

IMPACT OF COVID-19 ON RESIDENTS LIVING IN FEDERALLY-ASSISTED HOUSING

A National Survey of Resident Service Coordinators

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EXECUTIVE SUMMARY

As of June 24, 2020, an estimated 2,369,806 individuals in the U.S. have been diagnosed with COVID-19 and 121,746 have died from the virus.¹ It is increasingly clear that the staggering human and economic toll of COVID-19 is not evenly distributed; low-income elderly adults, people with disabilities, and racial/ethnic minorities are more likely to experience poor outcomes.² These are the same populations that are more likely to receive federal housing assistance enabling them to live in designated affordable housing buildings.

Many types of federal housing assistance programs—including public housing, multifamily housing, and housing targeted towards specific populations (e.g., the elderly and the disabled)—have on-site resident service coordinators to help individuals and families navigate the complex realities of accessing support and services. Service coordinators are charged with assessing resident needs, advocating on behalf of residents with landlords and government agencies, and connecting residents with food resources and medical care.³ The presence of service coordinators allow housing sites to become platforms for the delivery of supportive services that meet the vital needs of residents. The COVID-19 pandemic has simultaneously changed the type and level of need experienced by residents and the ability of service coordinators to meet these needs. However, to date, there has been very little research on the challenges faced by these vulnerable residents nor the ways that service coordinators are able to respond.

Between May 29, 2020 and June 10, 2020, an electronic survey was distributed to service coordinators who are members of the American Association of Service Coordinators (AASC). Data were collected from **1440 respondents** (estimated response rate of 43%) of which **96.1% work at a U.S. Department of Housing and Urban Development-assisted property and 88.1% work at a property with primarily older adults** (age 62 years and older)⁴. Properties are located in 49 states across the U.S., and the median size is 42 units. Almost a third, 32.3%, of service coordinators estimate that more than a quarter of the residents they serve are black or African American; 20.2% report that more than a quarter are Latino; 13.9% report that more than a quarter are Asian; 27% report that more than a quarter have limited English proficiency; and 56% report that more than a quarter are disabled.

¹ COVID-19 United States Cases by County. *Johns Hopkins University*. <https://coronavirus.jhu.edu/us-map>. Updated April 20, 2020. Accessed April 20, 2020.

² COVID-19 Special Resource Page: Addressing The Needs Of Low-Income And Vulnerable People. *Coalition of Human Needs*. <https://www.chn.org/articles/covid-19/>. Accessed April 17, 2020.

³ American Association of Service Coordinators (AASC). <https://www.servicecoordinator.org/>. Accessed April 17, 2020.

⁴ To reduce the burden of the survey, half of the respondents were randomized to receive questions on health and the other received questions on food security.

KEY SURVEY FINDINGS

- ***Uptake of video calls has been limited.*** Service coordinators continue to work with residents, though they have transitioned from in-person individual and group meetings to telephone calls. Video calls—either with the service coordinators or with medical providers—are limited by residents lacking reliable internet and the appropriate technology. Poor technology literacy further limits their uptake.
- ***Over a quarter (27.4%) of service coordinators report cases of COVID-19 in their buildings.*** They have been working to educate residents around risks and report their properties are taking precautions. Barriers remain to social distancing and many residents do not have masks.
- ***Many residents have avoided needed medical care; access to care is suboptimal.*** 43.4% of service coordinators report being aware of residents who have avoided medical care during the pandemic that they would have otherwise sought. Access to medical care has decreased substantially since the start of COVID-19 and difficulties in obtaining medicines and obtaining help with activities of daily living have increased.
- ***Psychological distress due to COVID-19 is high among residents.*** Service coordinators report that many of the residents express symptoms of loneliness (68.9%) and anxiety (68.3%).
- ***Majority of residences provide assistance with access to food.*** Nearly all facilities are offering assistance with food access and the majority of service coordinators (82.8%) report that residents are able to meet their food needs. Most service coordinators have facilitated food delivery (78.9%) or meal distribution (67.9%) since the start of COVID-19 and use of these services has increased substantially among residents.

POLICY RECOMMENDATIONS

1. Reliable internet and technology along with support for digital literacy is essential to help increase access to telehealth, online grocery delivery and access to other programs. Equipping each federally subsidized property with building-wide internet that is free for residents to access is the first step to ensuring residents can stay connected while social distancing and partake in telehealth.
2. Social distancing may be supported through clear guidance and distribution of masks and supplies. Personal Protective Equipment is especially important for service coordinators, who have continued to work on properties as essential personnel.
3. A coordinated response is necessary to support and maintain food access. Continued federal investments in food programs and delivery flexibilities have allowed service coordinators to quickly connect residents with meals.
4. Expand resources available to service coordinators to ensure they can continue serving residents efficiently and effectively. During the pandemic, their usual efforts to facilitate services, reduce social isolation and inform residents have increased and service coordinators are going above and beyond their normal job duties.

CONNECTING WITH RESIDENTS

Most service coordinators are still working. 84.6% of service coordinators report that their work hours have not changed due to the COVID-19 pandemic, and 58.4% of respondents indicated having permission to work from home either some or all of the time.

