

# Affordable Senior Housing

## A Guide to Conducting Resident Assessments



This guide was developed by the LeadingAge Center for Applied Research with support from Enterprise Community Partners, Inc.



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## Introduction and Purpose

This manual provides a survey tool and guidance for conducting an assessment of resident needs in affordable senior housing communities. An assessment process can consider different areas, and the survey tool used here takes a particular focus on characteristics related to residents' health and functional situation. The goal is to give the property a general understanding of the health and functional status of their resident population and the potential corresponding service and resource needs and interests the group may have.

The reason for this focus is that in developing service programs, housing providers are often trying to help address the issues they see their residents struggling with and respond with programs and resources that can help improve their residents' quality of life and ability to age safely in their apartment. Some also are considering the need to minimize disruptions in the housing community, which may include challenging resident behaviors or damages to apartments. This focus does not deny that residents have other interests and needs. It also does not imply that residents are helpless and without strengths they can bring to the community. This tool simply focuses on areas in which a housing property may be able to help residents manage their health-related needs and maintain their ability to live safely in their apartment and community.

## Fair Housing Laws and Assessing Residents

Many housing providers, fearful of violating fair housing laws, believe they are not allowed to assess their residents. Fair housing laws do not expressly prohibit providers from assessing their current residents. What matters is when and how the assessment is conducted and how such information is used. The information cannot be used to make admission decisions, for instance to deny admission to applicants, or to evict current residents. Gathering information after admission on current resident needs on a voluntary basis for the purpose of developing service programs and identifying resources for residents is acceptable. Remember, the purpose of a service coordinator is to help residents voluntarily identify and access needed services, and in order to accomplish this, they must explore the resident's needs.

## Why Assess Your Residents?

Many affordable senior housing properties are committed to assisting their residents with accessing health and supportive services that can help meet their needs and maintain a high quality of life. While properties help residents identify services and resources available in the community, many also look for opportunities to bring to the property resources that can enhance access and aid multiple residents. Unfortunately, subsidized senior housing properties generally have limited resources to create and operate programs. It is beneficial, therefore, to identify services or programs that meet the specific needs and interests of their residents. Doing so may allow properties to target their finite resources to areas that will have the biggest affect across the community.

Many senior housing properties, particularly those with service coordinators, will say they are aware of the needs of the residents in their community. Service coordinators assist multiple residents, and the residents share extensive information about their life and needs with them. While service coordinators are likely quite knowledgeable about many of the residents they interact with, this does not necessarily mean they have a complete understanding of the needs of the community as a whole. They are not aware of those residents they do not see or the residents who may not have opened up to them about everything. And they may not have a clear idea of the aggregate needs and interests of the community. Without this information, properties may not be utilizing their resources in the most effective manner to assist their residents. This is not to say that service coordinators do not have valuable insight on the resident population. They most certainly do and this information should be merged with the quantitative data gathered from the resident assessment when analyzing the results and exploring service program possibilities.



By way of example, one provider in Portland purchased a subsidized senior housing property and was considering the types of services and supports it would bring to the property. Initially, the provider began exploring opportunities such as opening an adult day care on site. After conducting an assessment of the residents in the property, however, they realized the residents were not as functionally impaired as they had assumed and did not need this type of assistance. Instead, they were more likely to benefit from health- and wellness-related services.

This process can also help an organization better target services to specific subpopulations of residents. Information from periodic assessments, furthermore, can assist property managers and service coordinators in evaluating their programs and making midcourse corrections. A community-wide assessment may also aid a housing property in applying for grants to support service programs or in creating partnerships with community service organizations,

because the property can show actual data on the status and needs of their residents. For example, one health system in Pennsylvania and another in New York that developed partnerships with senior housing properties said the assessment data the housing properties shared with them were key to their willingness to engage with them because it affirmed there was a need for their services.

## The Assessment Tool

As stated above, the goal of the resident assessment tool is to give the property a general understanding of the health and functional status of their resident population and the potential corresponding service and resource needs and interests the group may have. This understanding allows properties to see where the most common and/or greatest needs are and to identify possible areas to intervene that may be most effective in terms of allocating limited property resources to help address the needs of a larger segment of the community. Or it might focus on areas in which the property recruits community partners to serve the building and allow them to show a level of need/interest that will make the partners commitment worthwhile. For example, if a community assessment reveals a large proportion of residents had falls in the past year, the property may look for programs to bring to the community that can help minimize the risk of falling.

