of this study. Due not only to the importance of what is good for older adults within a community is also good for people of all ages within the community, but also in terms of fulfilling the need of access to all generations, access to interactions with younger generations addresses the fears of older adults concerned with having to reside in age-segregated housing environments.

Experiences

For this group of older adults trying to remain within their community, several themes were revealed regarding their current experiences with aging in place. As Chapter 4 identified, the issue of living in a liminal state for an extended period of time was a reality as this group of older adults tried finding affordable and safe housing. This experience of liminality was explained by the participants as a state in which one can never get settled enough to have the feeling of one's own space. This included access to and the ability to use all of one's belongings and items with which one is familiar. The liminal state was an experience to which many (participants as well as family members and friends) had to adjust to, and felt like the absence of privacy.

When discussing what it was like to wait for long periods and to be in a state of transition, participants shared frequent stressful and emotional experiences. They described this with words such as "frustrating," "aggravating," "tiresome," "depressing," "lonely," "confining," and "exhausting." One participant shared feelings of guilt due to taking up a bedroom in her grandchild's home. These are similar experiences and feelings shared by participants of a study who experienced liminality while residing in hotels until they were able to find permanent housing (Wingate-Lewinson, Hopps, & Reeves, 2010). Similarly, Strohschein (2012) reported higher psychological distress among older adults who needed to move but were unable to.

After reviewing the findings, the results of this study indicate that to be inclusive of the needs of all older adults, the definition of aging in place must remain a "broad concept of meaning" (Wiles, et al., 2012; Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007). This includes the ability to live where one chooses, with needed support

and resources. This researcher feels that the definition of aging in place that is quoted in an article by Wiles et al. (2012), and developed by New Zealand's Positive Ageing Strategy initiative, is the most inclusive: "being able to make choices in later life about where to live, and receive the support needed to do so" (Dalziel, 2001, p. 10). In addition, those who favor and push for aging in place may need to consider different goals, such as adaptability and matching spaces, with the needs of quality of life over staying in one place when working with and including older adults with low incomes.

Implications of the Third Research Question: Decision Making

The findings of this study revealed that the majority of the participants decided to move without the assistance of another person. Although the work of Sergeant and Ekerdt (2008) also found that their participants decided to move on their own, there was still "extended family" involvement (p. 135). Family influence is also seen in other relocation studies (Sergeant & Ekerdt, 2006; Perry, 2014). Within this study, four of the 45 participants shared that an adult daughter assisted them with the decision to move, while one participant reported the help of a sister-in-law. During interviews of the 16 participants, there was no indication that family had a strong influence or involvement in the decision to apply to housing waitlists.

In this study, limited family involvement with the decision to move is likely due to two connected reasons: First is that the participants reported low incomes changes their choices and access to many options regarding relocation. This is seen with several participants who, during their interviews, pointed out that the decision was not really a decision—they basically had no choice. They made it clear that the only option they were provided was to move if they wanted shelter. Another reason may be due to the amount

of older adults who are already in low-income housing communities, but were attempting to find a more comfortable or safer environment.

While reasons for the move were varied, some of them included: financial reasons (e.g., unable to afford rental rates on social security income), relocating to a safer environment, homelessness, and proximity to family or health care providers. Although other studies discuss safety as a reason for the move, the context of safety is different (Sergeant & Ekherdt, 2008). Sergeant and Ekherdt (2008) found that one reason for moving was to avoid possible injuries from falls or accidents. The safety mentioned in the surveys and interviews from this study were about crime and bullying within and around apartment communities. Although these discussions differ from those found in existing literature, the results of the current study had several other commonalities related to decision-making and reasons for moving. Examples included the need to be closer to services and amenities, as well as precipitants such as health events (Sergeant & Ekherdt, 2008).

Proximity was another code used in the qualitative interviews. Proximity was important in relation to both health care providers and family. However, family was not often a motive. For example, out of the 16 participants interviewed for Phase Two, only five had codes for proximity in relation to family. As mentioned previously, several participants mentioned estranged relationships with adult children or other family members. Thus, social work practitioners may need to be cautious about making assumptions regarding the availability of family support—whether emotional, financial, or support with activities of daily living. While it may be assumed that older adults have some type of family for support, during times of need—whether a health event or a

transition to temporary housing, this group of participants with low incomes showed that it was less common to have support.

Lastly, through their stories of their reasons for applying to low-income housing communities, many participants revealed experiencing multiple losses in recent years. This is another area in which data from this study supplements current research literature. After reviewing existing literature, the researcher could not locate discussions of multiple losses experienced by older adults waiting for low income housing. As discussed in Chapter 4, the losses could range from the loss of partner to the loss of an ability (sight, for example) due to a health event (e.g., the development of macular degeneration), to the loss of job or the loss of home. Participants in this study experienced several of these losses within short periods of time.

