

Seniors in public housing suffer worse health than others in community

March 16 2011, By Stephanie Stephens

Location really does matter to older adults' health, according to a new study that found those living in public housing fare poorly and suffer more from fatigue and chronic, related conditions than those in other community dwellings.

The study in the winter issue of the journal *Ethnicity and Disease* confirms that [older adults](#) living in [public housing](#) owned by government are twice as likely — 57.3 percent vs. 26.9 percent — to report fair or poor health compared to those with no public housing experience.

Investigators analyzed multiple, simultaneously occurring symptoms of the nation's poorest and most at-risk individuals, said lead author Pamela Parsons, Ph.D., of Virginia Commonwealth University.

The findings are but a snapshot of those in public housing, said the study's research team. Such information might aid future innovations in public housing development to meet the needs of this growing segment of society.

In 2002, the AARP Public Policy Institute found that more than 2 million older adults live in publicly subsidized rental housing.

“The real issue is: How can we provide better care and services for these elders?” said Parsons, a nurse practitioner whose area of specialization focuses on frail elders aging in place in public housing.

Study participants included more than 16,000 individuals age 50 and older in the Health and Retirement Study. In 2006, they responded to interview questions on housing status, the state of their health and their functioning — how well they performed activities of daily living and mobility. Fatigue, cardiac conditions, stroke, hypertension, diabetes, arthritis and psychiatric problems were more prevalent among elders living in public housing.

Simply having access to more specific information could ultimately help improve necessary support mechanisms for older adults, said Parsons.

“Legislators need data to change and create policies that help people age in place,” she said.

The cost of private-pay assisted living is prohibitive, Parsons said. “Frail elderly fear moving to a higher level of care and losing independence. Many are very functionally compromised, with low health literacy. We can’t eradicate chronic illness, but we can minimize symptoms and improve quality of life.”

Not surprisingly, the existence of chronic, multiple symptoms is a catalyst for decline in elders’ health status over time, Parsons said.

“As a society, we have difficulty determining how to deal with increased life span overall, most evident in populations that are poor and frail,” said Stephen Bartels, M.D., a professor of psychiatry and of community and family medicine at Dartmouth Medical School.

The experience of aging in the community setting should not include having to transfer from one facility to another, based upon the older adult’s need, Bartels said.

“Those in senior housing have modest, minimal access to resources. Our

current system of care is biased toward nursing homes, settings appropriate for people who need nursing,” Bartels said. “But options are limited for those with chronic conditions in lower socioeconomic settings.”

More information: Parsons PL, et al. Subsidized housing not subsidized health: health status and fatigue among elders in public housing and other community settings. *Ethn Dis* 21(1), 2011.

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