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Age-Friendly
PUBLIC HEALTH SYSTEMS

Aligning Public Health Interventions with Older Adult Housing Needs and Challenges

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Background
Age-Friendly Domains of Livability

Trust for America's Health (TFAH), a non-profit, non-partisan policy research and advocacy organization, leads a national Age-Friendly Public Health Systems (AFPHS) initiative to promote the health and well-being of the nation's older adults as a public health priority. This paper is the first of a series of briefs that focuses on the intersection between public health, aging, and age-friendly communities.

The World Health Organization initiated the global Age-Friendly Community movement to enhance healthy aging across the life course for persons at all life stages and abilities. As of November 2020, the AARP Network of Age-Friendly Communities includes six states, one territory, and 486 communities nationwide. Age-Friendly Communities enhance healthy aging through a focus on eight "Domains of Livability" including: 1) Housing; 2) Transportation; 3) Outdoor Spaces and Buildings; 4) Civic Participation and Employment; 5) Social Participation; 6) Respect and Social Inclusion; 7) Communication and Information; and 8) Community Supports and Health Services. The domains represent the built, social and service-related community features that are aligned with upstream and midstream factors comprising the social determinants of health. These determinants include: neighborhood and environment, social and community context, education, healthcare, and economic stability. This issue brief series identifies opportunities for public health professionals to lead and support healthy aging efforts in collaboration with Age-Friendly Community leaders and stakeholders across the U.S.

Framework for an Age-Friendly Public Health System

This brief outlines current housing challenges faced by older adults and potential areas for public health intervention, summarizes existing programs and interventions that offer housing support for older adults, and finally, offers recommendations in each of the five key roles for public health.

One in five people in the U.S. will be 65 or older by 2030. As the population of older adults in the United States grows, alongside an increasing recognition of the salience of social determinants of health, the value of a public health approach to supporting the well-being of older adults is clear. To explore potential public health roles in aging, TFAH convened stakeholders from public health, aging services, and healthcare and developed a framework that delineates the roles public health can play to promote older adult health and well-being.[1] The framework organizes these roles as:

1. **Connecting and convening** multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.

2. **Coordinating** existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.

3. **Collecting** data to assess community health status (including inequities) and aging population needs to inform the development of interventions.

4. **Conducting, communicating, and disseminating** research findings and best practices to support healthy aging.

5. **Complementing** and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.

The vast majority, nearly 90 percent of Americans, prefer to "age in place" in their own homes for as long as possible.[2,3] Aging in place is associated with better health outcomes, life satisfaction and self-esteem.[4,5] However, health needs affect the feasibility of aging safely at home. The majority of older adults have one or more chronic health conditions that potentially impact their ability to perform personal and instrumental activities of daily living at home.[6] Functional limitations associated with declining health can create challenges for individuals to manage effectively in their homes, causing increased reliance on caregivers and health and social services. The inability to reside independently at home can precipitate costly nursing home care.[7]

Suitable housing for older adults is critical for supporting health and preventing illness. The housing structure itself generally provides protection from weather events and temperature extremes. Due to existing health conditions, many older adults require additional services in the face of natural disasters[8] and are at greater risk of experiencing hypothermia and hyperthermia as a result of decreased thermoregulation, certain medications, and illnesses.[9,10] Indoor air pollutants may further exacerbate respiratory illnesses prevalent among older adults such as chronic obstructive pulmonary disease (COPD).[11] Indoor hazards such as stairs and unsafe flooring can increase the risk of injury and falls, which are the leading cause of preventable injury-related deaths among older adults.[12] More than one out of four older adults fall annually, resulting in more than three million emergency-department visits, 800,000 hospitalizations[12] and $50 billion in healthcare costs.[13]

The broader community surrounding the home also contributes to the health of older adults. Active interactions within one's "Life Radius," a five-mile area surrounding the home where most spend their time, have been identified as a core component of social health and linked to longevity among the world's longest-living persons.[14] The majority of the nation's older adults, particularly homeowners, live in suburbs, smaller towns, or rural areas which may be far from services or social activities.[15] Moreover, access to healthcare providers can be unaffordable or unavailable in many locales.[16] Older adults who are homebound are also at risk of social isolation: a precursor to physical and mental maladies including cardiovascular disease, depression, cognitive decline, and mortality.[17]

Challenges and Areas for Potential Intervention

Housing Costs

Growing numbers of older adults face financial challenges relative to housing. In 2016, one third of older adults faced significant housing-related cost burden, or expenditures on housing and utilities that exceeded 30 percent of income. Current projections suggest that by 2029 more than 50 percent of older adults will be unable to pay for the housing they need.[18] The percentage of older homeowners carrying mortgage debt has nearly doubled for those age 65 to 74 and almost tripled for those older than 75 since 1989. Costly housing can affect health through decreased funds available to pay for essentials such as food, medicine, and medical supplies, which may disproportionately impact older adults who typically have increased healthcare needs and fixed incomes.[19]

Homelessness among aging adults is also on the rise. A recent assessment of trends in three major U.S. cities projected significant growth in the older homeless population over the next 10 years; it is expected to more than double in Boston, Los Angeles, and New York City.[20] This is due in part to the severe shortage of affordable housing. For every 100 extremely low-income households, there are only 35 affordable and available housing units.[21] Persons experiencing homelessness develop geriatric medical conditions such as cognitive decline and decreased mobility at rates equivalent to persons 15-20 years older.[22] Individuals experiencing homelessness are also more likely to utilize acute emergency and inpatient hospital services.[23]