Implications of the Fourth Research Question: Discrimination and Oppressive Factors

As reviewed in Chapter 4, half of the participants stated that they did not feel that oppressive factors affected their ability to live where they want to live as an older adult. However, most of this group shared stories of how discrimination and oppression have affected their lives. One participant shared thoughts around having to withhold an important part of his identity—his sexual orientation. He shared stories of longing to be able to live in a community where others identified as gay and how it would be nice to experience a feeling of authenticity and safety within the place he chooses to grow older. This need shared by this participant is also reflected in the work of Johnson, Jackson, Arnette, and Koffman, (2005). Johnson et al. found that their pilot study of LGBT older adults shared this same desire among their participants. Their findings revealed that their

group of LGBT older adults reported they would not utilize certain services (that would support aging in place), such as adult day facilities and care management services; nor would the adults live in an assisted living facilities due to their concern that the staff at such agencies were not “gay friendly” or knowledgeable of LGBT older adults.

Participants of this study also shared thoughts and experiences around racism and sexism. One participant shared his thoughts about how his race as an African American affected his ability to receive housing. This same participant shared important strategies he has used as a black man to stay safe to prevent negative or escalated interactions with police. While one female participant discussed her awareness of how women are more likely at risk for poverty within the US, she identified the wage gap, no earnings towards social security for women who were caregivers to children, the risk of poverty, and financial stressors for single, divorced, or widowed women within the US. Social workers and others have tried to shed light on this gender inequity to address it as an issue of social justice. For example, Gonyea and Hooyman (2005) and Rice (2001) critiqued and explicated this ongoing gender inequity and how it affects women in poverty. Specifically, Gonyea and Hooyman (2005) explored social security and how it greatly impacts women with low incomes. Rice (2001) explored women and poverty in a broader reach, including patriarchy, violence, and the role of discrimination as contributions to women’s experiences and battles with poverty. Both Gonyea and Hooyman (2005), as well as Rice (2001), proposed policy changes to address this inequity in the hope of improving this social justice issue and the financial circumstances for low-income women.

Several other participants shared concerns and experiences with ageism and classism. Even participants who filled out surveys and were not interviewed shared their beliefs about their inability to find employment due to age discrimination which, therefore, affected their incomes and access to affordable housing. Ageism was also shared by a few participants in terms of attitudes and prejudices about older adults.

Lastly, several participants felt that they were treated differently either because of their economic status or because they were homeless. The story from one participant described how she was removed from a waitlist after declining several openings that were not appropriate for her. This story is a compelling example of the structural oppression present within housing policy. This story is also an example of the paternalistic behavior of an organization towards an individual they feel is not due the right to exercise choice due to their low socioeconomic status. Through the lens of critical gerontology, this researcher considers how the different identities (woman, older adult, Latina, low socioeconomic status) of this participant interacted with the privilege of the staff members who decided to remove her from the list. The researcher wonders if this was an official policy or a less formal, unwritten abuse of power and privilege.

In considering the research question, the element and importance of intersectionality and paternalism should be considered. Intersectionality is defined by Luft and Ward (2009) as “an analysis of the multiplicative nature of oppression, but also as a political intervention that deconstructs social relations and promotes more just alternatives” (p. 10). Paternalism is one tool used by those in power to continue to dominate and maintain their current status (Jackman, 1994). Jackman (1994) explains that paternalism is “the most efficient and gratifying means for the social control of

relationships between unequal groups” (p. 11). It is important to make the connection of paternalism as a tool in oppressing older adults within American society on micro and macro levels. Paternalism is used as a tool to execute ageism within families, communities, policies, and agencies through the execution or administration of services and resources that older adults utilize. Whether it is an adult child coercing or pressuring an older adult parent to discard their belongings, or a senior housing manager performing a routine inspection of an older adult’s apartment, paternalism is utilized to dominate, and it is part of the structural environment of the older adult. The act of paternalism implies that there is a certain “lack of maturity or moral competence to make the ‘wisest’ decisions for themselves” (Jackman, 1994, p. 13). Paternalism is seen throughout policies that are supposed to assist those affected by poverty. This is seen within American societal attitudes that seek to blame those with low socioeconomic status as having done or not done something that created the socioeconomic status, placing the blame for poverty on the individual in poverty. The more intersections with age there are—such as socioeconomic status, race, gender, sexual orientation, and disability—the more paternalism has intertwined with one’s life and affected their ability to choose where it is they want to grow older.