The tool addresses areas such as:

- physical and cognitive health conditions
- depression
- limitations in conducting daily life activities such as grooming, moving around or housekeeping
- falls
- medications
- health service use (ER and hospital visits)
- physical activity
- support networks

### Examples of Housing Properties Conducting Resident Assessments

Lutheran Senior Services of Missouri conducts an assessment of all new residents moving in after they have been approved for residency. The goal is to help residents get set up quickly with needed services or resources to help ease their transition into the property. It also conducts an annual reassessment of all residents to address any changing needs. In addition, Lutheran Senior Services aggregates the assessment data to develop a community picture and bring in services to address common needs and issues.

Cathedral Square Corp. also conducts assessments of all residents and develops “individual healthy aging plans” in partnership with the residents to help address his or her needs and interests. Individual data is aggregated and a “community healthy aging plan” is developed to help guide the development of services and programs to address common resident needs.

In both examples, the assessments are voluntary and it is the resident’s choice to participate. Both organizations report a high rate of participation.

An electronic version of the survey tool can be accessed from either Enterprise Community Partners or LeadingAge by contacting the individuals below. A formatted Excel spreadsheet to assist with tabulating the survey results also accompanies the survey.

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## Preparing for the Assessment

While conducting a resident assessment is not necessarily complicated, there are multiple decisions to be made and steps taken to prepare for administering the assessment survey.

### General Questions

► **Will this be a one time or periodic activity?**

Before starting the assessment process, housing properties will first want to consider their overall goals for engaging in this activity. Do they see themselves conducting a regular, on-going assessment of resident needs or do they see this as a one-time activity for the purposes of informing the current service program exploration and development? Seeing the assessment activity as a periodic activity that becomes a regular part of the housing property's practices may influence the resources devoted to the activity, the survey content, the survey administration methods or the engagement of partners in conducting and analyzing the data from the assessment.

► **How will the survey be administered?**

Assessments can be performed in a number of ways, with some options requiring greater resources to conduct. This guide presents options to conduct a community-wide resident assessment that are mindful of the limited resources—both in terms of budget and staff size and capacity—affordable senior housing properties generally have.

Both options presented here utilize a self-assessment process, meaning the residents will answer the questions about themselves. Sometimes concerns are raised about the accuracy of self-assessed data. People wonder about the possibility that the resident won't understand the question, know the correct answer or tell the truth. While it is possible that every question won't be answered accurately, as a whole, the assessment data will be reliable. Several large national surveys (for example, the Medicare Current Beneficiary Survey and the Health and Retirement Survey) are conducted via a self-assessment process and this mechanism has been found to provide reliable results.

The two mechanisms presented here differ in who conducts the survey:

• **Option 1: Resident Self-Administered Assessment**

The first option for conducting the assessment is to distribute a written survey to residents and allow them to complete the survey themselves. The advantage of this approach is that it minimizes the number of staff and the amount of staff time needed to conduct the assessment. The potential disadvantage is that some residents may ignore the survey or may not complete it in its entirety, and it may be more difficult for frailer residents or residents with limited literacy to complete. Another disadvantage is that some residents may not fully or accurately complete the survey because they do not understand a question. These disadvantages, however, can be overcome to some extent by offering in-person assistance to those residents who need it.

- **Option 2: Third-Party Administered Assessment**

A second option for conducting the resident assessment is to administer the survey in person to residents. This means an individual is sitting down with the resident, reading the questions to them and recording their answers. The advantage of this approach is that it may produce a higher response rate and more fully and accurately completed surveys. The disadvantage of this approach is that it is labor intensive, requiring an individual to sit with each resident to work through the survey. This requires the time to not only administer the actual survey, but also to locate the resident at home to conduct the survey. If a property has residents who do not speak English as their primary language, it also requires the individuals administering the survey to be conversant in the appropriate languages.

While this option may be challenging for a housing property to carry out on its own, the property could partner with another group to conduct the assessment. One potential option is to partner with a local university to have students conduct the assessment. Some degree programs, such as social work or nursing, require students to complete some form of field work. Even if not required, the university may think it would be good opportunity for their students to develop their skills through real-life activities. Other partnership options might include local area agencies on aging, home health agencies and public health departments that are willing to do assessments pro bono or for a small fee.

Regardless of the delivery mechanism, residents still must be given the choice of completing the survey or not.

- **Will the completed surveys be identifiable?**

Residents can record their names on their completed survey or the surveys can be completed anonymously with no identifying names. There are potential advantages and disadvantages to both methods. The choice may be influenced to some extent by the property's decision as to whether this resident assessment process will become an on-going activity and/or how the information will be used. If the property would like the resident assessment process to be a regular activity, it may want to have the surveys be identifiable to allow for tracking changes in residents from year to year. Having the surveys be identifiable also allows the property to respond to resident-specific needs that might be identified through the assessment process. For example, if a survey notes that an individual has difficulty with a daily living activity but does not receive assistance, the property might engage with that individual to help connect him or her with the necessary supports. Or if the property brings a health education program to the community in response to needs identified through the assessment, the property would know specific residents to target marketing at and encourage their participation.