Figure 1. Shares of Both Renters and Owners with Cost Burdens Increase with Household Age

- Renters
- Owners with Mortgages
- Owners without Mortgages
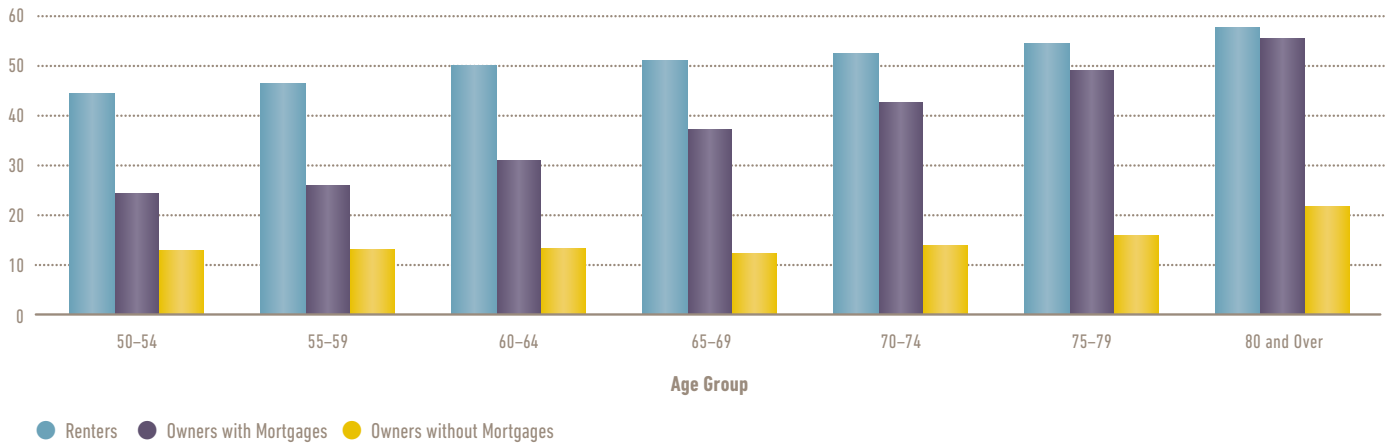
Note: Households with zero or negative income are assumed to have burdens, while households paying no cash rent are assumed to be without burdens.
Source: JCHS tabulations of US Census Bureau, 2016 American Community Survey 1-Year Estimates.

Source: Joint Center for Housing Studies, 2018

Figure 2. Forecasted Relative Change in the 65+ Homeless Population Compared to 2017

- Los Angeles County
- Boston
- New York City
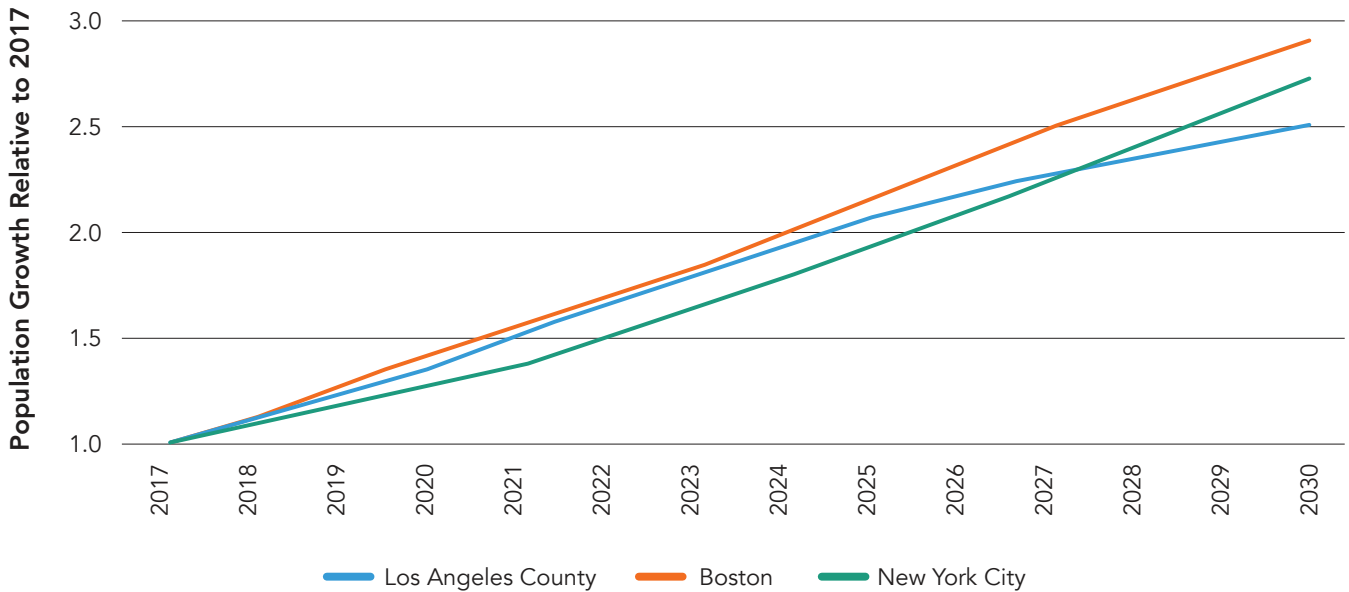
*Source: Culhane et al., 2019*