Nearly all service coordinators rely on telephone calls to communicate with residents. The use of phone communication to connect with residents has increased more than 27 percent, from 67.2% before the pandemic to 94.4% since the start of COVID-19 (Figure 1). Very few (3.8%) use video calls. In-person individual meetings have declined dramatically, as have in-person group meetings.

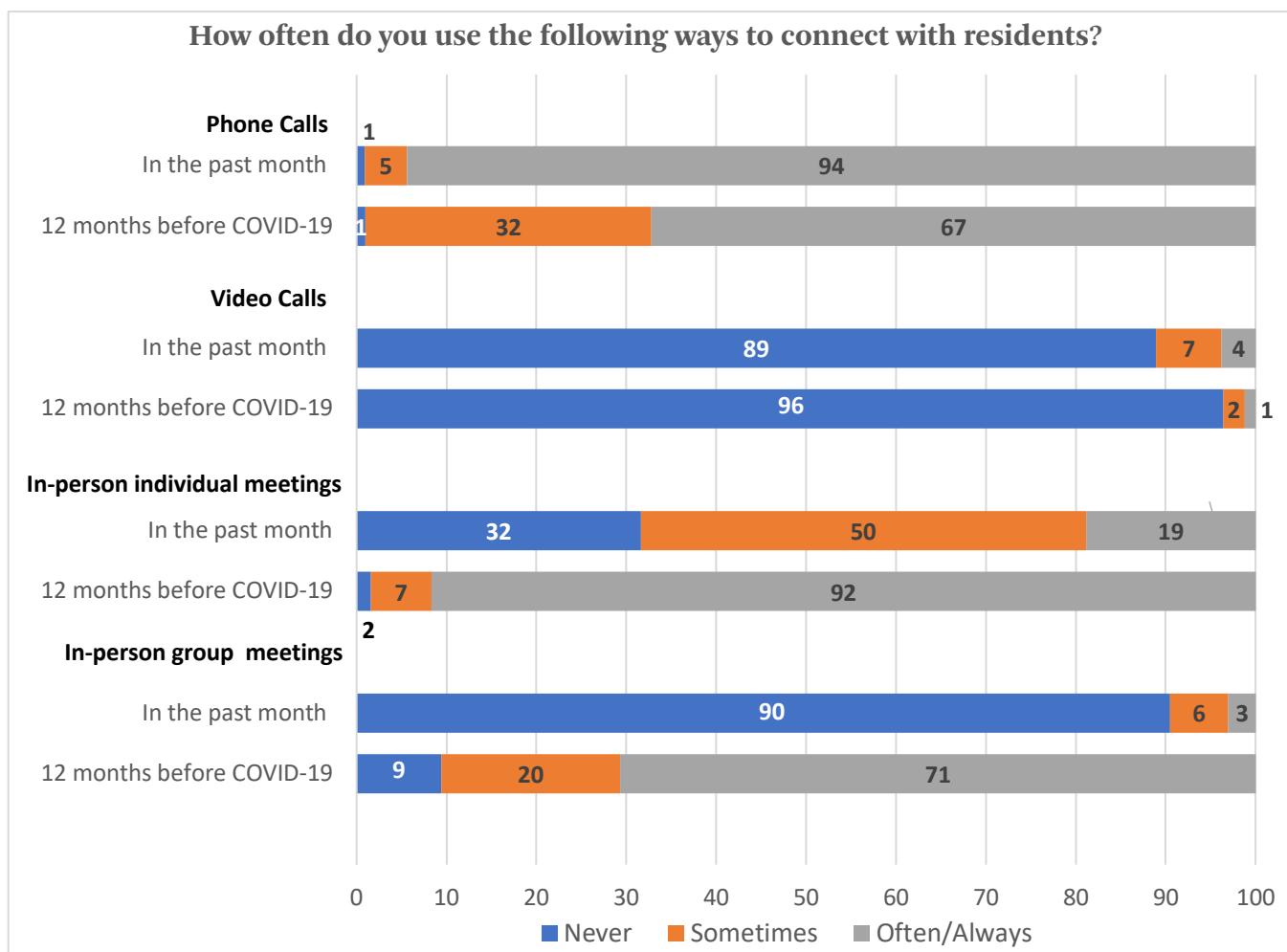


Figure 1. Methods of communication with residents 12 months before COVID-19 and in the past month.

RESIDENT PHONE AND INTERNET ACCESS

Residents have phone access but lack internet access and hardware. 77.1% of service coordinators report that all or nearly all residents have reliable phone access whereas only 8% report that residents have reliable internet access and 2.4% report that residents have technology for video calls (Figure 2). Conversely, approximately a third (33.7%) of resident service coordinators state that few or no residents have the technology for video calls and a fifth (20.7%) report that few or no residents have reliable internet access.

