

Bridging the Gaps in Berkshire County, MA

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Strengthening Supports for Older Adults in Affordable Housing



About This Report

Fallon Health partnered with Acumen Marketing Research and the LeadingAge LTSS Center @UMass Boston to conduct a qualitative and quantitative research study that assessed the needs of older adults living in affordable, publicly subsidized housing in Berkshire County, MA.

About Fallon Health

Fallon Health is a mission-driven, not-for-profit, health care services organization based in Worcester, Massachusetts. For nearly 50 years, we've been improving health and inspiring hope in the communities we serve. Committed to caring for those who need us most, we pride ourselves on providing equitable access to coordinated, integrated care for our members with a special focus on those who qualify for Medicare and Medicaid. We also serve as a provider of care through our Program of All-Inclusive Care for the Elderly (PACE). Dedicated to delivering high quality health care, Fallon Health is continually rated among the nation's top health plans for member experience, service, and clinical quality.

About Acumen Marketing Research

Acumen Marketing Research, Inc., based in Massachusetts, has been conducting quantitative and qualitative research since 2002. Acumen reports feature a distinctive, user-friendly style that merges art with science, delivering the most astute observations, concise analyses, and actionable findings possible in a format that enables clients to rapidly absorb key insights. For nearly 25 years, Acumen has conducted insights research for myriad well-known, distinguished brands such as Avery Dennison, BJ's Wholesale Club, Cleveland Clinic, CVS, Fallon Health, Philips Healthcare, and TJX, to name a few. Subspecialties include studies revolving around customer & employee satisfaction/retention, ad & concept testing, brand awareness/equity/tracking, product packaging, and website usability.

About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA. For more information, visit [LTSSCenter.org](https://www.ltsscenter.org).

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Executive Summary

Fallon Health partnered with Acumen Marketing Research and the LeadingAge LTSS Center @UMass Boston to conduct a qualitative and quantitative research study that assessed the needs of older adults living in affordable, publicly subsidized housing in Berkshire County, MA. The partners sought to identify service gaps and recommend strategies to support residents more effectively, help them age in place, and improve their quality of life. Eleven affordable housing communities participated in the study, during which researchers surveyed 327 residents and conducted interviews and focus groups with Resident Service Coordinators, property managers, and Fallon Health staff.

The study identified six unmet needs among residents of the affordable housing communities:

- 1. Service gaps:** Residents need assistance with housekeeping, transportation, and laundry.
- 2. Physical and mental health:** The most common chronic conditions among residents are high blood pressure/hypertension and arthritis/rheumatism. Nearly half of residents are at risk for depression, and almost one-quarter experience loneliness.
- 3. Food insecurity:** Nearly a quarter (23%) of residents report food insecurity.
- 4. Social engagement:** Less than half (47%) of residents are only moderately engaged in their housing community's social life. The key challenges to engaging residents in activities include limited funding, insufficient staff capacity, residents' physical health issues and cognitive impairments, and a lack of resident motivation.
- 5. Limited onsite support:** Resident Service Coordinators are present at affordable senior housing communities on a part-time basis, which limits their ability to play a more significant role in meeting unmet resident needs.
- 6. Provider shortage:** A shortage of healthcare and social service providers in Berkshire County makes it challenging to meet residents' needs.

In addition, study findings suggest that processes to assess individual and population-level resident needs are inconsistent across properties.

How can affordable housing communities better support residents? These recommendations are based on the service gaps identified by the research team and input from housing and Fallon Health staff:

- 1. Expand resident services.** Improve access to transportation, housekeeping, and laundry services by working with local partners and reevaluating eligibility criteria for housekeeping services through Medicaid, Title III of the Older Americans Act, and state programs.
- 2. Improve infrastructure and safety.** Retrofit buildings for accessibility, upgrade laundry machines and elevator systems, and install backup generators. Residents cited the need to improve the maintenance of apartments and common areas and address safety concerns.
- 3. Expand health and wellness education programs.** Implement or expand evidence-based programs targeting prevalent health conditions in the housing community. Residents cited the need for more social, wellness, and educational activities like cooking classes and exercise programs.

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- 5. Strengthen support for mental health.** Expand evidence-based mental health resources by partnering with mental health specialists, providing mental health training for resident services staff, and partnering with community health workers.
- 6. Increase the capacity of Resident Service Coordinators.** Acquire funding to hire more full-time Resident Service Coordinators, establish resource-sharing among them, and connect them to peer networks.
- 7. Leverage the Senior Care Options (SCO) Navigator model.** Provide more significant support to residents by expanding the role and presence of support staff such as Fallon's NaviCare Navigators and encouraging more SCOs to adopt the health Navigator model.
- 8. Improve access to community-based providers.** Encourage housing communities to form partnerships with healthcare providers, provide residents with transportation options for social and health-related appointments, and expand telehealth services.
- 9. Assess resident needs.** Use periodic assessments to identify resident needs and inform service planning and group programming.