Implications for Practice, Education, Research, and Policy

These findings can inform social workers about the advocacy of older adults waiting for affordable, adequate, and safe housing. In addition, the findings can assist in the development of spaces and policies that support the housing needs of older adults with low incomes.

Social Work Practice and Education

Social work educators need to incorporate into education curriculum the multiple types of losses older adults experience, especially when having to make a housing transition. Although some of the older adults interviewed for this study experienced the loss of a partner or other family member, they also experienced other types of losses, some of which are considered disenfranchised losses. Corr and Corr (2013) stated that “Losses are disenfranchised when their significance is not recognized by society” (p. 287). An example of this in relation to this study is the loss of home or the loss of an ability, such as the loss of the use of an arm or leg after a stroke. In addition to losses, grievers can be disenfranchised. Corr and Corr (2013) stated that “Grievers are disenfranchised when they are not recognized by society as persons who are entitled to experience grief or who have a need to mourn” (p. 287). Learning about and responding to loss is an important area for students interested in the field of aging. It is also important for students hoping to work with children and their families, as more and more older adults are raising grandchildren (US Census Bureau, 2012). At the micro level, social work practitioners can provide support to older adults experiencing multiple losses. The mere act of validating these losses, as well as providing education to older adults about different reactions to loss, may assist older adults processing and adapting to such transitions and losses (Hooyman & Kramer, 2006).

Social work practitioners and students who work in low-income housing may also benefit from learning mediation skills. This became evident in two different ways throughout the study. As shared in Chapter 4, several participants residing in subsidized public housing shared stories about needing to avoid “drama” and the stress it created.

One person described experiencing cliques and politics. Another way mediation services and skills could be used within senior housing communities were seen during the recruitment phase of this study. The director of the housing authority who agreed to mail out the study flyer to their waitlist members shared similar stories of “drama” with the researcher. The director shared how the administration spent a lot of time trying to address arguments that transpired between the residents. The director shared that the arguments between the same groups of residents had caused visits from the police, and continued requiring time, resources, or mediation skills the director and her staff did not have.

This researcher contacted a few mediation programs within the area near the housing authority. Luckily, one program trained students in mediation; at no cost, this program offered to provide graduate students who had completed their mediation certification program to conduct mediation between residents. This connection provided a needed resource to the housing authority and its residents and, to the students, the opportunity to utilize and practice their mediation skills. During the meeting and tour of one of the apartment communities for this housing authority, the director of the mediation program envisioned the possibility of offering quarterly town hall meetings to provide residents a chance to air their concerns. The director hoped that offering such a program would contribute to less need for mediation and create a better environment. The researcher followed up with the director of the mediation program; to date, the program has not received a request for mediation services at the housing community.

Research

One area to consider for future research is to examine interventions to address the “drama” that some participants experience in public housing. Although bullying within older adult housing settings has been discussed within the media, there is very little research on this topic when it comes to the older adult population. The Professional Affordable Housing Management Association (PAHMA) developed a program called “Bullying Hurts at Any Age” (PAHMA, 2013). This program has been implemented in some affordable housing communities to address the hostile environments that can occur within some low-income, senior housing communities. Programs like these are those that social work researchers can incorporate into intervention studies in order to examine their impact.

Additional areas for research include studies on quality of life and how it relates to older adults and housing, as well as intergenerational contact and interaction. After reflecting on what was learned from this study, the next steps this researcher is considering includes examining the quality of life of older adults who reside within public, low-income housing. Is there a difference between older adults who have units with balconies or patios attached? Are there differences in quality of life for older adults who reside near walking paths and parks versus those who do not?

Policy

At a mezzo level, social workers can organize and participate in the development of community task force meetings or initiatives to address the need for funding of temporary, transitional housing and more permanent housing. Social workers can seek funding to assist older adults with the cost of moving once they receive a call from the

waitlist. The mezzo level could also include educating housing services staff on the experiences of older adults who are waiting for long periods for housing. By educating staff, it is hoped that housing authorities and communities will learn about the experiences and losses experienced by this group, and become more empathic in their interactions with those in need of and searching for housing.

At the macro level, social workers can advocate for more streamlined and user-friendly systems and procedures when older adults need to apply for housing and assistance of all types. Working towards making assistance program applications more user friendly, social workers can assist older adults who could benefit from assistance programs access them sooner. Also at a macro level, social workers can advocate for funding for HUD to make additional housing vouchers (Section 8) available. Social workers must advocate for more housing to be built.