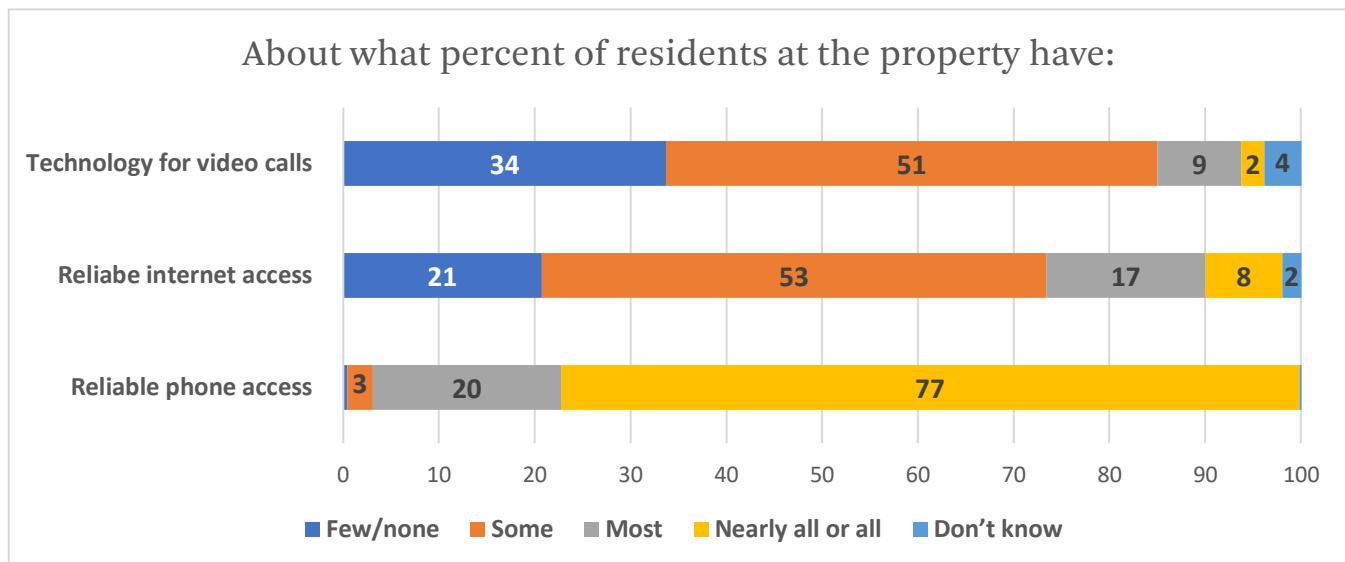


Figure 2. Percent of service coordinators indicating that residents have technology for video calls and reliable phone and internet access.

COVID-19 EXPERIENCES AND SOCIAL DISTANCING

Over a quarter (27.4%) of service coordinators know of residents at their property who have either been diagnosed with COVID-19 or are suspected to have COVID-19. Of these, 43% of service coordinators were told either by the resident themselves or by property staff. A smaller percentage of service coordinators report receiving notice from a member of the resident's household (18.2%), a neighbor or other property resident (14.5%), or the health department or other authorities (12.1%).

Nearly all service coordinators report that they themselves or other property staff have communicated with residents about preventing COVID-19 transmission (99%). Popular forms of communication include notices delivered to each resident (94.5%), educational flyers posted around the building (96%), and phone call or text messages to residents (71.1%).

A large proportion of service coordinators indicate that they know where to refer residents for COVID-19 testing (94%), that property staff are going above and beyond

normal job duties (82.3%), and that residents are generally helping each other during this time (68.6%) (Figure 3).

Maintaining social distancing on site can be challenging. About two-thirds report that residents generally wear masks when leaving their unit (68.1%) or are social distancing (63.4%). Only about half of service coordinators (51.6%) report that there are enough masks for residents.