Regardless of whether the completed surveys are identifiable or anonymous, two principles must be adhered to and be made clear to the residents. First, individuals have the choice of completing the survey or not and of skipping any questions within the survey they do not wish to answer. Second, all information contained in the completed surveys will be kept confidential. Completed surveys should be stored in a way that allows only designated persons access to the information and should not be inappropriately shared with anyone.

- **Should an incentive be offered to encourage resident participation?**

One mechanism for helping increase participation is offering an incentive to residents for completing the survey. This could take a variety of forms, but an example might be a drawing among those residents who completed the survey for a gift card to a local grocery store.

There is not necessarily a minimum response rate that must be achieved for the assessment data to be reliable, although the goal is to get as high a response rate as possible. A lower response rate may result in less accurate results. For example, outlier answers can carry greater weight in a smaller pool of responses, while they would be balanced out in a larger pool. Or there's a chance that a particular group of individuals does not get represented in the survey. For example, frailer residents may be less likely to complete the survey and, therefore, the true frailty level of the property may not be revealed. The answer, however, is to build actions into the survey process that will help encourage as high a response rate as possible. Some additional tactics will be discussed below.

► **Who should be involved with the survey analysis and service program exploration?**

The organization conducting the survey should consider who will be involved in analyzing the resident survey results and exploring the type of service programming that could respond to the needs and interests revealed in the survey. In addition to the appropriate housing property staff (which may vary depending on the property's staffing pattern but might include a property manager, service coordinator and activities coordinator), if the housing property is part of a larger organization, it might also consider other departments or divisions that could contribute insight and expertise. For example, if the housing property is part of a larger organization that provides health or wellness services through another arm, it may ask for a representative from that area to assist with the survey process. An organization might also invite a representative from a community organization to assist with the survey analysis and service exploration. This could be a group the housing property already works with or might consider linking with in the future. This can bring additional expertise to the process and lay potential groundwork for a future service partnership.

## Preparing the Survey

There are a few steps to preparing the final survey document.

► **Finalizing Survey Content**

The resident assessment survey includes a core set of questions to help housing properties understand the basic health and functional situation for the resident community. The survey covers: physical and emotional health, functional status, health service utilization (ER and hospital use and medications), physical activity, and support network. Many of these questions are drawn from national validated survey instruments. This means they have been found to produce reliable responses and altering the questions is not recommended. A property may be interested in finding out about additional areas of its resident population, for example, residents' spiritual interests or their interest and capabilities with computers. Additional questions can be added to the core survey to give a broader picture of the housing community's needs and interests. The one thing to keep in mind, however, is the survey length. If too many questions are added and the survey becomes too long, some residents may be unwilling to complete it or may not fully complete it. Also recognize that you will have to adjust the Excel spreadsheet that accompanies the survey tool to accommodate and tabulate any additional questions.

An optional question is also provided about residents' interest in various programs and activities. This question could be added to the end of the core survey or it could be utilized at a different time. Additional topic areas or options within a topic area could be added to the question. As discussed above, this will require adjusting the Excel spreadsheet to accommodate and tabulate any additions.

► **Introductory Paragraph or Cover Letter**

If the assessment is being conducted via a self-administered process, a simple introductory paragraph or cover letter should be added to the survey that clarifies:

- the purpose of the survey
- how the information will be used
- all answers will be kept confidential
- the date by which the survey should be completed
- where the completed survey should be returned to
- what residents should do if they need assistance or have questions
- if any incentive will be offered

An example letter is included with the survey tool. The information that should be included in the survey letter is discussed in more detail below in the section about survey logistics.

If the survey is being administered to the resident, the surveyor should explain the same points, minus the details about returning the survey and getting assistance.



### ► **Visual Clarity**

The sample survey is formatted to be visually clear to most residents. If you alter the format of the survey, do so in a way that keeps it easy for residents to understand and read. Keep in mind the font type, font size and spacing. Some formatting suggestions for helping provide visual clarity and ease to older adult readers include:

- Font type – Serif fonts (like Times New Roman and Georgia) have tails on the ends of their letters that create an illusionary line, which can help guide the eye across the print. Sans serif fonts (like Arial and Tahoma) do not have the tails and are harder to read on the written page. Novelty typefaces are also difficult to read.
- Font size – Make font size at least 12 pt, 13 pt or 14 pt, depending on the font (some are bigger than others). Too large of a font can be difficult to see, however, you could consider producing some copies of the survey in a larger font size specifically for residents with low-vision needs.
- Spacing – Allow for white space. Empty space on a page can provide natural places for the eyes to relax from reading and may help older adults to focus their attention.