Regarding the importance of multi-cultural practice and honoring and supporting the needs of diverse populations, the policies of housing authorities and communities must be adapted. Several non-White participants shared their need to be within their communities. Many participants stated how frustrating it was to be unable to find lists of available housing according to location in order to find a place to reside near and/or within an existing African American or Latina(o) community, close to their friends and families. Older adults with low incomes should not lose the right to remain on waitlists until they find a location that would support and contribute to the quality of life and provide access to a sense of belonging and community.

If funding were to become available to update or even build new housing options for low-income individuals and families, incorporating outdoor spaces could add to the

quality of life of individuals residing within such communities. In addition to including green spaces and access to fresh air within design of the communities, consideration needs to be given to restricting some outside commons or courtyard areas from cigarette smoke. Although space must be provided to residents who wish to smoke, housing communities need to ensure that not all common areas are occupied by smokers. This would enable individuals with pulmonary diseases or ailments to enjoy fresh air and outdoor spaces.

There are also implications regarding the health changes that some older adults experience. How will communities and agencies be able to address the health needs of the older adult with low income? Policy changes are needed to support updating community structures and streets to address access for individuals of all ages who have a disability. For example, deteriorating narrow city sidewalks, that sometimes can be blocked with items such as garbage and recycling bins within the city of Denver and the surrounding communities are common place. Some participants of this study included photos of sidewalks they found difficult to traverse. They also included photos of affordable apartment buildings that could not accommodate a person who may suddenly need to use a wheelchair. In addition, policy changes are needed to support adequate care within community agencies. How will shelters address the needs of older adults who need access to electrical outlets for oxygen tanks? How will shelters, that offer communal living for 40 to 80 individuals, address the needs of an older adult who is experiencing cognitive impairments? Training of shelter workers and program planning is crucial to address the multiple health needs of this growing demographic of older adults waiting for affordable housing.

Most importantly, policy changes must be made to address the fact that there is a national affordable housing crisis that involves a shortage of over seven million housing units (National Low Income Housing Coalition, 2015). Robert Butler (1969) wrote “If it may be said that the quality of a culture can be measured by its regard for its least powerful members, for example, its care for the elderly and its protection and education of children, the readings for ours (U.S.) are low” (p. 245). Across the U.S. all ages, including older adults, are affected by a large unmet need for affordable housing. For a country as wealthy as the U.S. this is unacceptable and deserving of swift address, action and correction.

Limitations

This dissertation has several limitations. Due to the sampling techniques (convenience and purposive) and the small sample size, the findings are not generalizable. In addition, the sample is predominantly White; therefore, the study needs better ethnic and racial representation. Although several more potential non-White participants contacted the researcher to participate, they were not eligible because they were not currently on a waiting list. In addition, this study did not have access to enough funding to support hiring of a Spanish-speaking interviewer or someone who could translate transcripts to English; therefore, flyers in Spanish were not distributed. Distributing Spanish language flyers could have assisted in recruiting a more diverse sample.

Another important limitation is the fact that the researcher was not a member of the group she examined. In addition, the role of researcher holds some level of power. Both of these factors could have influenced how individuals answered interview

questions or completed photo journals. Despite these limitations, the findings still supplement existing literature by including the voice and perspective of older adults with low incomes.

Conclusion

This dissertation contributes to knowledge about aging in place and decision-making, and includes the perspective of older adults with low incomes. Findings on the meaning of aging in place are consistent with the need to keep the definition in a broader context, not necessarily with a focus on remaining in one's "home." The findings also reveal important factors that may assist in improving quality of life when residing in age-segregated public housing, such as access to outdoor spaces and fresh air and addressing "drama" and "cliques" within subsidized housing. On a micro level, social work practitioners can assist with validating the losses experienced by older adults who are in the process of a transition and are waiting for adequate housing. Additional social work research can work towards evaluating programs that address "drama" and work towards a better understanding of what could add to the quality of life of older adults who reside in low-income housing communities.

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APPENDIX A: INFORMED CONSENT FORM AND HOUSING TRANSITIONS

EXPERIENCES SURVEY

Informed Consent Form

Approval Date: October 30, 2013 Valid for Use Through: October 27, 2014

Angela Lavery, LCSW
Faculty Sponsor: Leslie Hasche, PhD
DU IRB Protocol#: 517382-3

You are being asked to be in a research study. This first sheet provides you with information about the study. Please read the information below and if you have any questions about anything you do not understand before deciding whether or not to take part please contact Angela Lavery at 303-871-2920.

If you are age 62 and older, you are invited to participate in a Housing Transitions Research Project. The goal of this study is to understand the process of decision making around older adults' relocation to age segregated communities or other alternative housing options (senior housing, retirement communities, section 8 housing, etc.).

