Aging in Place for Older Veterans Living in Permanent Supportive Housing

Romee Maitra and Kelly Su
Mentor: Rebecca Brown, MD, MPH
SUMR & GEAR UP 2023

Penn LDI
Leonard Davis Institute of Health Economics

Philadelphia VA Medical Center
Serving those who served.
The Aging Population

- The average age of people who have experienced homelessness is increasing\(^1\text{-}^5\).
- People aged 50 and older with experiences of homelessness, including Veterans, experience accelerated aging, with premature onset of geriatric conditions and mortality\(^5\text{-}^{12}\).
- There is increasing demand to adapt services and housing programs for this age group\(^4\text{,}^{13}\).
Aging in Place

- **Definition:** The ability to live comfortably and safely in one's own home and community
Permanent Supportive Housing

- Subsidized housing + supportive services for people experiencing chronic homelessness
- In 1992, the U.S. Dept of Housing and Urban Development and Veterans Affairs established the HUD-VASH program, leading to a nearly 50% decrease in chronic homelessness among Veterans
What does this mean?

- Current supportive services in HUD-VASH do not typically include approaches to address geriatric conditions

- **Long-term project goal:** develop and implement an intervention to enhance aging in place in HUD-VASH
Aim 1

- Identified barriers, facilitators, and adaptations needed to implement promising interventions to improve aging in place for older Veterans living in HUD-VASH
Progress to Date

- Conducted 21 qualitative interviews with veterans and 4 focus groups with 13 HUD-VASH staff
- Interviews: 45 minutes
- Focus groups: 60-90 minutes
Aim 1 Methods

- “Freelisting”: List concepts related to needs and outcomes of aging in place in HUD-VASH

“What words come to mind when you think about what [you/older Veterans] need to live comfortably and independently in HUD-VASH as [you/Veterans] get older?”

“What words come to mind when you think about what is most important for [your/older Veterans’] quality of life as [you/older Veterans] get older while living in HUD-VASH?”
Aim 1 Methods

- Interviews:
  - Open-ended questions on what makes it easy or hard to age in place in HUD-VASH
  - Review four existing interventions that have been shown to enhance aging in place for older adults in general population and provide feedback on each, including what would make it easy or difficult to implement the intervention in HUD-VASH
Aim 1 – Analysis

- Freelisting: Smith’s Salience index to see what was most important
- Interviews: rapid qualitative analysis to identify key concepts and themes

HUD-VASH Marsh Pilot
Veteran Interview Summary Template – v1.1

Interview: [ID # goes here; e.g. ProvInt1]
Prepared by: [initials of person doing summary goes here]
Site: [Philadelphia/San Francisco]
Housing Type: [Type of housing Veteran resides in]

Use paragraph numbers from the transcript (or time from audio recording) to indicate where you got specific information. Concise quotes may be included. If there’s no data in a domain, indicate why.

AGING IN PLACE – Veteran’s opinion on aging in place.
  -
WHAT’S IMPORTANT – Veteran’s values re: living your best life as you age. Explanation of freelisting items.
  -
RECOMMENDATIONS – Veteran’s recommendations for what would help older Veterans living in HUD-VASH to age in place.
  -
Aim 2

**Original Plan:**
Prioritize Aim 1 findings to develop adapted version of one of the existing interventions

**Modified Plan:**
None of the interventions identified as an ideal fit by participants → *identify most important and feasible intervention elements*
To identify the most important and feasible intervention elements, we used a modified Delphi process to prioritize the findings from Aim 1. Conducted 3 modified Delphi Panel focus group meetings with 9 VA HUD-VASH staff members and 1 Veteran.
Intervention Elements

The 66 Intervention elements were organized in these categories:

- **Who** should be involved in delivering the intervention (17 elements)
  - E.g., RN, SW, MD, NP, Peers
- **What** types of goals/needs they will focus on (20 elements)
  - E.g., health goals, home improvements, medication management
- **Where** and how should the intervention be delivered (8 elements)
  - E.g., at home or at VA
- **How** long should the intervention be (5 elements)
  - E.g., shorter or longer time-limited sessions, or ongoing
- **When** should the intervention be delivered (16 elements)
  - E.g., Veterans new to HUD-VASH, stable in HUD-VASH, when hospitalized/transitioning
Modified Delphi Panel Focus Groups

Meeting 1
Rate intervention elements on importance and feasibility
66 intervention elements

Meeting 2
Re-rate disagreements and medium-rated elements
48 intervention elements

Meeting 3
Select the “best” of the highest-rated elements
16 intervention elements
Q3: Where and how should the intervention be delivered? How important/feasible is it to deliver this intervention...