Stakeholders must invest in staffing, infrastructure, and service coordination that support healthy aging in affordable housing. Expanding existing activities or building new partnerships with community-based organizations will help improve residents' quality of life. Fallon Health can serve as a model for entities to establish a role for Navigators who work with housing-based Resident Service Coordinators to educate residents and help them access benefits, services, and care.

In addition, a meaningful expansion of housing-based support requires additional public resources. Significant state and federal investments are needed to strengthen service coordination and build the infrastructure to conduct resident assessments, make data-driven decisions, and partner with health and social service partners.

Purpose of Study

Fallon Health secured \$150,000 in grant funding from the Massachusetts Executive Office of Health and Human Services to conduct primary quantitative and qualitative research exploring the unique needs of older adults living in affordable housing in rural western Massachusetts. The findings from this research have informed the recommendations included in this brief.

Fallon Health partnered with Acumen Marketing Research and the LeadingAge LTSS Center @UMass Boston to conduct the study. Eleven affordable housing communities, evenly distributed across Berkshire County's three regional zones, participated. The research builds on Fallon Health's pilot work to identify disparities resulting from the lack of onsite support in congregate senior housing and the variability of services and supports offered across different housing types in Berkshire County.

The study discussed in this research brief was designed to:

1. **Identify existing services and critical gaps** in support for older adults living in affordable, publicly subsidized housing in Berkshire County.
2. **Recommend strategies** to better equip housing providers to support residents' evolving needs.

Key Findings

Resident Needs

Researchers identified the following needs among residents of affordable, publicly subsidized housing in Berkshire County.

General assistance: Residents reported needing assistance in three key areas: housekeeping (43%), transportation (39%), and laundry (36%). Residents struggle to maintain clean apartments due to physical health and other limitations. They also lack transportation for medical appointments, grocery shopping, and social events.

Chronic health conditions: More than two-thirds of the surveyed residents reported living with high blood pressure/hypertension (67%) and arthritis/rheumatism (64%).

Mental health concerns: The resident survey included two validated screening instruments: the Patient Health Questionnaire-2 (PHQ-2) to assess risk for depression and the UCLA Loneliness Scale to assess social isolation. Less than half (49%) of the surveyed residents may be at risk for depression, and 22% were identified as being at risk for and experiencing loneliness.¹

Food insecurity: Nearly one-quarter of surveyed residents (23%) indicated there were times when they did not have enough money to buy food.

¹The Patient Health Questionnaire-2 (PHQ-2) is a validated screening instrument used to identify individuals who may be at risk depression. While it does not diagnose depression, it indicates a person may be at risk. The PHQ-2 consists of two questions that assess how often a person has experienced: 1) little interest or pleasure in doing things and 2) feeling down, depressed, or hopeless. Scores range from 0 to 6, with a score of 0-2 suggesting no indication of risk and a score of 3-6 indicating a risk for possible depression. The UCLA Loneliness Scale is a validated 3-item scale used to assess feelings of loneliness or social isolation in adults 18 years and older. It includes three questions: 1) How often do you feel that you lack companionship? 2) How often do you feel left out? and 3) How often do you feel isolated from others? Scores range from 3 to 9, with a score of 6 to 9 indicating significant feelings of loneliness.

Social engagement: Less than half of residents (47%) reported being moderately involved in the community's social life. Residents were most likely to participate in outdoor events, health and wellness services, and artistic activities in the past year, although participation rates were relatively low (22% to 25%). Key challenges associated with engaging residents in social activities included limited funding, time constraints among staff responsible for organizing events, and difficulties encouraging participation among residents who face transportation barriers, health issues, cognitive decline, or low motivation.

Support for Residents

Residents of the affordable housing communities in the study receive support from family and friends. Nearly two-thirds (64%) of residents received moderate or much assistance from family members and friends.

Challenges to Supporting Residents

Limited staff support: In typical affordable housing communities, the property manager and maintenance staff are responsible for the operations and maintenance of buildings. A housing community may also have a Resident Service Coordinator who helps residents access services and supports and facilitates programs to help them maintain self-sufficiency and independence.