Participation

If you agree to participate you will be asked to fill out the attached survey. This will take approximately 15 minutes.

Your participation is completely voluntary. You may choose not to participate in the study and are free to withdraw from the study at any time. If you choose to participate you do not have to provide responses to every question. Refusal to participate or withdrawal from participation involves no penalty. You may skip any questions you do not wish to answer.

Confidentiality

All information gathered for this study is confidential. This means that only I will have access to the information you provide. No one will know whether you have responded to this survey and what your replies are except for me the researcher. Records of this survey from the study will be kept in a secured locked cabinet within a locked room. Any identifying information (address, or contact info you provide will be kept separate from completed surveys). Any data kept on a computer will be kept on a password protected

computer. All research reports will describe the group of participants. Reports will never identify any single individual.

Risks and Benefits

Potential risks of being involved include the possibility that revealing certain issues about your experience may be upsetting.

The benefits of being involved in this study include the satisfaction of helping contribute to the knowledge of the transitions some older adults need to make in regard to housing and living arrangements. You may also enjoy the ability to provide information about your own experiences.

If you would like a copy of the results of the study, I will be happy to provide one for you.

Invitations for Questions

If you have any questions at all about the study of the impact of the Housing Transitions Research Project, please feel free to contact me Angela Lavery at alaveryb@du.edu or at 303-871-2920.

If you have any concerns or complaints about how you were treated during the research sessions please contact Paul Olk, Chair, Institutional Review Board for Human Subjects, University of Denver, 303-871-4531, or you may contact the Office of Sponsored Programs by email, du-irb@du.edu or call 303-871-4052 or write to the University of Denver, Office of Sponsored Programs, 2199 S. University Blvd., Denver CO 80208-2121.

Authorization

By completing the following survey and returning in the enclosed self-addressed stamped envelope you are acknowledging that you have read and understand the above description of the Housing Transitions Study and you are consenting to participate in this study.

If you are unable to complete this paper survey and would like to participate, please call the following phone number and leave your contact information: 303-871-2920. You will then receive a phone call in order to complete the survey over the phone.

As a thank you for participating in the study, If you like, you may complete and return the enclosed note card to be entered into a drawing for one of two \$25 gift cards to a local grocery or department store of your choosing (Safeway, King Soopers, Target, Walmart, Kmart, etc.). This note card will be kept separate from your results and will be used only to contact you if you are selected in the lottery for the \$25 gift card. Following the drawing this information will be shredded.

Creating a Code for You

In order to protect your privacy, we'd like to create a code that only you know. This code is kept with your study materials (survey). Your name will not go on any study materials and will not be linked to this code.

Create your code by writing on the lines below:

1. The last two letters of your mother's first name (for example, mother's first name is Maria, enter IA) _____
2. The day of your birth (use two digits, for example 01 if you were born on 1st of the month). _____
3. The last two letters of the town in which you were born (for example, born in Denver, enter ER) _____

Housing Transitions and Experiences Survey

If you would rather participate over the phone or complete an online survey please contact 303-871-2920 and leave your contact information.

1. How long have you been on a waiting list for housing?
 - I am not currently on a waitlist but considering it
 - Less than 1 month
 - Over a month up to 6 months
 - 6 months to 1 year
 - Between 1 year to 2 years
 - Over 2 years
2. Do you consider your current housing to be stable for the next 6 months?
 - Yes
 - No
3. What type of housing are you currently residing in while you wait?
 - Single Family Home (that you own)
 - Single Family Home (that you rent)
 - Single Family Home (of a family member, friend or acquaintance)
 - Apartment/ Condominium/ Townhome (that you own)
 - Apartment/Condominium/Townhome (that you rent)
 - Apartment/Condominium/Townhome (of family member, friend or acquaintance)
 - I stay at a shelter
 - Hotel Room
 - Other (please describe):

4. How many people are currently living in your household (or are living with you in your current location) not including yourself? _____
5. Did someone assist you with your decision to apply for housing or to make this future move?
 - Yes
 - No

6. If Yes, Who was involved with this decision? (Check all that apply to your situation).

- Case worker
- Social Worker
- Counselor
- Doctor or Other Health Care Provider
- Spouse or Partner
- Other Family member (Please specify (e.g., adult child, niece, etc.):_____)
- Friend
- Neighbor
- Co-worker
- Other (Please explain): _____

7. Why are you planning to move? (Please briefly describe):

8. How do you get to places to which you need to travel (appointments, groceries/food, bank, etc.)? (**Please check all that apply to your situation**).

