

# Aging in Place for Older Veterans Living in Permanent Supportive Housing

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# The Aging Population

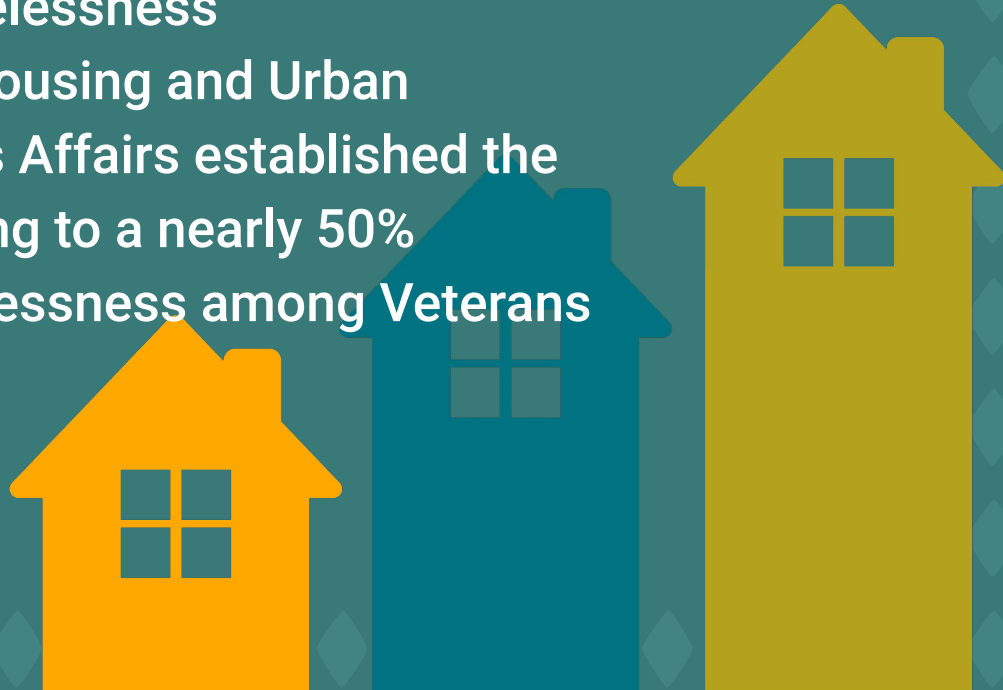
- The average age of people who have experienced homelessness is increasing<sup>1-5</sup>
- People aged 50 and older with experiences of homelessness, including Veterans, experience accelerated aging, with premature onset of geriatric conditions and mortality<sup>5-12</sup>
- There is increasing demand to adapt services and housing programs for this age group<sup>4, 13</sup>

# 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 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]

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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.*

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**WHAT'S IMPORTANT** – *Veteran's values re: living your best life as you age. Explanation of freelisting items.*

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**RECOMMENDATIONS** – *Veteran's recommendations for what would help older Veterans living in HUD-VASH to age in place.*

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## 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**

## Aim 2: Methods

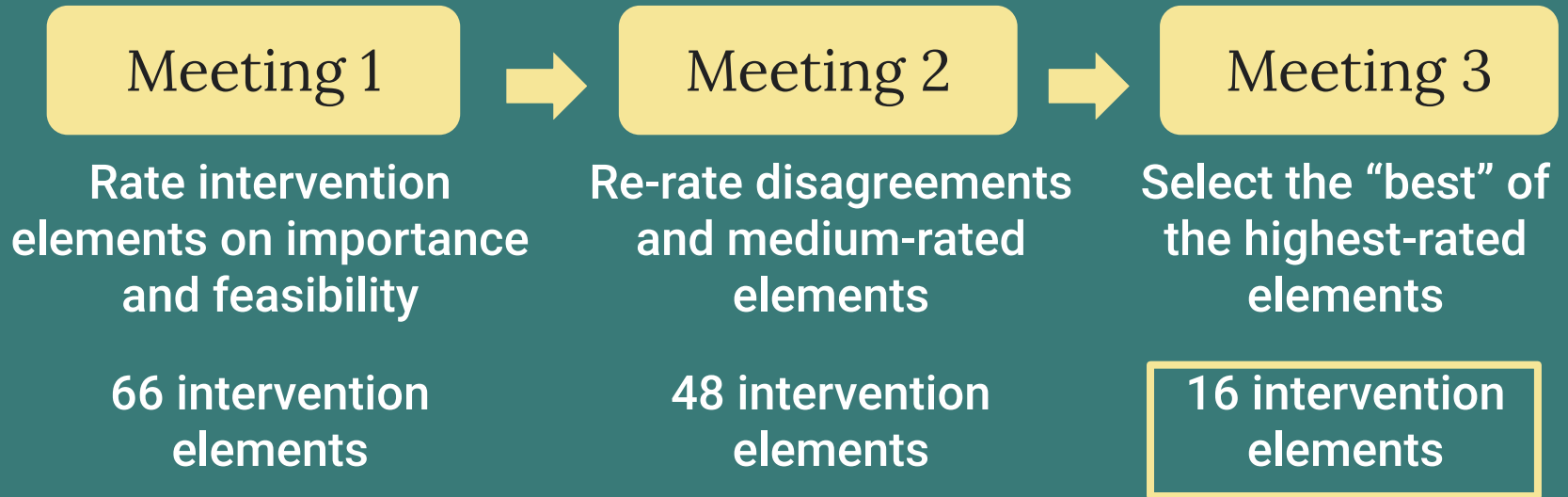
- To identify the most **important** and **feasible** intervention elements, we used a modified Delphi process to prioritize the findings from Aim 1
- Conducted 3 modified Delphi Panel focus group meetings with 9 VA HUD-VASH staff members and 1 Veteran

# 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



# Example: Meeting 1, Survey Q3

Q3: Where and how should the intervention be delivered? How important/feasible is it to deliver this intervention...