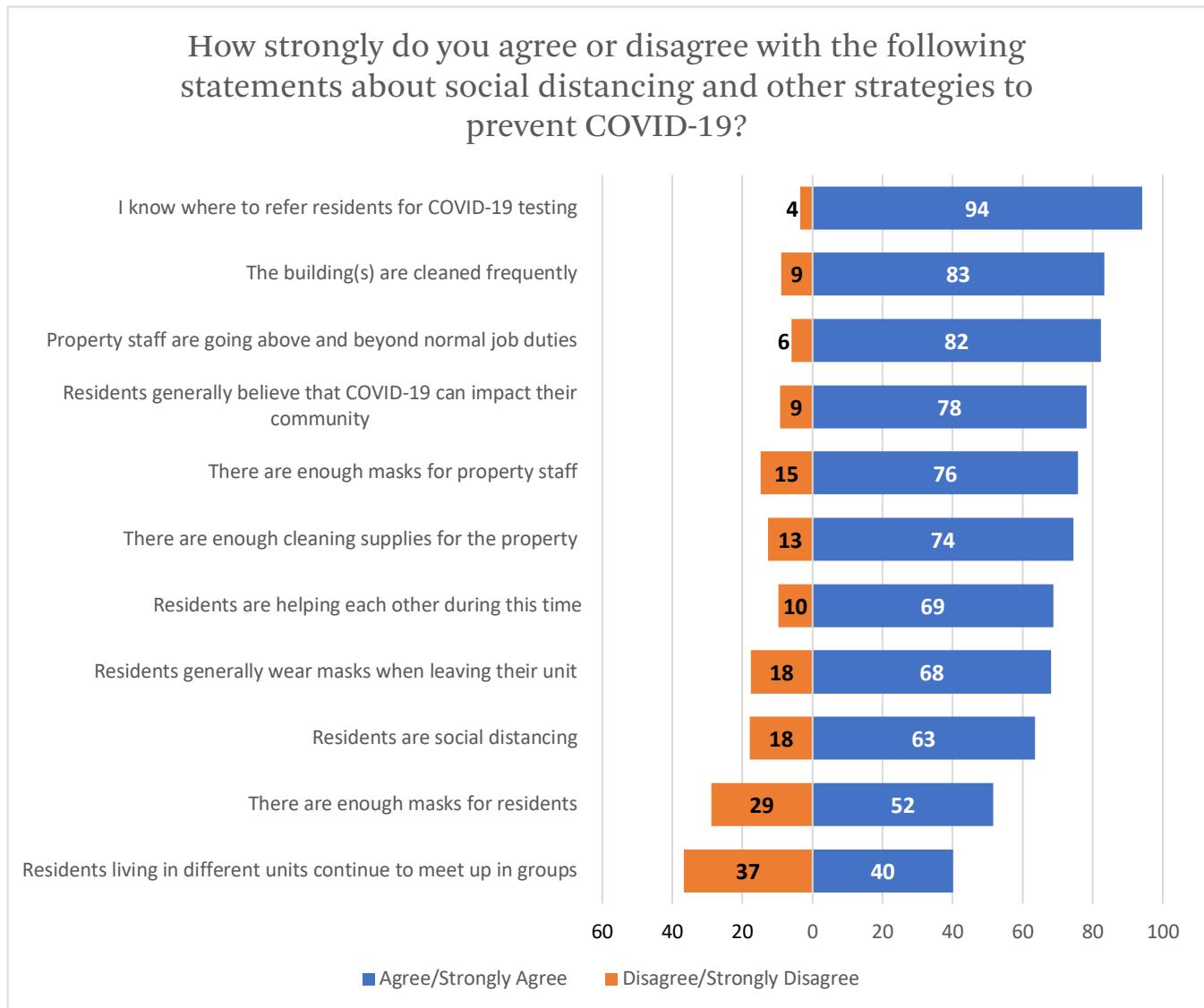


Figure 3. Percent of service coordinators that agree or disagree with the statements about social distancing and strategies to prevent COVID-19

Most properties (57.5%) have limited visitors due to COVID-19. Friends (56.9%) and family members (39.6%) are most commonly subject to these visitor restrictions, followed by grocery delivery (18.8%), and mail or package delivery services (19.1%).

HEALTH AND HEALTH CARE

Residents are avoiding necessary care. Over forty percent of service coordinators (43.4%) report being aware of residents who have avoided routine medical care, elective procedures and treatment of medical conditions including falls or infections during the pandemic that they would have otherwise sought. Service coordinators mentioned that fear of medical transportation vehicles and fear of going to doctors' offices prevented health care utilization. Family members' inability to accompany residents to hospitals or clinics were described as further reducing care-seeking.

Challenges to access primary, specialty, mental health care, and substance use treatment have all increased since the start of the COVID-19 pandemic. Many (70.3%) service coordinators report that in the year prior to COVID-19, few to no residents had challenges accessing primary care. This declined to just 31.6% in the past month (Figure 4).

Residents have difficulty picking up and managing their medicines. Over half (54.6%) of service coordinators respond that residents have difficulty managing their medicines, a proportion that is relatively stable before COVID-19 and in the past month. A larger proportion (58.3%) of service coordinators report that residents have difficulty picking up their medicines since the start of COVID-19.

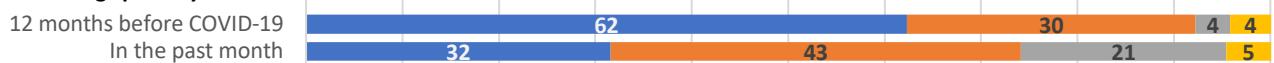
Residents also have difficulty obtaining the help they need with activities of daily living. Service coordinators also described that residents faced greater challenges to obtaining assistance with activities of daily living in the past month compared to the year prior to COVID-19 and in accessing household items, such as toothpaste, toilet paper, soap, and feminine products.

About how many residents face challenges accessing the following needs?

Accessing primary care



Accessing specialty care



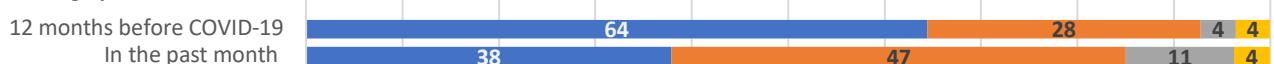
Accessing mental health care



Accessing substance use treatment



Picking up medicines



Managing medicines



Having home health care or visiting nurses



Accessing household items



Receiving assistance with activities of daily living



■ Few/none ■ Some ■ Most/Nearly all or all ■ Don't know

Figure 4. Percentage of service coordinators who report residents facing challenges accessing health-related needs.

MENTAL HEALTH

Many residents are experiencing mental health symptoms. Service coordinators indicate that residents report feeling grief related to loss of normal function and social connections (60.6%), feeling sad or depressed (53.2%), feeling worried or anxious (68.9%), feeling lonely (68.3%), or feeling isolated (74.1%) (Figure 5).