- I own and drive my own vehicle
- I share a vehicle with a family or friend or acquaintance
- My family or someone I know drives me where I need to go
- I use public transportation (please describe)_____
- I use a cab/other transportation service (please describe)_____
- I walk
- Access A Ride or other Transportation Service for those with a disability
- I am currently unable to get to where I need to go (Please describe):

Other (Please describe):

9. Of all the ways you just checked, which is your primary way of getting to where you need to go? (**Check only one**).

- I own and drive my own vehicle
- I share a vehicle with a family or friend or acquaintance
- My family or someone I know drives me where I need to go
- I use public transportation
- I use a cab or other transportation service
- I walk
- Access A Ride or other Transportation Service for those with a disability
- I am currently unable to get to where I need to go.
- Other

10. Are some of your needs not met due to transportation difficulties?

- No
 - Yes (please describe):
-

11. What is your age as of today? _____

12. What gender do you consider yourself?

- Woman
- Man
- Transgender
- Gender Non-conforming
- Other

13. What race do you consider yourself?

- African American/Black
- Asian
- Native American/American Indian
- Pacific Islander
- White/Caucasian
- More than one/Mixed Race
- Other: _____

14. What is your ethnicity?
- Latino/Hispanic Origin
 - Non-Hispanic Origin
15. What is your marital status?
- Married
 - Separated
 - Divorced
 - Widowed
 - Never married
 - Domestic Partner
 - Living with someone to whom I am not married
16. What is your sexual orientation/identity?
- Straight/Heterosexual
 - Gay
 - Lesbian
 - Bisexual
 - Other: _____
17. Which of the following describes your current work status?
- Employed full time
 - Employed part time
 - In the military
 - Unemployed looking for work
 - Unemployed and not looking for work
 - Retired and not working
 - Student
 - Homemaker
 - Seasonal (Please describe): _____
 - Something else (Please describe): _____
18. What is your income level?
- \$0 to \$5,000 per year
 - \$6,000 to \$10,000 per year
 - \$11,000 to \$15,000 per year
 - \$16,000 to \$20,000 per year
 - \$20,000 to \$29,000 per year

- \$30,000 to \$39,000 per year
- \$40,000 or more per year
19. How many children do you have (who are currently living)?

20. How many grandchildren do you have (who are currently living)?

21. Are you a military veteran?
- Yes
- No
22. Do you receive any of the following assistance: **(Please check all that apply)**
- Food Stamps
- SSI/Disability
- Section 8 Housing
- Meals Delivered to your Home
- Other (Please describe):

23. Do you go to the following program/services within the community? **(Please check all that apply)**.
- Senior Center
- Meals Program
- Vocational Rehabilitation/Employment Assistance Center
- Adult Day Center
- Mental Health Center or Counseling/Therapist Provider
- Support Groups (caregiver's, grief, alcoholics anonymous, etc.) not associated with prior mentioned mental health center or counselor
24. Are you receiving Medicaid?
- Yes
- No
25. Are you on Medicare?
- Yes
- No
26. Do you have any other health insurance or supplemental insurance?
- Yes (please describe):

- No

27. Have you received care within a nursing home within the last year?
- Yes
 - No
28. Do you now or have you in the last year received services from a home health agency or other agency in which someone comes to your home (Nurse, CNA/nurse's aide, social worker, housekeeper, companion)?
- Yes
 - No
29. Overall, how would you rate your health over the last month?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Very Poor
30. How would you rate your health now, compared to when you applied for housing?
- Much Worse
 - A Little Worse
 - Same
 - A Little Better
 - Much Better
31. Can you prepare your own meals?
- Yes (without help)
 - Yes (with assistance – there are some meals I do need help preparing)
 - No
32. Can you do your own housecleaning and housework?
- Yes (without help)
 - Yes (I can do some light housework but I need assistance with larger jobs)
 - No
33. Can you manage or handle your own money/finances?
- Yes (without help)
 - Yes (with help from someone else)
 - No