For additional suggestions, see: <http://www.nia.nih.gov/HealthInformation/Publications/srfriendly.htm>

### ► **Translations**

If you have residents in your property whose primary language is something other than English, translate the survey into other languages. While this may add expense and other challenges to the process, you will not be able to get a complete or accurate picture of your community if certain resident populations are left out. Most likely, properties with multi-lingual residents are already experienced with accommodating this need and translating materials.

## **Survey Administration Logistics**

There are some logistical questions to answer about the assessment process depending on the mechanism used to conduct the assessment. Some of these questions provide information that should be contained in the survey cover letter mentioned above.

### ***Resident Self-Administered Survey***

#### ► **How will the surveys be distributed?**

Many properties probably already have mechanisms by which they distribute materials to residents. This might include putting things in resident mailboxes or slipping documents under their door. The most important consideration is to ensure that every resident receives a blank survey.

#### ► **How long should residents be given to complete the survey?**

It is best to restrict the window to complete the survey to one to two weeks. Although individuals need adequate time to complete it and you must allow for time to capture individuals who may be away from the property for some period of time, you do not want to give too much time that the survey can be lost or forgotten about. You also want the information obtained from all residents to reflect the same time period.

#### ► **How and where will the survey be returned?**

A secure and accessible location should be identified where residents can return their completed survey. One option may be creating a box in which surveys can be dropped but cannot be removed by others. Some properties may have a mailbox in which residents deposit rent checks or other options that could be used. Some properties may want to consider tracking the returned survey in some manner so that they can follow up with individuals who haven't completed the survey. One option might be having residents return the survey to someone who checks off their name or apartment unit on a separate list. Another possible consideration is attaching an envelope of some sort that residents can seal their completed survey in when returning it. This may help allay some residents concerns about the confidentiality of the survey and others seeing their answers.

► **How will residents needing help completing the survey get assistance?**

Some residents may need assistance with completing the survey. This may include residents with low vision, limited literacy or difficulty writing. The property should decide who will help residents and make sure residents understand they can ask for assistance, if needed. Property staff probably are already aware of some individuals who may be likely to need assistance and they might proactively approach them. Properties could also consider conducting a group session to complete the survey. This might include reading through the survey with the group while individuals select their answers or it might just be having a designated time and place where residents can complete the survey and receive individual assistance, if needed.

You'll want to do some basic training with the individuals assisting with the survey. You'll want to ensure they understand why the assessment is being conducted and the process so that they can relay this information correctly to residents. You also want to ensure they understand all the questions. It's also important that the surveyors are clear on some basic guidelines for administering the survey. This includes understanding that the residents must select their own answers and that all information provided must be kept confidential.

### ***Third Party-Administered Survey***

► **How will residents be approached?**

You will want to consider the method by which you will reach residents. For instance, you might plan to go from apartment to apartment, conducting interviews on one floor per day. The process might vary by the number of units and floors and the number of people conducting interviews with residents.

► **How many times will you return to missed residents?**

By going from apartment to apartment, you are able to identify units where a survey has not been yet been conducted. You might establish how many times you'll return to a unit to try to capture a resident's response.

► **What will be the timeframe for administering the surveys?**

As discussed above, it is best to restrict the window for completing the survey to one to two weeks. Although you want to give individuals adequate time to complete it and have time to capture individuals who may be away from the property, you do not want the process to drag out so long that it becomes a nuisance and a burden.

► **How will individuals administering the survey be trained?**

You'll want to do some basic training with the individuals delivering the survey. You'll want to ensure the surveyors understand why the assessment is being conducted and the process so that they can relay this information correctly to residents. You also want to ensure they understand all the questions. It's also important that the surveyors are clear on some basic guidelines for administering the survey. This includes understanding that the residents must select their own answers and that all information provided must be kept confidential.

## **Resident Education and Marketing the Survey**

Before the assessment is conducted, the housing property should educate residents about the assessment process, including why the property is conducting the assessment, how the information gathered will be used and how it will not be used, and the benefit to the resident of completing the assessment. Educating residents about how the information they share will be utilized and maintained may help alleviate their concerns of sharing personal information with the property and increase their willingness to participate in the process. They may also be motivated when they understand that the information may result in direct benefits to them and/or the housing community.