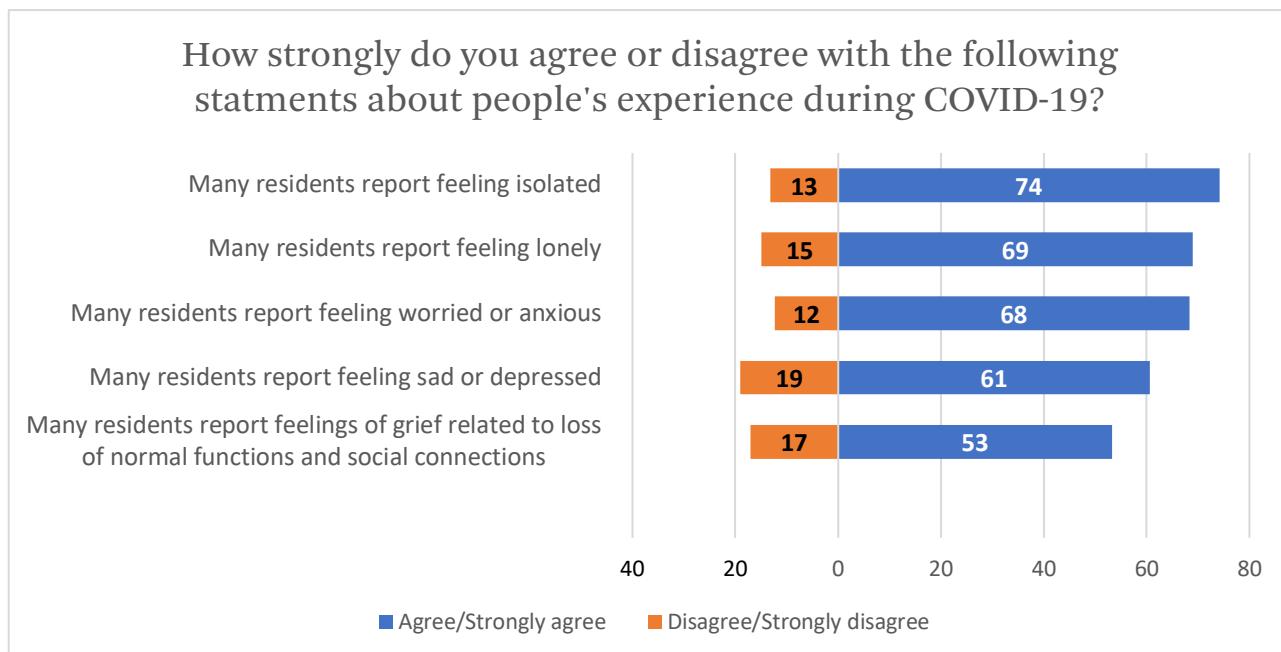


Figure 5. Percentage of service coordinators reporting feelings of grief, depression, anxiousness, loneliness, and isolation among residents.

Nearly all service coordinators indicate that steps are being taken to reduce feelings of isolation among residents (84%), with more frequent outreach directly from themselves and other property staff (93%) or via printed newsletters and other materials (84.8%).

VIDEO AND TELEPHONE HEALTH VISITS

Multiple challenges prevent the widespread use of video-based medical care. In addition to the challenges identified with Internet access and lack of technology for video calls, service coordinators report multiple other factors that may limit residents' ability to connect with their medical providers, including poor technology literacy, hearing and visual impairments, and cognitive or behavioral impairments (Figure 6).