34. Can you travel to places on your own (an example would be traveling to a doctor's appointment via car, taxi, bus, etc.)?
- Yes (without help- I can travel alone)
 - Yes (with help- someone must go with me)
 - No
35. Can you go on shopping trips for groceries or other needs for you or your home?
- Yes (without help)
 - Yes (with help -someone must go with me)
 - No
36. How satisfied are you with your decision to move to the housing option for which you are currently on the waiting list?
- Very Satisfied
 - Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Dissatisfied
 - Very Dissatisfied
37. How much choice did you have in making the decision to move? (according to how strong other people or circumstances/events influenced your move). I had:
- A Large Level of Choice
 - Somewhat of a Choice
 - Very Little Choice
 - No Choice
38. Did you have multiple options from which to choose?
- This was my only option
 - I had two options
 - I had more than two options
39. How urgent is it for you to move into a new housing unit?
- Very Urgent
 - Urgent
 - Somewhat Urgent
 - Not Urgent
40. The researcher is also interested in how where people live affects their experiences as well as access to resources. With your permission, I would like to

take down your zip code and closest cross streets to the place in which you are currently living. With this information I hope to look at links between where you live and how close you are to different services for older adults. In order to look at this connection with community resources may I ask you for your zip code and closest cross streets? If so please provide this information below:

Zip code

Closest Cross Streets to your current residence:

_____ and _____
1st Street 2nd Street

41. The researcher would also like to conduct interviews with individuals who are currently on waiting lists for housing. This will be a voluntary and confidential interview at a time and place of your choice. In addition, you will be asked about the possibility of photo journaling (taking some photos and sharing your thoughts about those photos). If you are interested in being interviewed to tell your story of your decision to move/relocate please provide the necessary information below. If chosen to participate in the interview, you will be given a \$10 gift certificate (to a business of your choice- must be a business that easily provides such certificates, examples such as Walmart, Target, local grocery stores).

- Yes, I would like to be contacted in regard to being interviewed to share my individual story. If selected I understand that I will be contacted according to the information I provide below in order to arrange a time to meet. Please complete the information below.
- No, I would not like to be contacted to be interviewed.

My contact information:

(Choose which way you would like to be contacted):

- Phone number: _____
- Email address: _____
- Mailing address: _____

Thank you for completing this survey. Your time is greatly appreciated.

APPENDIX B: STUDY OF HOUSING TRANSITIONS AND OLDER ADULTS

Study of Housing Transitions and Older Adults

- Are you currently on a waiting list for a low income or affordable housing community?
- Are you age 62 or older?

If so, your knowledge and experience are needed.

If you are interested in participating in a study by completing a survey and possibly participating in an interview that would entail telling your story about your experience please contact:

Angela Lavery, LCSW
Doctoral Candidate
University of Denver
Graduate School of Social Work
303-871-2920
alaveryb@du.edu

Participants who return the survey will be entered into a drawing in order to be selected for one of two \$25 gift certificates to a business of their choosing. In addition, participants who at the completion of the survey state that they want to be contacted to participate in an interview and they are then randomly selected to participate in that second phase of the study, will receive a \$10 gift certificate to a business of their choosing.

Your choice to participate or not has no effect on your access to housing or services. The study was reviewed and received.

APPENDIX C: SEMI-STRUCTURED INTERVIEW GUIDE

- Please tell me the story of your decision to put yourself on the waiting list for housing:
- Was another person involved in that decision?
- Did a life event (change in health, eviction, death of partner/spouse) occur before that decision? If so, what kind of life event?
- Tell me about any supports or resources you use now while you wait for housing to become available?
- When you think about this upcoming move, what comes to mind for you? What thoughts, concerns do you have? Are you excited or do you look forward to a particular part of the move or do you worry or not look forward to any particular part of this transition?
- Aging in Place is a popular term in today's field of the study of aging and gerontology. When I say "aging in place" what does that mean to you? How would you define "aging in place"?
- Do you consider your choice to move to (_____ so and so housing) a way to age in place?

(Next 5 questions below from: Wiles, Leibing, Guberman, Reeve & Allen 2011)

- What is the ideal place to grow older?
- Does aging in place mean staying in the same place?
- Are there advantages to staying in the same place?
- Are there disadvantages to staying in the same place?
- What do others (family or policy makers) need to know to support older adults to age well in their community?

- Do you feel that in anyway any types of discrimination have affected your ability to live where it is you want to live now as an older adult? When I say discrimination, I mean things such as ableism (discrimination due to a disability), ageism, racism, classism, sexism, heterosexism, bigenderism, any type of bias or discrimination in any form?
- What should social workers and other individuals who work with older adults know about what it is like for you as you wait for housing?
- Are there any services or supports that you think you need and should be offered, that are currently not available while you wait for housing?
- What has been helpful to you as you wait for housing?

Additional Notes:

APPENDIX D: INSTRUCTIONS FOR PHOTO TAKING

You have been provided a disposable camera. Over the next week, please take photos that you feel best illustrate or describe what your *current housing situation, experiences and thoughts*, as you wait for housing to become available.