Housing Disparities

Expanding access to safe and affordable housing for older adults is also a racial justice issue. Disparities in housing and resulting environmental diseases and injuries are well documented, and older people are especially vulnerable to the health effects of substandard housing. Inequalities in neighborhoods can also contribute to these disparities. Older adults that are low-income or members of racial/ethnic minorities are more likely to reside in communities where there are higher levels of poverty and pollution.[24] In addition, across all income levels, there is a greater proportion of racial/ethnic minority older adults who experience economic, social, and physical problems based on their neighborhoods.

Racial/ethnic disparities in homeownership have widened over the past 30 years, and Blacks and Hispanics are at significantly higher risk of homelessness.[25,26]

Additionally, the rate of growth of racial/ethnic minority populations in nursing homes has been higher than the rate of population growth, due in part to unequal access to community-based supports and services allowing these older adults to age in place.[27] This is particularly problematic given disparities in the quality of nursing home care available to lower-income older adults and those belonging to racial/

Figure 3. Distribution of Older Adults Living in High-Poverty Neighborhoods
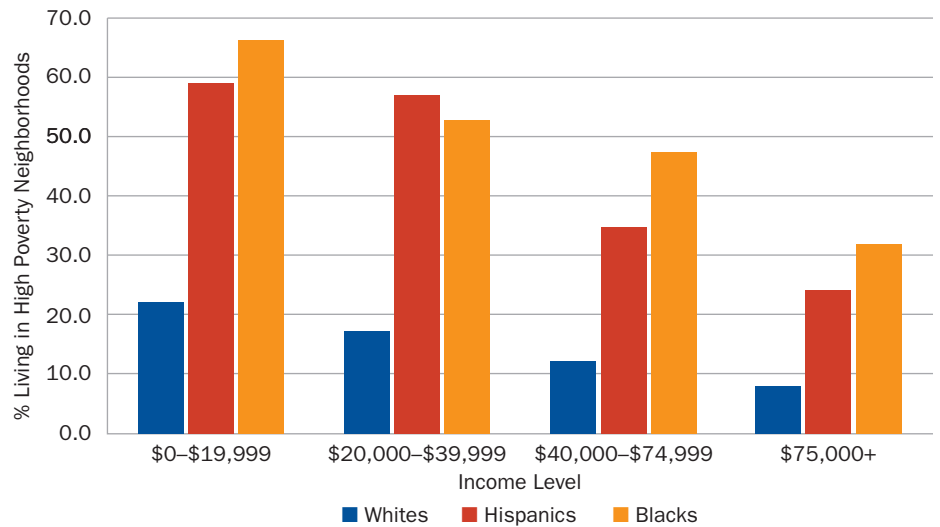

Source: Unequal Places: The Impacts of Socioeconomic and Race/Ethnic Differences in Neighborhoods

ethnic minority populations.[28] Researchers have documented disparities in long-term care use due to socio-economic status. Historically, African American/Black older adults did not move into nursing homes, but current data indicates that while African Americans/Blacks represent 8.7% of the population age 65 and older they represent 14.3% of nursing home residents.[29, 30] In addition, white older adults have increased their use of assisted living facilities. The overrepresentation of Black people in nursing homes is attributed to their lack of financial resources and worse health compared to

their white counterparts.[31] This disparity has been borne out most recently in the context of the COVID-19 crisis – nursing homes with more Black or Hispanic residents had higher COVID-19 mortality rates than nursing homes with a lower share of Black or Hispanic residents.[32] Assisted living facilities are more likely to be located in higher income areas that have a lower proportion of Black older adult residents.[33]

Improving housing options for lower income older adults may help to reduce stress for caregivers as well.[34]

Figure 4. The Black-White Homeownership Gaps Have Widened Since the 2008-2009 Recession
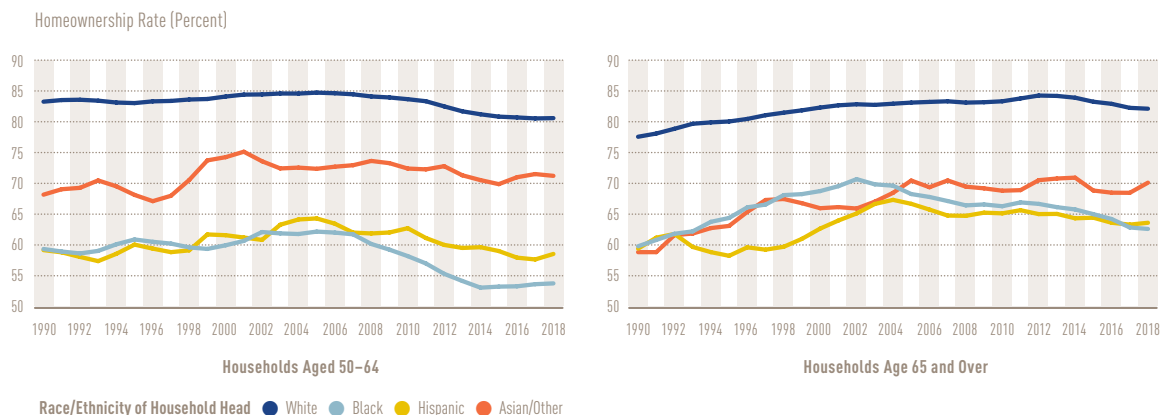
Notes: Estimates are three-year trailing averages. Blacks, whites, and Asians/others are non-Hispanic. Hispanics may be of any race.
Source: JCHS tabulations of US Census Bureau, Current Population Survey via IPUMS-CPS.