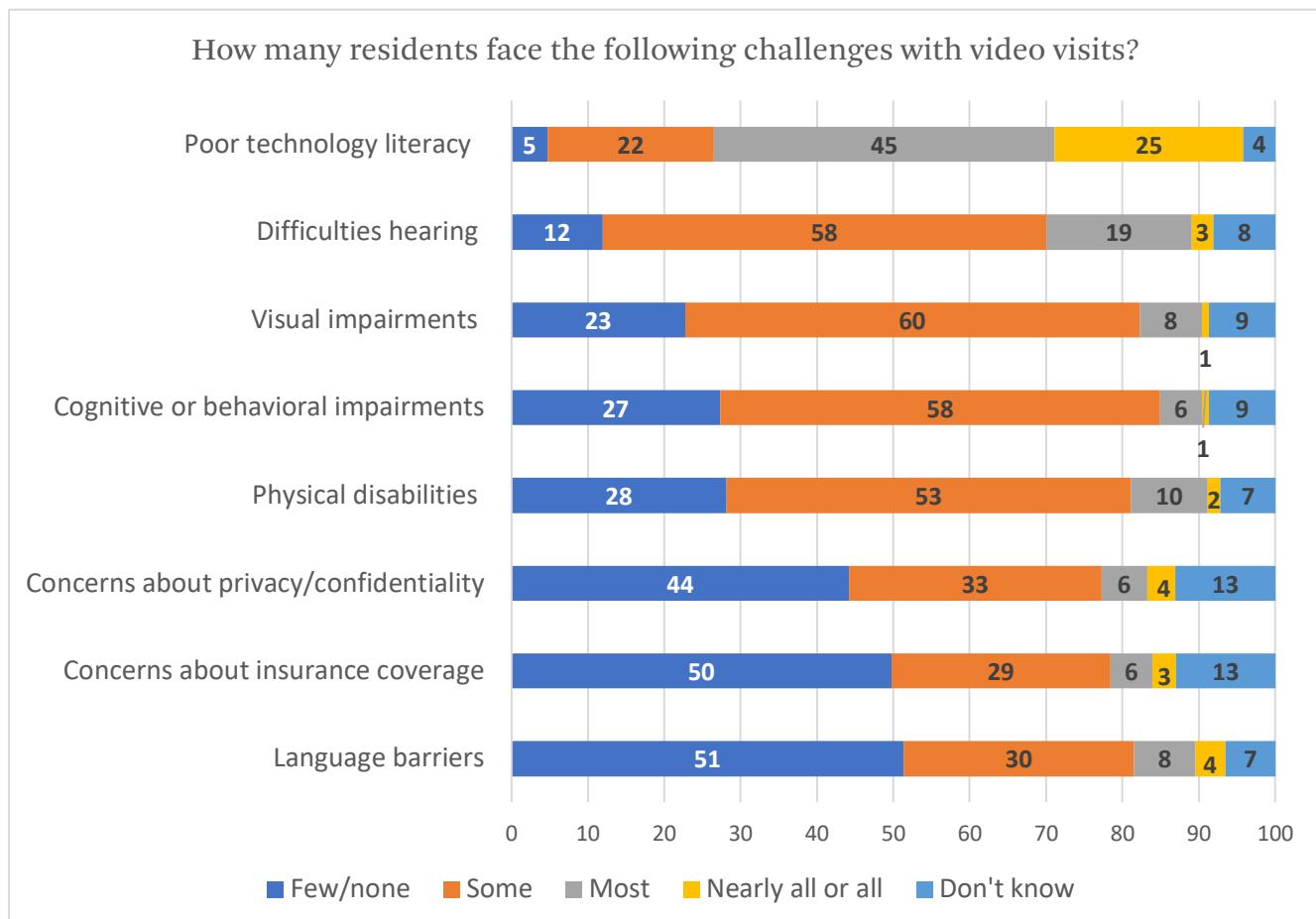


Figure 6. Percent of service coordinators who report that residents experience challenges with video visits.

FOOD ACCESS

Most residents are able to meet their food needs, but health conditions or physical limitations make food shopping difficult, and delivery is unaffordable for many residents. The majority of service coordinators (82.8%) agree that residents are able to meet their food needs and 74.9% agree that there is enough food or meal delivery available to meet food needs (Figure 7). Approximately half (55.4%) of service coordinators agree that food or meal delivery is affordable for residents. Service coordinators also agree that residents have health conditions or physical limitations that make it difficult to shop for food (68.9%) and prepare food (55.7%) (Figure 7).