Resident Service Coordinators and other key staff have a limited presence at housing sites. This represents a significant challenge to housing communities attempting to support residents and provide them with services. This study found that Resident Service Coordinators work on-site an average of three days each week, but typically only for an average of a few hours each day. Some housing communities in the study share a Resident Service Coordinator with other housing properties. Additionally, only 45% of the housing communities have property managers who regularly work on-site; 64% have a maintenance person who regularly works at the housing site.

Fallon Health—the only SCO in Berkshire County—embeds Navigator teams in senior housing communities where a certain number of health plan members live. These Navigators are primarily responsible for providing Fallon Health members with care coordination and advocacy, helping members understand their benefits, and working to reduce care gaps.

Having Fallon Health Navigators at the affordable housing properties is beneficial, but their presence is limited. Navigators typically make monthly visits to visit Fallon Health members at each affordable housing site. During each visit, these Navigators offer office hours of one to two hours, during which they meet with members virtually or in person. The frequency and duration of visits at each housing site vary based on the number of members and their needs.

Shortage of Providers: The communities surrounding affordable housing properties in this study typically lack health and social services providers to address residents' needs. Residents may have to travel long distances to access healthcare providers, including primary care physicians, mental health specialists, dermatologists, and podiatrists.

Resident Assessments: The study's survey of property managers did not clarify when individual resident assessments are conducted or which residents receive formal assessments. It does not appear that Resident Service Coordinators conduct assessments in a standardized manner.

Recommendations

The following recommended actions to better support residents in affordable housing communities are based on study findings.

Expand resident services to improve transportation, housekeeping, and laundry assistance.

Expanded services might include:

- ➔ **Transportation:** Partner with local transportation providers to offer residents free or discounted rides or share transportation services across multiple housing properties.
- ➔ **Housekeeping:** Explore whether affordable housekeeping services are available in the housing community's region. Reassess the minimum requirements for residents seeking to qualify for housekeeping services through Medicaid, Title III of the Older Americans Act, and state programs. Some residents may only need assistance with a few tasks.

Improve affordable housing property infrastructure and safety. Based on the needs identified by Resident Service Coordinators and property managers, affordable housing buildings may need to take the following actions to accommodate residents with mobility impairments and remove barriers to accessibility:

- ➔ Retrofit apartments by adding walk-in showers or tub cut-outs
- ➔ Install additional elevators or improve existing ones
- ➔ Increase and modernize laundry machines
- ➔ Address plumbing and heating issues
- ➔ Install backup generators

Residents offered several suggestions to improve their housing community's infrastructure, including better maintenance of apartments and indoor and outdoor common areas. These improvements might include repainting units, replacing carpets, enhancing lighting, and repaving parking lots.

Residents also recommended several actions to address their safety concerns, such as installing surveillance cameras, enforcing building access rules, and making general improvements to security.

Expand health and wellness education programs for residents. Providers could implement or expand evidence-based programs targeting prevalent health conditions identified through the resident assessment. The National Council on Aging maintains an [Evidence-Based Programs website](#) listing proven health programs that can enhance residents' well-being. Residents suggested affordable housing properties should offer more social, wellness, and educational activities, such as cooking classes, exercise programs, and speakers.

Increase support for mental health. Resident Service Coordinators reported a shortage of specialists who can support residents with mental health needs. Housing properties can collaborate with community-based mental health providers to offer workshops and services to residents and provide training to help Resident Service Coordinators recognize and respond to residents' mental health needs. Additionally, affordable housing communities can partner with community health workers to assist residents with their concerns.

Increase the prevalence of Resident Service Coordinators and build the expertise of new Resident Service Coordinators. The [Service Coordinators in Multifamily Housing Program Resource Guide](#) issued by the U.S. Department of Housing and Urban Development (HUD) recommends a ratio of one full-time Resident Service Coordinator for every 50 to 100 residents as a reasonable starting point for affordable housing properties. Achieving this ratio requires adequate funding to support the level of resident service coordination needed to meet resident needs.

A coalition of Resident Service Coordinators or housing providers in a similar region can better support Resident Service Coordinators by developing a resource guide that lists local services, programs, and contacts. This resource guide can help Resident Service Coordinators, especially new ones, link residents with services. One model is the [Northern Berkshire Community Coalition Resource Guide](#).

Housing providers can also increase awareness of opportunities for Resident Service Coordinators to connect and share ideas, best practices, and resources. The [Massachusetts Association of Resident Service Coordinators](#) is one resource.

Expand the role of the embedded Navigator in SCOs. Fallon Health’s Navigator program, which can work closely with a housing property’s expanded Resident Service Coordinator program, can serve as a model for SCOs. The state can work with Fallon Health to determine how to strengthen and broaden the Navigator role to serve more members in housing properties. This collaboration can potentially encourage more SCOs to adopt the Navigator model in other regions of the state.