Source: Joint Center for Housing Studies, 2019

Accessibility

Disabilities affecting vision, hearing, mobility, communication, cognition and self-care increase with age. Persons age 85 and older report nearly twice the rate of disability as persons age 65-75 and four times the rate as persons age 50-64.[6] Creating accommodating home environments can help older adults age well at home. Simple modifications, such as a grab bar in the bathroom, can promote safety and independence at home. However, the majority of the nation's existing housing stock is not equipped with accessibility features, particularly for people with mobility challenges.[35] For example, less than 4% of America's homes have features such as single-floor living, no-step entry, and extra-wide halls and doors. Poor accessibility in and around the home exposes people to risks of injury, stress, and isolation.[11]

Aging in Place Alone

Despite the benefits of aging in place, living alone at later ages is associated with poorer mental and physical health.[36] The ability to live independently at home is influenced by many factors including age, gender, ethnicity, socio-economic status, social supports, and overall health. Advanced age, when combined with other characteristics such as lower socioeconomic status, make older adults particularly vulnerable to the challenges and risks of aging in place alone.

More than one in four older adults lives alone.[37] Women are nearly twice as likely to live alone than men at older ages. By age 85, nearly half of all women and more than one-quarter of men reside alone.[38] Older white and Black women are also more likely than women of other races to live alone while older Black men are more likely to live alone than men of other races. Older renters are more likely than older homeowners to live alone at every older age group including nearly half of persons aged 50–64 and more than three out of four persons age 80 and up. Living alone is also associated with greater rates of disability among older adults.[39]

Aging in Rural Areas

Almost a third of the nation's older adults reside in rural areas. Older adults in rural areas face particular housing challenges impacting their health as they age.[40] Rural areas have a greater proportion of substandard housing compared to the rest of the nation; the majority of rural housing stock is in need of repair as well as retrofitting to meet changing
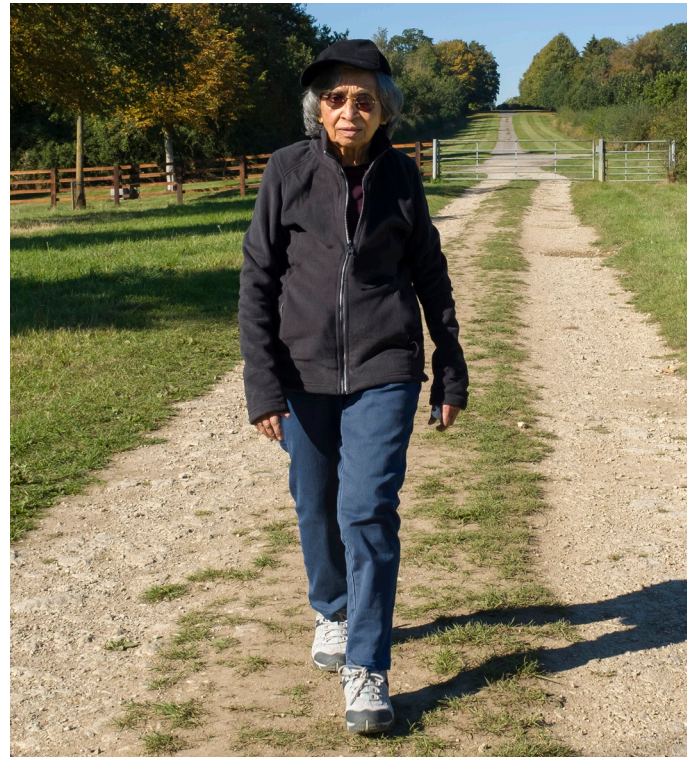
needs with age.[41] Yet a quarter of rural older adults are paying off mortgages and more than half of those who rent homes in rural areas are cost-burdened, which limits their ability to pay for maintenance or modifications.[34] Increased vacancy, deteriorated housing stock and declining home values result in a challenging housing market that make it difficult for older homeowners seeking to relocate. In addition, rural America has experienced a shortfall of medical providers as well as an exodus of hospitals and closures of nursing homes.[42]

Weather Emergencies

Older adults require greater assistance in evacuation during weather events due to a variety of factors including reduced vision and hearing, decreased mobility and use of assistive devices.[8] Moreover, older adults are more likely to die in the days following a disaster due to their reliance on medications, medical supplies, and electricity for power-dependent medical devices. They are also more vulnerable to environmental hazards arising after a weather event, such as bacteria-contaminated water.[11] Those who remain in their homes after a major weather event face life-threatening hardships including limited access to fresh food, healthcare, medications, and electrical service.