Potential methods for educating residents about the survey might include:

- Make presentations at a resident association meeting or other resident gatherings
- Meet with resident association or other resident leaders to educate them about the assessment process so they can help talk to their fellow-residents and encourage their participation
- Write an article in the resident newsletter
- Place fliers on bulletin boards in common areas

Housing properties often believe that residents do not want to share personal information about their health status out of fear the housing property may use it against them. If housing property staff has relationships with residents and has shown a willingness and interest in helping residents find the resources and supports they need, this is unlikely to be a problem. There will always be some residents who are skeptical of management or are unwilling to share personal information about themselves, because that is their personality. If housing property staff have shown themselves to be trustworthy, however, this is unlikely to be a problem with most. Our experience in conducting assessments in affordable housing properties has found that residents are generally willing to share personal information about their health and functional status and support needs.

## Administering the Survey

Once the surveys have been distributed, if using a resident self-administered process, the property just needs to follow through on any activities that were planned to help residents who need assistance completing the survey and generally monitor the process to ensure everything is going smoothly. If a third-party assessment process was selected, the surveyors will simply be working their way through whatever plan was developed for connecting with residents.

## Analyzing the Survey

Analyzing the assessment entails two components: 1) entering all of the survey responses and tabulating the results, and 2) interpreting the results.

### Data Entry

Data entry will likely be the most time-consuming part of the assessment process. It is not necessarily a difficult task, but will just take some time. It will take an estimated five minutes to enter the responses to each survey. The first few surveys might be slow, but after doing a handful, you can get into an efficient rhythm. If your organization already has a database mechanism and has the capacity to program it for use with the resident survey, this could certainly be done. Many housing provider organizations, however, will not have such software and may only have the basic Microsoft Office tools. We have developed an Excel spreadsheet that corresponds to the core survey that can be used to analyze the assessment results for your property. [If you add on questions to the core survey, the spreadsheet has to be adjusted appropriately for the additional questions.] Responses to each completed survey can be entered in this spreadsheet and then are automatically tabulated to reveal the basic descriptive results. If you have a greater understanding of Excel, you can also sort the responses to look at the responses of different groups. For example, you might want to see if residents of different ethnic groups or in different age ranges have different responses.

### *Data Entry Spreadsheet*

We have created an Excel spreadsheet to enter and tabulate survey responses. The top rows of the spreadsheet list the survey question numbers and a short descriptive word or phrase from the question. Responses from each completed survey are entered in successive rows below the title rows. Responses are entered according to the code next to each response option to the question. At the bottom of the spreadsheet are formulas for each question that will automatically tabulate the responses to that question. More detailed instructions on entering data are provided below.

### *Data Entry Instructions*

1. The Excel spreadsheet contains two sheets. The first and primary sheet is for the core survey (questions 1-26). The second spreadsheet is for the question on interests in programs and activities for properties that choose to include this question.
2. If the survey was conducted anonymously, assign a “survey ID” number to each survey. Write this number at the top of every survey and then enter the number into the first column in the spreadsheet. If the survey was not conducted anonymously and has the resident’s name on it, you can use the name as the survey ID. The purpose of having an ID is that you can correct any data entry mistakes if they are identified at a later time.

3. For each survey, move across the spreadsheet inserting the response to each question in the appropriate column. For questions with provided response options, you will enter the code indicated for that response. For example, in the question below if the resident answered “good”, you would enter a “3” in the appropriate spreadsheet line for that question.

In general, would you say your health is:

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

For questions asking for a number (i.e. age, number of ER visits, etc.), you simply enter the numerical answer provided.

4. You will need to insert additional rows to accommodate the number of completed surveys you have. Formulas are provided at the bottom of the spreadsheet to tabulate the responses. Make sure that you insert rows above the noted line in the spreadsheet so that the tabulating formulas are not affected.
5. Note that question 12 (emotional health) differs from the other questions. This question is the 5-item Geriatric Depression Scale and it measures whether a person shows **possible** depression. The scale is viewed as a whole, not as individual questions, and a total score is calculated based on how a person answers each of the component questions. If a person has a total score of 0-1, they show no signs of depression; if a person has a total score of 2-5, they show possible signs of depression.
6. After you have entered all the data, visually scan the spreadsheet for entry mistakes. It is easy to accidentally enter an 11 instead of a 1, for example, and these types of mistake can be corrected very quickly.
7. After you have entered all of the data, the results will be tabulated at the bottom of the spreadsheet. You will have two results: 1) the absolute **number** of respondents who indicated each response to each question, and 2) the **proportion** of respondents who indicated each response to each question. A couple things to note:
  - You will notice that a respondent may not answer every single question. Technically to find the response rate, you should divide by the number of people who answered that particular question. However, without statistical software this can be very time consuming. The number of people who don't answer some questions should be small and for the purpose of this assessment that small level of “missing” data should not matter. You should just notice if there are any questions a large number of people don't answer and then use your judgment as to whether the information you get for that question is reliable.
  - Some questions are calculated based on the number of people who answered the previous question. For example, question 9 asks if a person has any difficulties with a variety of tasks, and, if so, if they have help with those tasks. The proportion of people who do or do not have help with a task is based on the people who said they have difficulty in the first question. In another example, question 10 asks if a person has fallen in the past 12 months and question 11 asks how many times. The average number of times residents fall is calculated based on those residents who said they had a fall. These calculations are built into the spreadsheet.