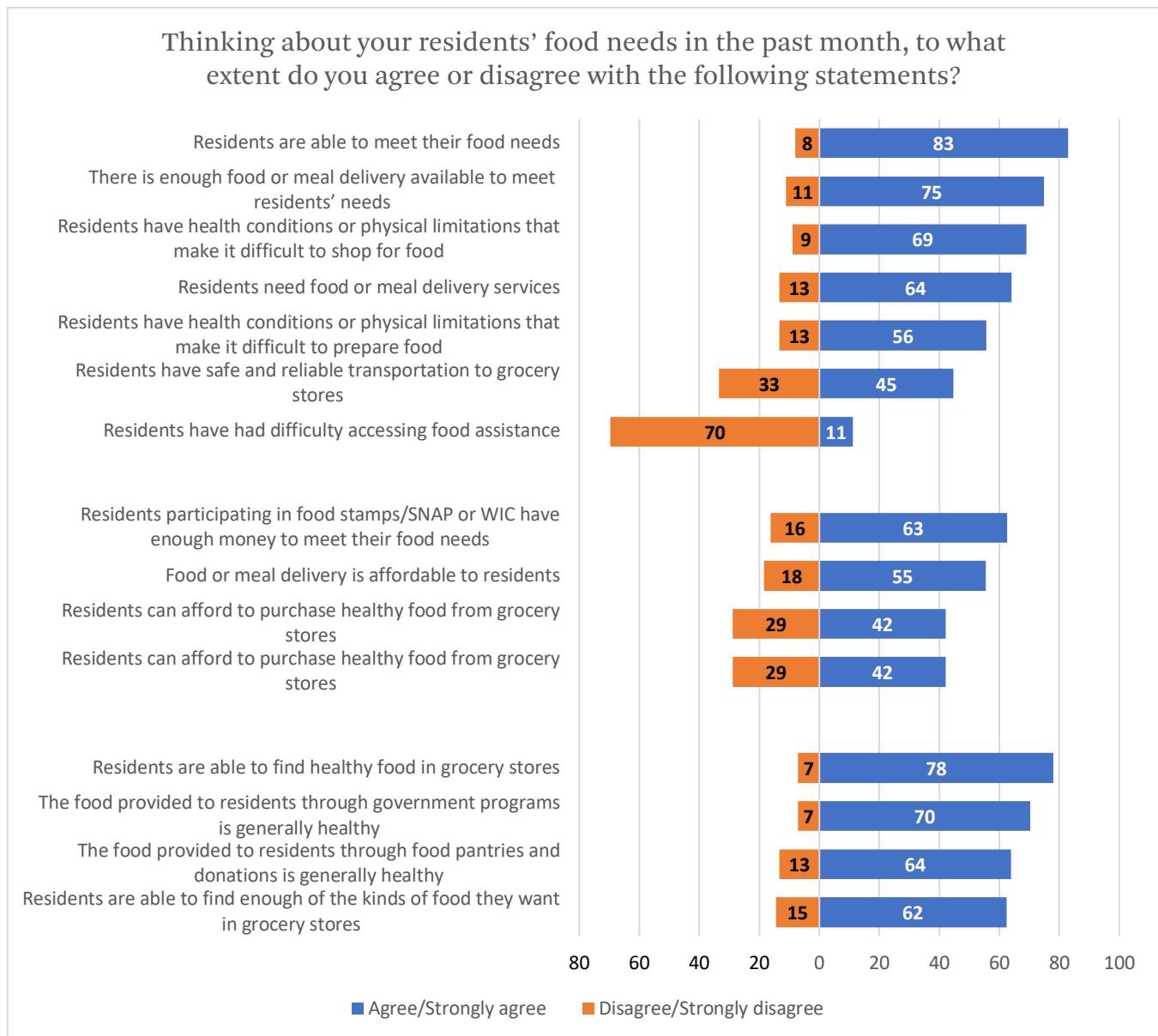


Figure 7. Percent of service coordinators who agree or disagree with statements regarding residents' food needs.

Use of grocery delivery and on-site meal distribution programs among residents has increased since COVID-19. Forty eight percent of service coordinators report that at least some residents used grocery delivery in the year prior to COVID-19; 79% of service coordinators report grocery delivery in the past month (Figure 8). The proportion of service coordinators who report that at least some residents use on-site meal distribution programs has increased by 40 percentage points (Figure 8). In contrast, on-site food distribution has decreased substantially.

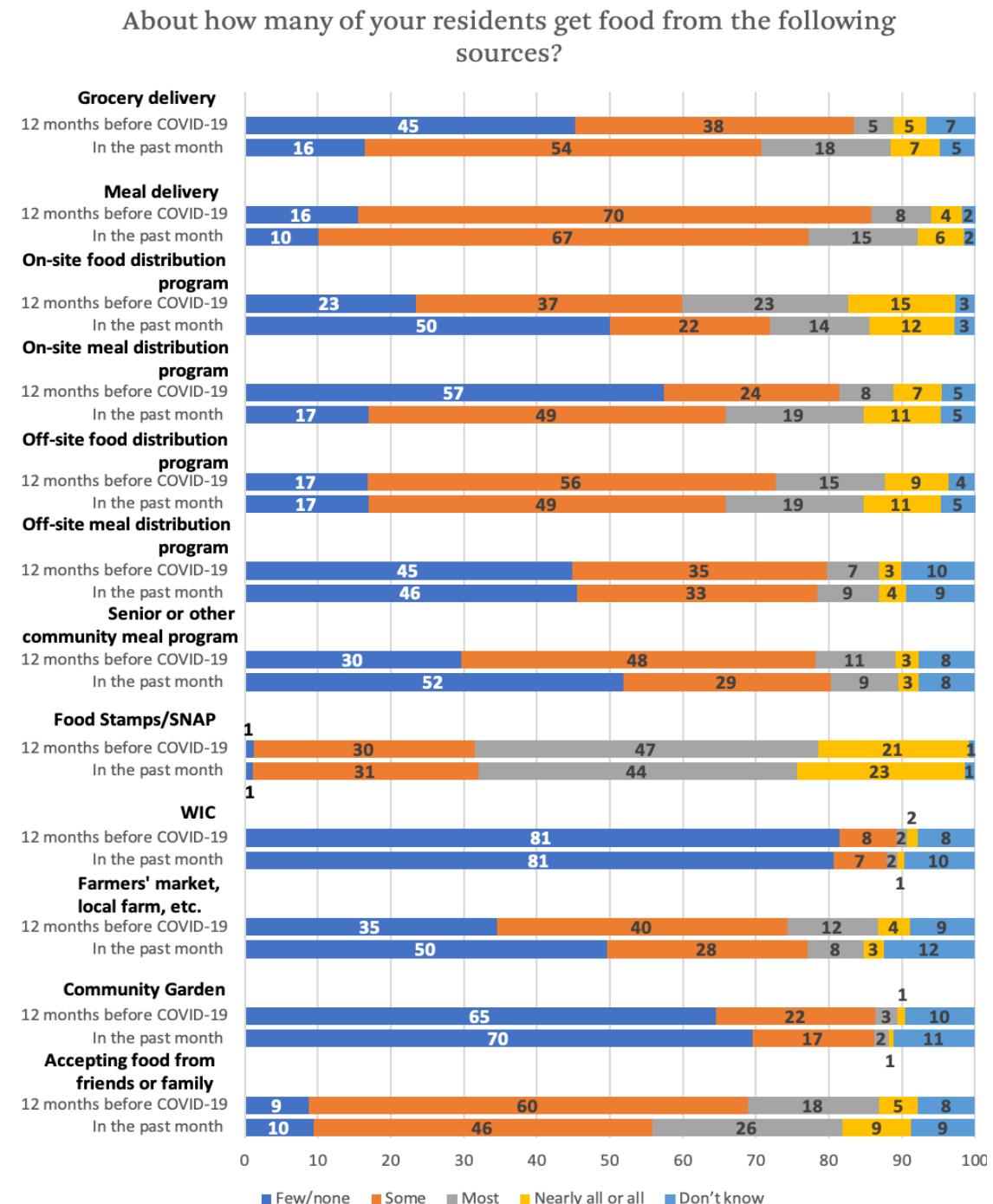


Figure 8. Percent of service coordinators reporting resident food sources before and after COVID-19.