Existing Residential Arrangements

Housing options for the nation's older adults span the continuum from completely independent to totally dependent on others for healthcare needs. The vast majority of persons age 65 and older live independently in the community,[43] in largely traditional-style family homes.[15] More than half of all adults age 65 and older live with a spouse or adult relative (such as parent, sibling or child),[16] though living arrangements oftentimes change with age due to health reasons and other circumstances such as finances and widowhood. Shared living arrangements provide benefits to the health of older adults through financial assistance, socialization, and, depending on need, through the provision of support for instrumental and personal activities of daily living.[44] Though not widely available across the U.S., there has been an increase in the prevalence and occupancy of older adults residing in active retirement communities, which typically offer a range of lifestyle amenities such as exercise classes and other health-related activities.[15]

The current housing options available to older adults in the U.S. are:

Naturally-Occurring Retirement Communities

For economic and other reasons including attachment to one's home and a preference to age in place, the majority of older adults are less apt to relocate.[45] Thus, many older adults remain in locations in what has been dubbed "Naturally-Occurring Retirement Communities" or NORCs, communities that were not designed for older people but where more than half of the population is age 50 and older.[46] NORCs may exist in high-rise apartment buildings ("vertical NORCs") or in neighborhoods ("horizontal NORCs"). As NORCs have evolved since the term was coined in the 1980s, many have incorporated programs that leverage the economies of scale and offer supportive services like housekeeping and transportation.[47]

Village Concept

Similar to NORCs, the village concept is an option for housing that allows older adults to stay in their homes while increasing access to services and connection to other older adults interested in aging in place. In contrast to NORCs, which develop unintentionally, villages are created with intent by the community members. Village membership may be obtained through an annual fee and offers members access to social activities, volunteer services and opportunities, and referrals to vetted service providers in the community.[48] The average cost of individual membership is around $500 annually.[49] Since the first village was established in 2002, this option has expanded rapidly in the U.S.; in 2016 there were around 155 operational villages. A 2016 survey of villages found that among the 115 villages that completed the survey, the mean proportion of members 64 or younger was 13%, 65–74 was 35%, 75–84 was 36%, and 85 or older was 22%.[43]

Multi-Generational Housing

After a downturn in the late 20th century, there has been a steady growth in the number of multigenerational households for the last four decades.[50] As of 2016, 21% of adults over 65 were living in a home with multiple generations. The housing stock has yet to catch up to demand, however. Families interested in multi-generational housing as an option for their loved ones may be living in housing unsuitable for individuals with limited mobility but they are unable to afford new construction with the appropriate design elements or to modify existing structures. For those that do not face financial limitations and are interested in building secondary residences (also known as accessory dwelling units or in-law suites), they may contend with zoning restrictions that limit or prohibit this option.

Continuing Care Retirement Communities

For those requiring more supports, more than 800,000 older adults reside in nearly 29,000 assisted-living communities located across the U.S.[51] However, the expense associated with this option prohibits many persons from residing in assisted living with an average annual cost of $48,000 paid privately and only 15% funded via Medicaid. Life Plan Communities, formerly known as Continuing Care Retirement Communities (CCRCs) represent a graduated approach dependent on changing needs from independent to assistive living to full coverage nursing care.[52] The majority of Life Plan Communities house persons with the means to afford hefty entrance fees, ranging from $100,000 to over $1,000,000, and monthly fees ranging from $3,000-$5,000, depending on contracted services.[53]

Nursing Homes

Nursing home placement represents a residential option for older adults requiring round-the-clock supervised care. There are currently 1.4 million older persons, or 4.5%, who live in the nation's nearly 16,000 nursing homes.[54] In a systematic review, the presence of functional impairments and the lack of support to assist with daily living needs at home were identified as the primary factors associated with nursing home placement, underscoring the critical role played by caregivers and/or paid support at home.[55] Nursing home placement is a tertiary and expensive residential option with annual costs upwards of $100,000 annually that are paid largely by Medicaid.[56]

Assisted Living

Assisted living facilities offer a housing option for adults that may need help with activities of daily living but are able to live relatively independently and do not require full-time care. Like many of the other options that offer both housing and services, assisted living is expensive; the median monthly cost is about $4,000. Currently about 1 million older adults, or 2%, reside in assisted living facilities.[46]

Dementia Care

As the U.S. population ages and deaths due to Alzheimer's rise, the availability of specialized care for adults with dementia is an important consideration for many individuals choosing a housing option for themselves or loved ones. Most nursing homes and many assisted living facilities offer memory care. At assisted living facilities, there may be an additional cost associated with this increased and more specialized level of care.[57]

Federal Programs for Affordable Housing

For older adults that are unable to afford the cost-prohibitive options described above, the U.S. Department of Housing and Urban Development (HUD) offers two public housing options: Housing Choice Voucher Program (HCVP) and Supportive Housing for the Elderly Program (Section 202).