### ***Additional Tabulations***

You may want to look at your residents by different population groups within your community to see if there are any differences within the group. For example, you may want to look at the responses by racial/ethnic group, gender or age groups. This might help you think about targeting particular services to different groups of residents based on the identified needs and focus your recruitment efforts towards these groups. It might also help you consider future service need trends. For example, if you see a particular need or interest in a certain ethnic group that is a growing population in your property, you might anticipate that there is going to be a bigger audience for certain services in the future.

## Interpreting the Survey Results

The resident survey allows you to look at your resident population from a variety of perspectives. Some questions give you a direct indication of a community need. For example, if you see that a high proportion of residents in the building have experienced falls in the past year, that most likely indicates a need for activities such as a balance and strength exercise class, environmental reviews of resident apartments for fall risks, or a fall prevention education program. Other questions give you some indications about your community that help paint an overall picture of your property and give you some indications about general resident status now or in the future. If you see that the average age of your population is older, that might indicate a need to explore programs or resources that would support more housekeeping and personal care type activities or consider the need for physical accessibility features in your property.

The survey results can be viewed from both a micro and a macro level. Individual questions can indicate specific needs in your community. For example, you might see a high level of diabetes, which can indicate a need for education programs on managing diabetes. You can also look at the results as a whole and get a sense of the general status of your community. Perhaps your community is on the younger, healthier side and could benefit from wellness and prevention type interventions. Or maybe they are older and frailer and are more in need of chronic care management or personal assistance services.

This larger picture perspective may help provide the general direction of your service program exploration, and then you can start to think more about specific components. Seeing the results of the survey can be overwhelming if you try to think about how to address all the needs identified at once. Don't think you need to do everything immediately. You might start by conducting a full accounting of the needs and trends you see identified in the survey. Then start doing some prioritizing. Perhaps consider starting with the "highest needs" you see revealed in the community. Highest needs might be areas where you see the largest number of residents with a need or areas where a smaller number of residents are experiencing a need but it is having the greatest impact on them or on the property. You might also start with the "low-hanging fruit." This might be areas where the property can adapt or tweak services that might already be available at the property or maybe ones where you have a ready and able partner to step in and deliver. The development of a service program is probably going to be incremental and you shouldn't be overwhelmed by thinking you need to put it in place at once.

### ***Possible Responses to Identified Resident Issues and Needs***

There are a variety of potential service responses to needs identified in the survey. The following tables provide some potential suggestions in the primary areas addressed in the assessment. Keep in mind that many of these areas are intertwined and service interventions will often address multiple areas. The suggestions included here are not exhaustive nor will they be options in every community. A housing property will need to be mindful of the resources in its area.

Funding for the services will depend on the type of service. Some services will have a funding source, and potential partners just need a location to deliver their services. For example, some Area Agencies on Aging receive funding through the Older American's Act to provide evidence-based programming, and they need to find locations to host the programs. In other instances, potential partners will provide their service in-kind as a community outreach effort or a marketing opportunity. In other cases the property and/or residents may have to pay for the service, but the community provider may be willing to reduce its rate to make the service more affordable. And, in some cases, a service will be paid for under a program, such as a Medicaid waiver, according to individual eligibility.

## Giving Feedback to Residents

One of the most important things to remember is that residents want and need feedback. They are more likely to embrace an assessment process if they receive summaries of the information and are given concrete "next steps" that are drawn from the assessment findings. In this way, you will encourage residents to become true partners in the assessment process and to even "spread the word" to other, more reluctant, individuals living in your community. Information is power and an assessment can be a strong empowerment tool!