	Extremely	Very	Moderately	Slightly	Not at all
In the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via Tele-health – Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via Tele-health – Video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a community space (e.g., a Veterans Center or Veterans Multi-Service Center)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a skilled nursing facility (also called a nursing home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online or via app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Via smart-home technology / home monitoring equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Example: Meeting 1, Survey Q3 Results



Element	High Imp.	Mid. Imp	Low Imp.	High Feas	Mid Feas.	Low Feas.	Decision
In the home	10	0	0	9	1	0	keep
At the VA	6	4	0	6	3	1	keep
Tele-health phone	5	3	2	3	6	1	Mid Imp/Mic
Tele-health video	4	4	2	2	5	3	Mid Imp/Mic
Community space	5	4	1	5	2	3	Mid Imp/Mic
Skilled nursing	8	0	2	6	2	2	keep
Online/app	2	3	5	1	3	6	cut
Smart home tech	3	3	4	1	4	5	Mid Imp/Lov

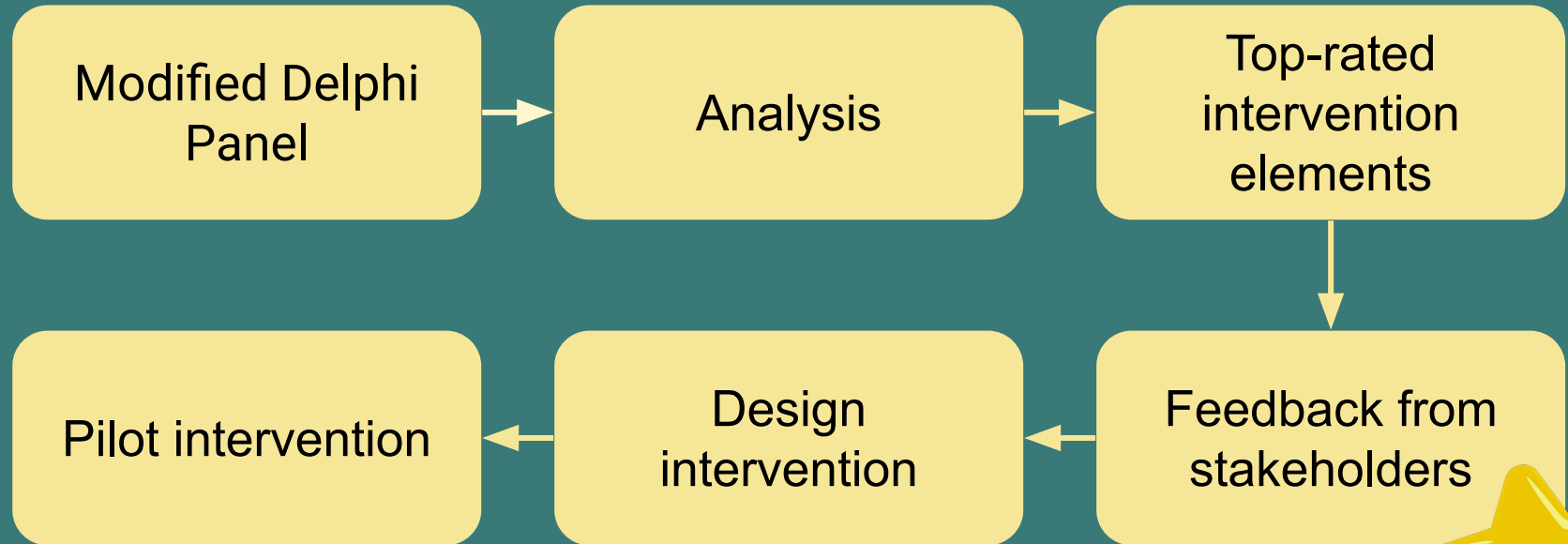




# Top-Rated Intervention Elements

Who should be involved in delivering the intervention?	What sorts of goals/needs should the intervention focus on?	Where and how should the intervention be delivered?	When should the intervention be delivered?	How long should the intervention be?
<ul style="list-style-type: none"> <li>• Social workers</li> <li>• Physicians, Nurse Practitioners, or Physician Assistants</li> <li>• Nurses*</li> </ul>	<ul style="list-style-type: none"> <li>• Geriatric conditions</li> <li>• Mental health needs</li> <li>• General health goals</li> <li>• Dementia care*</li> <li>• Medication management</li> </ul>	<ul style="list-style-type: none"> <li>• In the home</li> <li>• At the VA</li> </ul>	<p>When Veterans are experiencing:</p> <ul style="list-style-type: none"> <li>• Functional impairment</li> <li>• Mental health problems</li> <li>• Trouble caring for themselves</li> <li>• Memory impairment*</li> </ul> <p>Or new to HUD-VASH</p>	<ul style="list-style-type: none"> <li>• Ongoing (regularly scheduled for as long as Veteran wants)</li> <li>• Ongoing as needed (not regularly scheduled)</li> </ul>

# Progress to Date



# 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

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**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