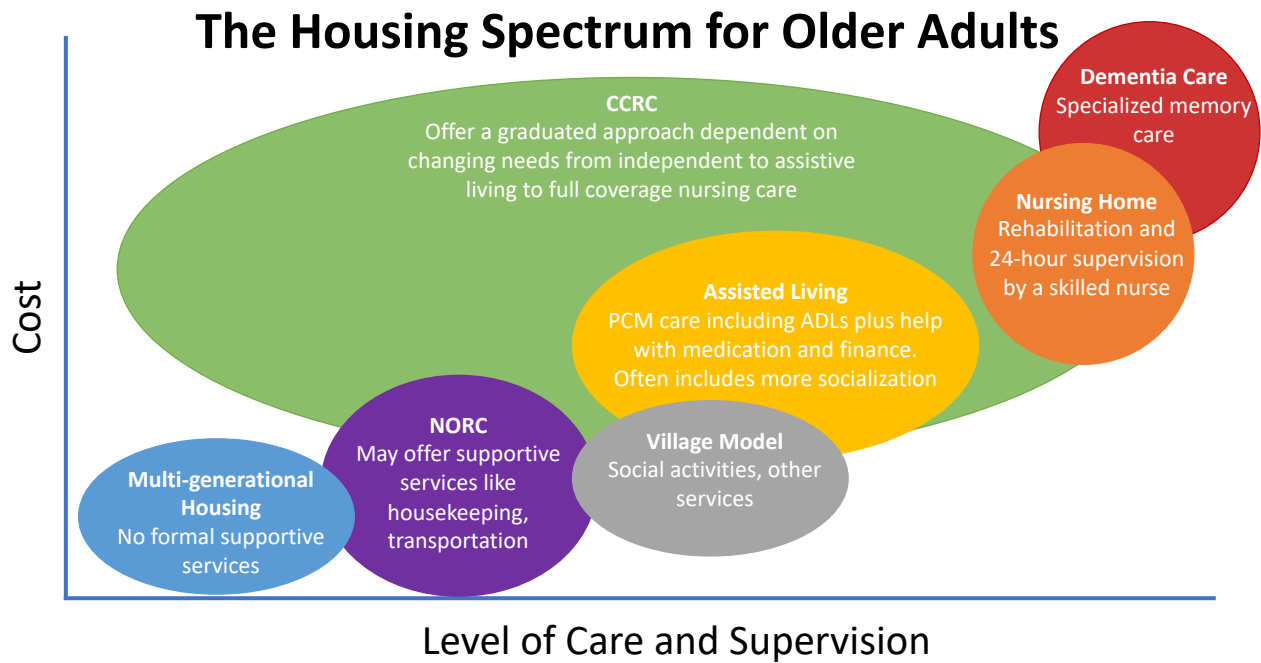The HCVP is the largest federal program for subsidized housing; more than five million people use housing vouchers, about a quarter of whom are older adults. Eligibility for the voucher program is determined by total annual income, which must be at or below 50% of the local median income. It requires that applicants find suitable housing on their own and then work directly with a public housing agency (PHA) to secure the housing assistance.

Section 202 provides funds to private nonprofit organizations and nonprofit consumer cooperatives for the development of affordable housing with supportive services for adults over 62 years. To apply, individuals must identify a Section 202 community and work with them to obtain and submit an application for housing.[58]

Obtaining housing through either of these public options may involve significant challenges. Accessing the information about supportive housing programs for older adults and the appropriate application materials can be difficult as the right websites and contacts may be hard to identify.[59] After the hurdle of locating the information and determining eligibility, there are often multi-year wait lists for few spots.

Figure 5. Housing Options by Cost and Level of Care

The Housing Spectrum for Older Adults

CCRC
Offer a graduated approach dependent on changing needs from independent to assistive living to full coverage nursing care

Dementia Care
Specialized memory care

Nursing Home
Rehabilitation and 24-hour supervision by a skilled nurse

Assisted Living
PCM care including ADLs plus help with medication and finance. Often includes more socialization

NORC
May offer supportive services like housekeeping, transportation

Village Model
Social activities, other services

Multi-generational Housing
No formal supportive services

Cost

Level of Care and Supervision

Replicated from: SeniorLiving.org

Over 50 percent of the 1.13 million households living in subsidized housing are headed by a person who is 62 or older and/or disabled, with about 47 percent still being able to work.[60]

Figure 6. Public Housing Head of Household

— Adults ages 62 or older, disabled, or both — Work-able adults ages 18–61
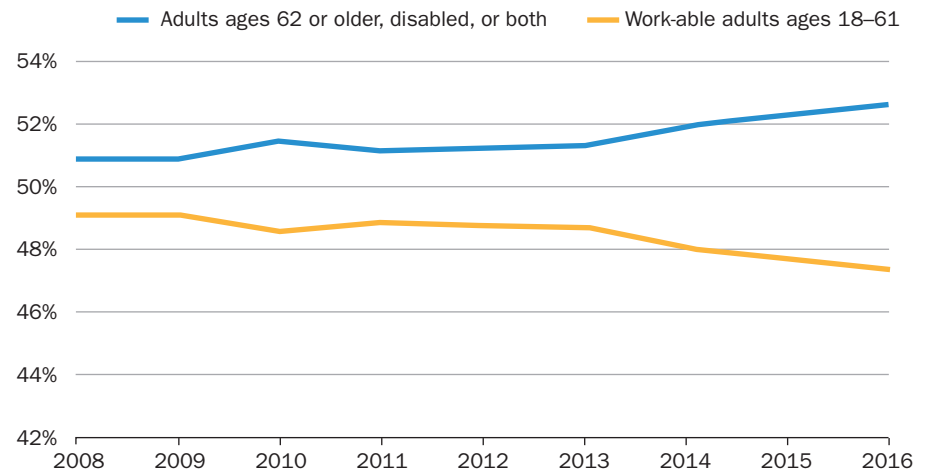
Source: US Department of Housing and Urban Development; Urban Institute