## Service Interventions and Possible Programs and Partners

Types of Service Intervention	Possible Programs and Community Partners
<b>Health Conditions</b>	
<ul style="list-style-type: none"> <li>• Disease education programs – Teach how to manage specific diseases, such as diabetes or heart conditions, or how to manage chronic conditions in general.</li> <li>• Nutrition education programs – Teach about maintaining a healthy diet, which is often related to managing specific diseases.</li> <li>• Wellness nurse – A wellness nurse can perform various activities including: conduct screenings such as blood pressure checks, answer health-related questions, provide education, review medications, help interpret doctor’s orders or lab test results, help communicate with physicians or other health providers, etc.</li> <li>• Mobile screenings – Mobile units can provide different types of health screenings, such as mammograms, hearing and vision.</li> <li>• Physician practice – Provide primary care either in an office space or in residents’ apartments.</li> <li>• Mental health providers – Can provide one-on-one or group counseling or support group activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based programs – Many evidenced-based education programs have been created around managing specific health conditions and chronic conditions in general. These programs have been found to produce positive outcomes and are often promoted by entities such as the Administration on Aging and the Center for Disease Control and Prevention. They are generally multi-week courses with a structured curriculum provided by a trained instructor. Housing property staff can be trained to deliver the programs or they can partner with community organizations offering the programs. Many Area Agencies on Aging (AAAs) offer evidence-based programs. See <a href="http://www.healthyagingprograms.org">www.healthyagingprograms.org</a> for information on evidence-based programs.</li> <li>• Health systems – Some health systems have community outreach programs and offer disease education programs. They may also be interested in sending a wellness nurse to the property on a regular basis. A health system may be particularly interested if a large number of the residents in the property utilize their hospital and/or provider system.</li> <li>• Physician practices – Physician groups may be interested in operating an onsite clinic or performing house calls. This type of partnership might be more viable in properties where a physician practice is already seeing a sizable number of residents, larger properties or properties with a frailer resident population that has difficulty getting to a doctor’s office.</li> <li>• Psychiatrists/psychologists/therapists – Mental health professionals may be willing to come to the property to conduct group or one-on-one activities.</li> <li>• Federally qualified health centers (FQHCs) – Like health systems, FQHCs may be interested in partnering to send a wellness nurse or other types of health professionals to the property.</li> <li>• Public health units – Local public health departments might provide a range of education and screening activities they could bring to the property.</li> <li>• Nursing or medical schools – Medical professional education programs may be interested in opportunities for clinical rotations or other hands on experience for their students.</li> </ul>

## Types of Service Intervention

## Possible Programs and Community Partners

### Daily Living Activities

- Homemaker assistance – Homemaker services entail assistance in areas such as meal preparation, laundry and housekeeping.
  - Personal care assistance – This includes assistance in areas such as bathing, dressing and transferring.
  - Physician house calls – Individuals who have higher levels of functional impairments may have more difficulty getting to their doctor. Often they will also have complex health situations. Some physicians operate house call programs where they visit individuals with mobility limitations in their home.
- Home care/home health agencies – Home care or home health agencies may be interested in partnering to provide services at a reduced hourly rate or a reduced minimum time. They may be able to do this if they can tie aides to a building, which allows them to reduce their costs due to travel and be more flexible in the time units they can spend with individuals. This also provides a marketing opportunity for agencies to build relationships with residents so that when they need rehab services following a hospital stay the resident might select them as their provider.
  - Provide homemaker services directly – Some housing properties provide housekeeping and laundry services as an extension of their maintenance staff for a minimal fee.
  - Volunteer programs – AAAs, community organizations and school service clubs often operate volunteer programs where they can match individuals with volunteers who can assist residents with activities like shopping and cleaning.
  - Physician house calls – Medical house call programs may be interested in partnering with housing properties because it provides an efficiency for them to see multiple individuals in one location.
  - Medicaid waiver – Medicaid waiver services are generally arranged and delivered independent of a housing provider. There is an opportunity, however, for housing providers to explore with their state and/or local agency a way to cluster waiver recipients in their properties with a single provider to enhance efficiency and flexibility.