You will have 1 week to use the camera and take photos. You will be contacted in order to arrange for a time for the camera to be picked up so that the photos can be developed and returned to you to review and to journal/write about your thoughts of each photo, or the ones that connect with you the most.

A second meeting time will be scheduled to take place a week following return of the developed photos to discuss the photos and journals.

If you find that you are not able to operate the camera for any reason you are allowed to ask someone to assist you in taking the photos. As long as you are the one selecting what and how the photo be taken. If you need assistance in taking the photo and you do not have someone available to take the photos alongside of you, I can make arrangements to schedule a time to visit with you and take photos that you would like to take for the photo journaling experience.

***** Please note that if you take a photo of a person, you must have them sign the attached photo release form in order for me to develop and use the photo for the photo journal.**

APPENDIX E: PHOTO LOG

While you have the camera, please use the log below to assist you in making notes about each photo you take. Taking notes now will assist later in completing the photo journaling experience. Although each disposable camera offers 27 pictures you do not need to take all 27 pictures, take as many as you feel comfortable taking and tell your story.

Photo 1: _____

Photo 2: _____

Photo 3: _____

Photo 4: _____

Photo 5: _____

Photo 6: _____

Photo 7: _____

Photo 8: _____

Photo 9: _____

Photo 10: _____

Photo 11: _____

Photo 12: _____

Photo 13: _____

Photo 14: _____

Photo 15: _____

Photo 16: _____

Photo 17: _____

Photo 18: _____

Photo 19: _____

Photo 20: _____

Photo 21: _____

Photo 22: _____

Photo 23: _____

Photo 24: _____

Photo 25: _____

Photo 26: _____

Photo 27: _____

APPENDIX F: GUIDE FOR PHOTO JOURNAL

Select photos to reflect on and share the story behind taking the photo. Choose as many photos as you like and feel free to skip any photos that you do not wish to discuss or share at this time.



Please answer the following:

Tell me about this photo

Why did you take the photo?

What importance does it have for you?

Other thoughts about this photo?

APPENDIX G: THEMATIC CHART

<i>Living in a Liminal State</i>			
Participant Number, Age, Sex, Ethnicity	Privacy	Boxes/Storage	Living out of (Car, Garage, etc.)
Ma08er			See photos of garage and car. See Field Notes from second interview.
Ed13er	“My bed, in the living room, there is no privacy for me.” Quote from second interview, review of photo journal.		
Ia08er	“This is probably the hardest thing. Not used to this, I usually slept in a bed.” See photos- before and after of sleeping space in living room (couch and lift chairs made up each evening for sleeping space. Quote from second interview, review of photo journal.	First interview quote, page 2 of transcript, lines 31 -33: “...all my stuff is in storage. And that’s an extra bill I have to pay. So and, you know, if I want to get anything, I have to take somebody with me, and it’s an all-day project...” pg. 3 lines 1-3: “It’d be really nice to have a place, even if it’s just to sort my stuff here, so I can stay with her there. You know? At least my stuff would be closer! Because, right all my stuff is in Aurora.”	
Ma25er		“Waiting to move is a slow process. I have to look at this every day. The boxes remind you your still waiting to move.” Quote from second interview, review of photo journal.	See transcript notes from first interview and photos of bathroom, stove in basement and living area of hotel room. E.g., Having to wash dishes in bathroom sink. No kitchen, cereal boxes, etc.

APPENDIX H: INTEGRATION CHART

<i>Access to Younger Generations (Intergenerational Contact)</i>				
Participant Number, Age, Sex, Ethnicity	First Interview	Second Interview Review of Photo Journal	Photos	Comprehensive Survey Data
Ys23er	Pg 5 & 6 transcript: “I really think young, and I like young people, I like their viewpoints ..where they are coming from...I don’t feel old, ...I still you know do not feel old. Being surrounded by a bunch of old people doesn’t sound very invigorating.”	“I enjoy the kids.”	Picture of school yard, where the students have band practice See field note in regard to description of	13 have no children 12 have 1 child 11 have 2 children 7 have 3 children 2 have four children 19 have no g-child 6 have 1 g-child 5 have 2 g-child
Va06er		Pg 18 second interview transcript: “Yeah, that’s looking down toward the dead end. There’s a little walkway right here that the kids use to get to the elementary school that is on the far side. And so, you see the kids pouring out. It’s kind of nice to see kids around.” See photo path next to road right of horse pen, runs up against road	Picture of path that runs alongside housing community. This path leads to elementary school on other side of housing community.	10 have 3 to 5 5 have 6 or more
Do27al	Pg. 7: “And their kids have got kids running around this hall, and oh, I just and, I mean, don’t get me wrong. I don’t like kids”			