RECOMMENDATIONS: How Public Health Can Promote Healthy Aging via Housing Policies and Supports

Providing equitable and accessible age-friendly housing options, rental assistance, home repairs and modifications, accessible residential design and community planning, as well as improving the links between housing and healthcare, among other strategies, can help older adults age safely, comfortably, and affordably in their homes and communities.[16] Such steps will also reduce housing disparities and provide racial/ethnic minority older adults with more options and opportunities to make decisions about their housing. Public health practitioners are well-positioned to support these healthy aging initiatives. And each of these approaches must address overcoming the barriers to access created by racial and ethnic prejudice, poverty, geography, and other socio-economic factors. Increasing access to such housing options without attending to socio-economic and race-based factors could exacerbate disparities.

The essential public health services (depicted in Figure 7) which public health practitioners are trained to provide, can serve to increase healthy housing options for older adults by applying the Framework for an Age-Friendly Public Health System and connecting people, services, and sectors; coordinating or complementing existing services; collecting data; and communicating findings.[61]

Recommendation: Connecting Developers, Government, and other Stakeholders.

Essential Public Health Services:

- Strengthen, support, and mobilize communities and partnerships to improve health.
- Create, champion, and implement policies, plans, and laws that impact health.

Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging. To address the limited supply of age-friendly housing, public health could work to facilitate connections between developers and local, state, or federal government. Filling a significant housing need is good business, and government may incentivize or subsidize the development of safe and affordable housing through programs similar to the HUD Section 202 program. Public health practitioners may consider working more with Community Development Block Grant programs. These

In counties where AAAs partnered with hospitals or mental health organizations, researchers observed a reduction of $136 in average annual Medicare spending per person, and a reduction of 0.5 percentage points in avoidable nursing home use.

programs support communities by providing housing, livable communities, and expanding economic opportunities, primarily for low- and moderate-income persons. Public health could use a program like this to advise city and county planners on the inclusion of universal design features and how to make age-friendly housing affordable to all older adults. In other cases, it may be more appropriate for public health to facilitate connections with Departments of Elder Affairs, Area Agencies on Aging, and Age-Friendly Communities leaders and developers so that they might provide expert input on design and planning.

Connecting with Area Agencies on Aging. The over 600 Area Agencies on Aging (AAAs) in the U.S. support healthy aging by providing access to services including in-home support, nutrition, transportation, and other social services.[62] In recent years, AAAs have played an increasingly substantial role in linking health care and social services. These cross-sector collaborations have been shown to provide significant benefit both in terms of cost savings and improved health; in counties where AAAs partnered with hospitals or mental health organizations, researchers observed a reduction of $136 in average annual Medicare spending per person, and a reduction of 0.5 percentage points in avoidable nursing home use.[63] Public health could partner with AAAs to further support these collaborations and address disparities in access to these facilities. They could also bring in other partners to support the effort. In the absence of a AAA, they could play a similar convening role.

Connecting with Local Government. As described in the Existing Residential Arrangements section of this brief, restrictive zoning laws are an often-cited barrier to investment in and development of new housing. In these cases, public health departments could work with local government to

amend zoning laws; for example, in places where zoning limits mixed use, accessory dwelling units, or cohousing.[24]

Connecting Young Professionals and Older Adults. One new way that communities have devised to promote housing affordability is intergenerational housing, which tackles affordable housing needs both for older homeowners and young professionals. The HomeShare Project in Sarasota, Florida helps homeowners create a private living space for a tenant. The rental income makes it easier for older adults to age in place, while expanding affordable housing stock for other community members and reducing social isolation.

Convening Healthy Aging and Homelessness Services. Permanent supportive housing or housing first models have been shown to be effective for older adults in terms of retention rates and improved health outcomes.[64,65,66] A major challenge faced by older adults in permanent supportive housing is the need for increasing levels of service as they age; public health could serve to convene permanent supportive housing programs with in-home supports, dementia care, etc.[67] In the midst of the COVID-19 pandemic, while municipalities were struggling to safely house individuals experiencing homelessness, public health lead testing and infection control efforts and provided guidance on cost-effective approaches to limiting spread of the virus.

Recommendation: Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.

Essential Public Health Services:

- Strengthen, support, and mobilize communities and partnerships to improve health.
- Build and maintain a strong organizational infrastructure for public health.
- Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Coordinating and Vetting Services. Public health strategies to address challenges related to aging in place alone should focus on coordination between existing services to identify gaps and increase access. For example, a central repository of services or active navigation from one service, like Meals on Wheels, to another, like personal care support, might help to close gaps where awareness or access is a challenge. Local

public health departments could also serve a coordinating function between existing resources and older adults aging in place to help support the development of a village model. Public health departments can further help to vet existing services and endorse a set of trusted resources for the village or individuals in the community. This coordination can also provide equitable solutions by promoting innovative partnerships that support underserved older adults.

Recommendation: Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions.

Essential Public Health Services:

- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
- Assess and monitor population health status, factors that influence health, and community needs and assets.