## Service Interventions and Possible Programs and Partners (cont.)

Types of Service Intervention	Possible Programs and Community Partners
<b>Falls</b>	
<ul style="list-style-type: none"> <li>• Exercise programs – Exercise programs that focus on building strength and balance can help prevent falls.</li> <li>• Prevention education – Education programs help individuals learn about the various causes of falls (physical health, medications, environmental, etc.) and ways to try to prevent them.</li> <li>• Environmental checks – Environmental checks of a resident’s apartment help identify potential fall hazards, such as loose area rugs, cords running across open spaces and clutter.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidenced-based programs – Because falls frequently lead to hospital stays and a decline in quality of life, several programs have been developed to help prevent falls. Often they intertwine exercise and prevention education.</li> <li>• Area Agencies on Aging – AAAs often offer evidenced-based programs.</li> <li>• YMCA/YWCA – These organizations often provide exercise programming.</li> <li>• Local association chapters – Chapters of groups such as the Arthritis Foundation often lead exercise programs.</li> <li>• Home health agencies – Home health agencies may be willing to send physical or occupational therapists to the property to either conduct fitness classes or to work with at-risk residents on prevention techniques.</li> <li>• Conduct regular environmental checks – Scanning for falls risks can often be included in the annual inspections many housing properties perform.</li> </ul>
<b>Medications</b>	
<ul style="list-style-type: none"> <li>• Medication reviews – A medication review looks at residents’ medications for contraindications or duplications, and to help ensure the resident is taking the medications correctly.</li> <li>• Medication reminders – Medication reminders help ensure residents are taking their medication regularly and correctly.</li> <li>• Medication list – A medication list is something residents can take to a doctor’s appointment (they may be prescribed medications from multiple physicians and any one doctor may not have a complete list) as well as have available for EMTs or when going to the emergency room.</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacies – Pharmacists may be willing to come to the property on a periodic basis to review residents’ medications. They may also be willing to package residents’ medications in blister packs, which may help residents with taking medications appropriately. Some pharmacies will also provide free pill boxes. Working with the housing property provides a marketing opportunity for the pharmacy.</li> <li>• Schools of Pharmacy – As with pharmacies, pharmacy schools may be able to send students to the property to conduct medication reviews.</li> <li>• Wellness nurses – Nurses, who may be hired by the property or provided through a community partnership, can review medications and answer questions.</li> <li>• Technology – Medication dispensers are electronic devices that help ensure residents take their medications properly by distributing the correct medications at the appropriate time. Residents will generally have to pay a fee to lease or purchase the machines, but a housing property may be able to negotiate an affordable price with the technology company or a community organization that distributes the machines.</li> </ul>

Types of Service Intervention	Possible Programs and Community Partners
<b>Depression</b>	
<ul style="list-style-type: none"> <li>• Mental health providers – Can provide one-on-one or group counseling or support group activities.</li> <li>• Group and community activities – Activities that stimulate interaction often help address factors of depression such as isolation and loneliness.</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatrists/psychologists/therapists – Mental health professionals may be willing to come to the property to conduct group or one-on-one activities.</li> <li>• Evidenced-based programs – Evidenced-based programs on addressing depression have been developed and may be available through an AAA or other community groups.</li> <li>• Social and educational activities – Opportunities might include offering arts and crafts, games, movies; bringing in speakers; arranging field trips, etc.</li> </ul>
<b>ER and Hospital Visits</b>	
<ul style="list-style-type: none"> <li>• Wellness nurse – Wellness nurses can answer residents’ questions about their health situation and can advise them when they should see their doctor; they can also check in with residents following a hospital stay to ensure they are following discharge instructions appropriately.</li> <li>• Care transition programs – Many hospitals and a growing number of community organizations are implementing programs that monitor individuals post-hospital stay to ensure a successful transition.</li> </ul>	<p>See suggestions under health conditions section above.</p>

## Service Interventions and Possible Programs and Partners (cont.)

Types of Service Intervention	Possible Programs and Community Partners
<b>Physical Activity</b>	
<ul style="list-style-type: none"> <li>Group exercise programs – Fitness programs might include chair aerobics, strength and balance training, walking clubs, tai chi, dancing, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Area Agencies on Aging – AAAs often offer evidenced-based programs that focus on fall prevention.</li> <li>YMCA/YWCA – These organizations often provide exercise programming.</li> <li>Local association chapters – Chapters of groups such as the Arthritis Foundation often lead exercise programs.</li> <li>Home health agencies – Home health agencies may be willing to send physical therapists to the property to conduct fitness classes.</li> <li>Health systems – Health systems are more frequently offering fitness class and may be willing to bring classes to a housing property.</li> </ul>
<b>Support Networks</b>	
<ul style="list-style-type: none"> <li>Caregiver support programs – Family caregivers often benefit from learning caregiving skills and participating in support groups. This can help improve and/or maintain their relationship with and support of their family member.</li> </ul>	<ul style="list-style-type: none"> <li>Area Agencies on Aging – AAAs often offer caregiver training programs and support groups.</li> <li>Local association chapters – Groups such as the Alzheimer’s Association often offer caregiving programs. Often times these are focused on caregivers of individuals with specific diseases.</li> </ul>





  
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