Improve access to healthcare and social services providers. Affordable housing providers can establish informal and formal partnerships with clinics, community health centers, and social service agencies to better coordinate care for residents. The state can also enhance services and supports for affordable housing residents by increasing staffing and funding for partner organizations like [Elder Services of Berkshire County, Inc.](#) Elder Services is a private, nonprofit home care corporation and is designated as the region’s Area Agency on Aging.

To address transportation barriers, especially in rural areas where healthcare providers may be distant, housing properties can improve transportation options for residents who must travel to medical and social care appointments. As mentioned above, housing properties can partner with local transportation providers to offer residents free or discounted rides or share transportation services across multiple properties.

Telehealth services can increase access to specialists and help residents avoid traveling for care. To promote this option, the state can expand telehealth services and support providers and residents in accessing telehealth technologies.

Expand the capacity and expertise of Resident Service Coordinators to conduct standardized assessments and use assessment data. Resident Service Coordinators can conduct standardized, periodic assessments to assess residents’ physical health, mental health, functional mobility, social support status, current service use, and service gaps. These assessments must be voluntary since residents are living independently.

Resident Service Coordinators can use assessment data to identify an individual's potential needs, develop responsive service plans, and track the actions taken to ensure that identified needs are addressed. They can also analyze data across the resident population to identify common circumstances and needs. This community-wide information can be used to plan group programming for the housing community.

Investment to Implement Recommendations

Some of the recommendations included in this report can be implemented using existing resources, expanding current partnerships, or building new collaborations with community-based organizations.

Strategic partnerships with community organizations can enhance the ability of housing sites to support residents. For example, housing organizations can work with community partners to develop onsite services or activities, such as health education sessions, fitness programming, or wellness nurse clinics. Healthcare partnerships can be formalized through Memoranda of Understanding, which define roles, responsibilities, and shared goals.

Many recommendations require new funding, particularly to expand resident service coordination and build the overall capacity of housing organizations to meet the needs of an aging resident population. While philanthropic grants can support Resident Service Coordinator positions, grant funding is not a sustainable solution. The state could fund more Resident Service Coordinator positions by investigating these two options:

- ➔ **Increase financial support for Resident Service Coordinators.** Use Medicaid home and community-based services funds or state monies to support Resident Service Coordinator positions. These investments may yield cost savings or budget neutrality because residents receiving assistance from Resident Service Coordinators can often avoid using high-cost service systems like hospitals or nursing homes.
- ➔ **Leverage tax credits.** Offer housing communities extra points in their Low-Income Housing Tax Credit program applications if they include Resident Service Coordinators in their plans to serve high-risk residents.

The Navigator role has potential if healthcare plans can use flexible dollars to support greater investment in the role of Navigators who work with SCOs and Medicare Advantage members living in the housing sites. However, this option can be challenging when a state budget is tight.

Given the centrality of transportation in meeting the needs of older adults living in affordable housing, another option could involve targeting state and local funds to the Berkshire County region for specific transportation options or relying on the private sector to more efficiently meet the needs of this population. Additionally, state and local funds could be used to maintain and upgrade existing affordable housing communities.

Conclusion

This study highlights the need to strengthen services and supports for older adults living in affordable housing in Berkshire County by addressing service gaps and strengthening staffing capacity and health provider availability. Residents face challenges related to transportation, housekeeping, laundry, physical and mental health, and social engagement. It is difficult to adequately meet resident needs due to the limited presence of Resident Service Coordinators and the low reach of Fallon Health Navigators, who only serve a small portion of residents.

Proposed strategies include expanding service coordination, developing and distributing a guide for Resident Service Coordinators to help spread the accumulated knowledge of local resources and services, investing in infrastructure improvements, increasing access to transportation and mental health supports, strengthening community partnerships, improving healthcare and telehealth access, and enhancing the role of SCO Navigators. Implementing these strategies will require a combination of resource reallocation, state investments, and partnerships between housing organizations and healthcare and social services providers. Together, these strategies offer the potential to support residents better and help them remain in their homes.

Appendix

Profile of Sites and Residents

Affordable Housing Communities

The housing properties in this study range in size from fewer than 50 to more than 150 apartments. Seven properties offer 50 or fewer units. Nine of the 11 properties have been operating for over 20 years. The most common services provided to residents include social and recreational activities (91%), health education programs (64%), and health screening and monitoring services (55%).

Profile of Resident Demographics

The average age of the 327 residents across the 11 properties was 75.1. More than two-thirds (68%) of the surveyed residents identified as female, and 91% identified as white.

