

Housing and Health: Health Status and Functionality of Older Adults in Public Housing

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Abstract

Objective: We sought to describe the self-reported health status, chronic disease burden, and functional status of elderly public housing residents in Asheville, North Carolina.

Methods: The 2013 Medicare Health Outcomes Survey (v. 2.5) was administered face-to-face to an incentivized, convenience sample of dual-eligible seniors. Self-reported health status, disease burden, functionality, and patient-physician interaction were reported; relationships between indices were examined at the bivariate level using Pearson correlation or Chi square analysis ($p < 0.05$).

Results: Participants were predominantly white (79.8%), female (60.6%), and living alone (72.1%). A small majority (61.8%) reported good to excellent health status; 41.3%-45.2% reported declines in health status over the year preceding the survey. Chronic disease burden was high (defined as ≥ 5 chronic conditions) among 48.1%; hypertension (69.2%), depression symptoms (61.2%), arthritis (55.8%), urinary incontinence (35.6%) and diabetes mellitus (33%) were the most prevalent conditions. Most respondents (64.4%) reported minimal to no functional impairments although many reported problems with walking (48.5%) and chronic pain (30.1%). Relatively few respondents endorsed discussing health conditions with medical providers; 47.1% had discussed falls and 35.7% had discussed urinary incontinence with providers.

Conclusions: Participants reported robust health status and functionality in spite of high chronic disease burden. This optimism and resilience should be harnessed in interventions designed to preserve health and functioning among this population.

Key Words: Dual-eligibility; Elders; Functionality; Health status