<table>
<thead>
<tr>
<th></th>
<th>Extremely</th>
<th>Very</th>
<th>Moderately</th>
<th>Slightly</th>
<th>Not at all</th>
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<tbody>
<tr>
<td>In the home</td>
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<td>At the VA</td>
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<td>Via Tele-health – Phone</td>
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<td>Via Tele-health – Video</td>
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<td>In a community space (e.g., a Veterans Center or Veterans Multi-Service Center)</td>
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<td>In a skilled nursing facility (also called a nursing home)</td>
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<td>Online or via app</td>
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<td>Via smart-home technology / home monitoring equipment</td>
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</tbody>
</table>
Example: Meeting 1, Survey Q3 Results

<table>
<thead>
<tr>
<th>Element</th>
<th>High Imp.</th>
<th>Mid. Imp</th>
<th>Low Imp.</th>
<th>High Feas</th>
<th>Mid Feas.</th>
<th>Low Feas.</th>
<th>Decision</th>
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<tbody>
<tr>
<td>In the home</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0 keep</td>
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<tr>
<td>At the VA</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1 keep</td>
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<tr>
<td>Tele-health phone</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>1 Mid Imp/Mid Imp</td>
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<tr>
<td>Tele-health video</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3 Mid Imp/Mid Imp</td>
</tr>
<tr>
<td>Community space</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>5</td>
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<td>3 Mid Imp/Mid Imp</td>
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<td>Skilled nursing</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>6</td>
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<td>Online/app</td>
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<td>5</td>
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<td>3</td>
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<td>6 cut</td>
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<tr>
<td>Smart home tech</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>5 Mid Imp/Low Imp</td>
</tr>
</tbody>
</table>
# Top-Rated Intervention Elements

<table>
<thead>
<tr>
<th>Who should be involved in delivering the intervention?</th>
<th>What sorts of goals/needs should the intervention focus on?</th>
<th>Where and how should the intervention be delivered?</th>
<th>When should the intervention be delivered?</th>
<th>How long should the intervention be?</th>
</tr>
</thead>
</table>
| Social workers  
Physicians, Nurse Practitioners, or Physician Assistants  
Nurses* | Geriatric conditions  
Mental health needs  
General health goals  
Dementia care*  
Medication management | In the home  
At the VA | When Veterans are experiencing:  
Functional impairment  
Mental health problems  
Trouble caring for themselves  
Memory impairment*  
Or new to HUD-VASH | Ongoing (regularly scheduled for as long as Veteran wants)  
Ongoing as needed (not regularly scheduled) |
Progress to Date

1. Modified Delphi Panel
2. Analysis
3. Top-rated intervention elements
4. Pilot intervention
5. Design intervention
6. Feedback from stakeholders
Conclusions

● Novel interventions are needed to help older Veterans living in HUD-VASH age in place
● Feedback from Veterans and staff are informing the design of an intervention that will be piloted to enhance aging in place for this population
● **Next steps** include obtaining additional feedback to help refine the intervention design
Main Takeaways

- We are incredibly grateful for this opportunity
- We learned so much about rapid qualitative analysis and implementation science
  - How to evaluate and improve existing programs iteratively
  - How a rapid approach differs from thematic analysis and grounded theory approach
- Also learned more about geriatrics, older veterans, permanent supportive housing, and aging in place
Acknowledgements

- Rebecca Brown
- Amanda Peeples
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- Department of Veterans Affairs
- Joanne Levy
- ChiChi Nwadiogbu
- SUMR 2023 Cohort

Thank you!
Questions?
4 Promising Interventions

- **Function-focused care**: A nurse will visit the Veteran at home and work with them one on one to set goals related to physical activity that are important to them. For example, a veteran might have a goal of walking to the park every day.

- **CAPABLE**: Similar to the first program, but in addition to a nurse, an occupational therapist and a repair person would visit the Veteran at home. This team would work with them to set goals on how to be more independent at home. For example, a veteran might choose to work on managing pain, so that they can walk more easily.

- **GRACE**: A nurse practitioner and a social worker would only visit the Veteran at home if they had certain conditions like falls or difficulty with daily activities.

- **Grand-Aides**: For patients who are seen in the emergency room or admitted to the hospital. After going home, the Veteran would be visited by a peer counselor under the supervision of a nurse. The peer counselor and a nurse would work with the Veteran to help you follow the discharge plan and make sure that you’re taking the correct medications.
Survey Rating Guidelines

Intervention elements were marked as...

- “High” if at least 6 rated high
- “Middle” if anything else
- “Low if” if at least 6 rated low

Keep/revisit/reject:

- Keep = High importance + high feasibility
- Revisit = Low importance or low feasibility
- Revisit = High + low or high + middle (only for low- or middle-rated questions)
- Reject = Low Importance + Low Feasibility