Nearly all service coordinators continue to connect residents to a wide array of food resources.

Service coordinators assist residents with food stamps/SNAP, WIC, or Meals-on-Wheels applications or recertifications before and after COVID-19 (Figure 9). Similarly, nearly all properties continue to provide referrals to nutrition services before and after COVID-19, 91.7 and 86.5%. Over half (57.8%) of service coordinators report properties assisting with pandemic-EBT applications, and more than two-thirds (67.9%) report distributing food, food vouchers or meals.

There is a notable decrease in facilitated transportation to grocery stores. Sixty-point-nine percent of residents used facilitated transportation before COVID-19 and only 47.1% used it in the past month. By contrast, properties assisting in providing or facilitating food delivery services has increased. More than half of resident coordinators (62.8%) report that properties provided or facilitated food delivery services in the year prior to COVID-19, while 78.9% of resident coordinators report that in the month since COVID-19 their properties provided or facilitated food delivery services.

How has your property helped residents meet their food needs in the 12 months before COVID-19 and in the past month?

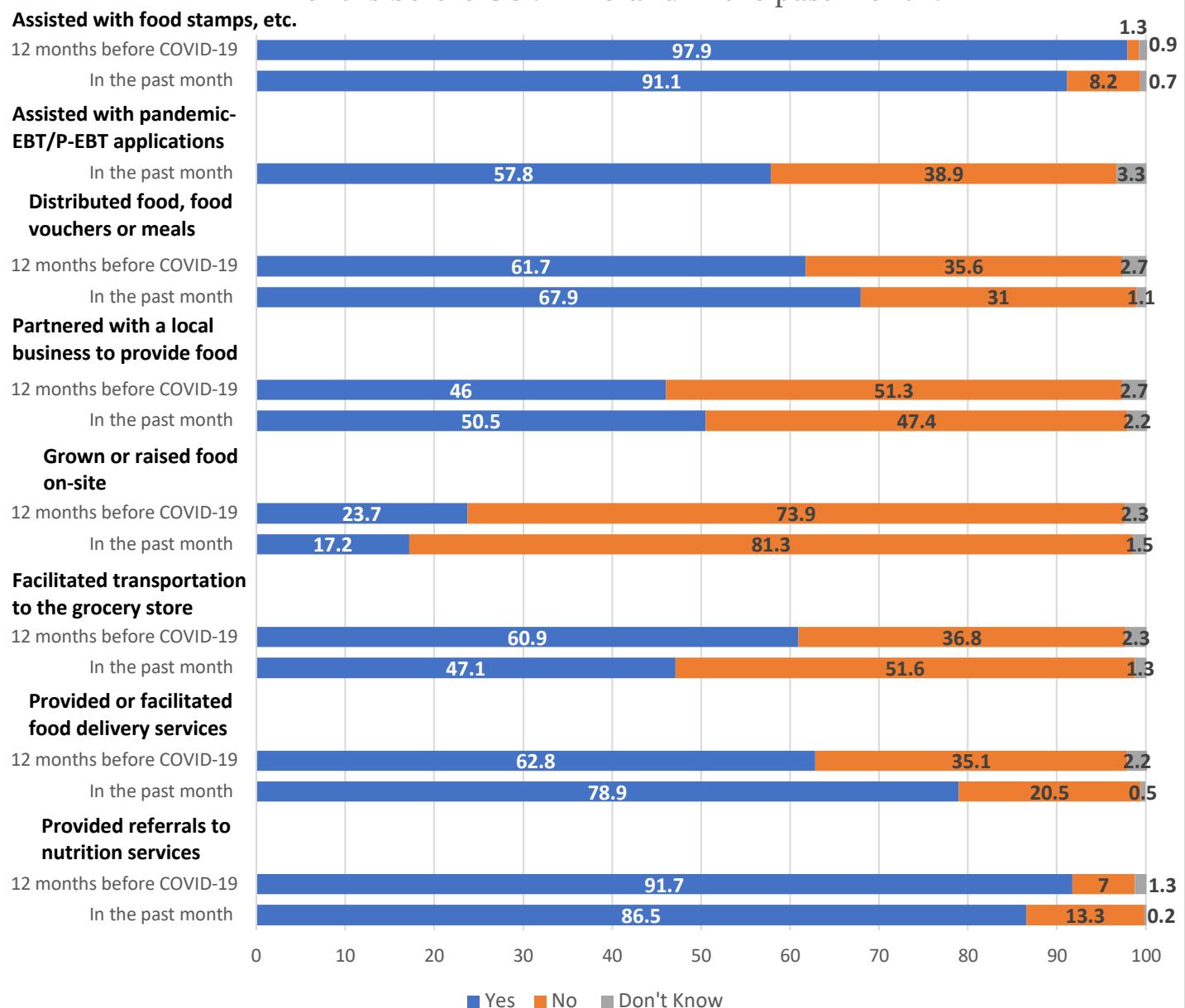


Figure 9. Percentage of service coordinators reporting property assistance with food needs a year before COVID-19 and after COVID-19 in the past month.