Collecting Data on Existing Housing Stock. The majority of the nation's housing stock has not been designed to meet changing needs as people age.[68] Universal design features, like step-less entries and bathroom grab bars, can accommodate changes in functioning across the life course for people of all ages and abilities. Public health can help to both characterize the limitations in existing housing stock and simultaneously advocate for the implementation of universal design features that will expand the supply of housing.[69] There is a need for data that highlights the disparities in access to affordable housing. In rural areas where a greater proportion of the housing stock may not be conducive to healthy aging, collecting data on the extent of housing deterioration and unsuitability will help to provide the basis for policy action.

Collecting Data to Determine Program Effectiveness. To understand which types of interventions work best for whom and under what circumstances, public health can play a role in designing data collection efforts to support program evaluation. For example, there are no robust data on the effects of intergenerational home sharing programs; nor programs that focus on specific racial/ethnic communities. Public health could help capture and disseminate the risks and benefits.[70] Public health could also work with stakeholders to determine the best patient- or person-centered outcomes to measure.

Recommendation: Conducting, communicating, and disseminating research findings and best practices to support healthy aging.

> **Essential Public Health Services:**
>
> - Create, champion, and implement policies, plans, and laws that impact health.
> - Communicate effectively to inform and educate people about health, factors that influence healthy aging, and how to support it

Communicating Risks of Weather Emergencies. As experts in communicating risk and translating science into actionable information, public health practitioners are well-positioned to work with policymakers, local governments, emergency preparedness agencies, and other community-based stakeholders to develop guidance and policies for limiting the effects of climate change-related and other weather emergencies on older adults and their homes.

Communicating Housing Options. Providing education for older adults, families, and care partners about the range of housing options and creating decision support tools for choosing the right housing option is another way that public health can fill a critical need in this space. By raising awareness in the community about models for healthy aging, this may encourage advocacy efforts to change local regulations and support innovation.[24] Additionally, public health could serve to promote the existence of rental assistance and affordable housing communities where applicable.

Disseminating Research Findings to Policymakers and Advocates. Disseminating rigorously produced evidence to inform advocacy agendas and policymaking is a major way in which public health can advocate for healthy housing options for older adults. Beyond simply producing and disseminating evidence, public health departments can formulate and promote evidence-based and equitable policies to support healthy aging.

Recommendation: Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.

> **Essential Public Health Services:**
>
> - Build and support a diverse and skilled public health workforce.
> - Utilize legal and regulatory actions designed to improve and protect the public's health.
> - Assess and monitor population health status, factors that influence health, and community needs and assets.
> - Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Supplementing the Existing Workforce. In areas where there are limited existing services, public health can play an important role in helping to build a workforce well-equipped to support the needs of an aging population. For example, local health departments could help train a cadre of community health workers (CHWs) that would be able to provide care that would otherwise be out of reach both geographically and financially for many families. A recent systematic review found that CHWs substantially increased access to care for ethnic minority older adults.[71]

Supplementing Existing Health and Social Care Services. Medical-legal partnerships integrate legal aid with a healthcare team to advocate on behalf of patients. These programs have been successful in producing a range of positive outcomes from reductions in psychosocial symptoms to improvements in general health and increased access to housing.[72] However, medical-legal partnerships have infrequently been targeted to the needs of older adults.[73] In cases where the health of older adults is significantly affected by unsafe housing and legal action is warranted, public health can work with healthcare facilities to identify older adults eligible for this type of intervention and help direct such older adults to the necessary legal aid. Public health also may facilitate care coordination and post-discharge social supports to ensure a seamless older adult care continuum.

Conclusion

There is a wide universe of housing options for older adults that can fit their needs at specific life stages. Approximately 42% of older adults in 2050 will be Black, Indigenous or a person of color (BIPOC). Given this increase in expected diversity among older adults, it is important to consider the diverse needs of this population. Older adults from racial/ethnic minority backgrounds often experience significant disparities in several areas of their lives, including housing. Due to a history of structural racism and limited access to resources, many older adults from underrepresented communities routinely encounter challenges when attempting to access support services and may face outright discrimination and neglect from the aging and healthcare systems. More broadly, the research literature on these issues is thin and few programmatic interventions exist that explicitly serve elders of color and LGBTQ+ elders.

Policies meant to support aging, health and wellness often ignore, underfund, or discriminate against elders of color, Indigenous elders and LGBTQ+ elders across distinct populations. Navigating the multitude of existing housing options to determine the right option at the right time may be challenging for older individuals, their families, and care partners. Moreover, limited housing stock and prohibitive costs of housing and care compound the challenge of accessing appropriate shelter. Public health is well-positioned to play a critical role in providing resources to older adults as they navigate their housing needs and options, as well as working to advocate for and create community partnerships to expand the availability of older adult appropriate housing.

Appendix

Created 2020

The 10 Essential Public Health Services:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.

2. Investigate, diagnose, and address health problems and hazards affecting the population.

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

4. Strengthen, support, and mobilize communities and partnerships to improve health.

5. Create, champion, and implement policies, plans, and laws that impact health.

6. Utilize legal and regulatory actions designed to improve and protect the public's health.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

10. Build and maintain a strong organizational infrastructure for public health.

Source: Centers for Disease Control & Prevention - 10 Essential Public Health Services

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