

COVID-19 Stimulates New Housing and Services Partnerships for People with Disabilities and Older Adults



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The COVID-19 pandemic has amplified longstanding problems with the availability of affordable, accessible housing for people with disabilities and older adults, including tribal elders. In addition to the physical threat of the virus and social isolation, income losses may have translated into unpaid mortgages, rent, and utilities. Obtaining supportive services to maintain tenancy or live as independently as possible also became more difficult. Older adults and people with disabilities may have delayed home repairs or modifications, along with needed health services.

Professionals in the aging and disability networks, tribes, and the housing sector pivoted to meet the fast-growing needs of their communities. Driven by both necessity and the need for innovation, they formed new partnerships to overcome challenges in ways that a single sector alone could not undertake. Federal pandemic relief and recovery legislation provide a foundation for expanding these partnerships to enhance the availability of accessible, affordable housing where older adults and individuals with disabilities can receive the services they choose and need.

This brief summarizes key developments, housing innovations and partnerships, and new opportunities for additional action. Time is of the essence. Continued progress with immunizations is necessary to address the physical threat of the virus. Also, housing challenges for people with disabilities and older adults are shifting with respect to eviction moratoria, mortgage forbearance, and utility disconnections. Meeting these needs with community-based supports, engagement, and education will be essential to helping people retain their current housing and protect their health.



ENHANCING ACCESS TO COVID-19 VACCINATIONS: EXAMPLES FROM THE FIELD



ENDependence Center for Northern Virginia, Inc., is partnering with three counties to offer a dedicated, expedited pathway for people with disabilities and caregivers to register for vaccines through a web portal.¹³ Via partnerships with civic groups, health departments, public housing, and a pharmacy company, ENDependence organized and marketed vaccine clinics tailored to this community.¹⁴



The American Association of Service Coordinators reports that residents of affordable housing communities are receiving on-site vaccinations through partnerships that service coordinators mobilized.¹⁵ Service coordinators have been working with property owners, departments of health and aging, and health care providers to arrange for vaccination clinics at these affordable housing communities. Service coordinators provided residents with forms and information, helped with administrative and logistics on the clinic day, and followed up with residents for potential side effects. Through more than 2,400 clinics, nearly 70,000 residents have been vaccinated.¹⁶



In Ohio, according to USAging, the Area Agencies on Aging (AAAs) are implementing vaccination clinics at affordable housing sites for people age 65 and older.¹⁷ During the mandatory waiting period after receiving a dose of the COVID-19 vaccine, staff of Ohio's AAAs are using their expertise to provide information and assistance to those who are facing harmful social isolation, food insecurity, and other issues that affect their social determinants of health.¹⁸

Older Adults and People with Disabilities Hard Hit by COVID-19

The COVID-19 pandemic has disproportionately affected both older adults and people with disabilities. The impacts range from higher rates of severe cases and deaths related to advanced age, prevalence of underlying health conditions, disrupted services and assistance, or difficulties with following safety practices due to a disability, overcrowded housing, employment conditions, inadequate supplies, or other reasons. Shelter-in-place restrictions made it more difficult to obtain basic necessities, health care services, and in-home services.^{1, 2, 3}

In both health and housing outcomes, racial/ethnic disparities have persisted or widened.

Due to COVID-19's reshaping of employment and other parts of community life, many people with disabilities and older adults experienced increased social isolation, decreased independence, reduced income, and additional housing insecurity.⁴ To avoid increased risk for infection in congregate settings, some residents may have moved back to private housing. Others may have opted to return home after a hospitalization instead of being transferred to another care setting.

In both health and housing outcomes, racial/ethnic disparities have persisted or widened. American Indians and Alaska Natives (non-Hispanic), Blacks (non-Hispanic), and Hispanics are at higher risk for COVID-19 infections, hospitalizations, and deaths than non-Hispanic Whites.⁵ Both evictions and financial stress related to rent have been greater among Blacks and Hispanics than other populations.⁶

PROVIDING MEALS TO RESIDENTS OF LOW-INCOME HOUSING

The Florida Association of Centers for Independent Living partnered with the Florida Disability and Health Program and Feeding Florida to ensure persons with disabilities had equitable access to food during the pandemic.²⁰ This partnership helped ensure that people with disabilities who could not travel to daily food distribution sites received meals delivered to their homes.

The Pima Council on Aging in Arizona used emergency federal funding from the Families First Coronavirus Response Act and the CARES Act to partner with low-income housing apartments and others to provide meals to residents.¹⁹

Similarly, Title VI Native American Aging Programs adapted their services to drop off food at the doors of older American Indians living in public housing.



COVID-19 IMPACT ON TRIBAL COMMUNITIES

Tribal communities have been disproportionately impacted by the COVID-19 pandemic due to disparities in health and socioeconomic status resulting from racial inequity and historical trauma. Reduced access to health care and gaps in community infrastructure — especially in electricity, Internet, and clean, piped water — contribute to increased prevalence of chronic disease. These disparities also heighten the risk for death from COVID-19, and advanced age also increased risk for serious illness or death due to COVID-19. Elders are the bearers of cultural, linguistic, and ancestral knowledge, so their premature deaths have a deep, lasting impact on tribal communities.

Throughout the pandemic, Older Americans Act Title VI Native American Aging Programs and the elders they serve have shown resilience, as they have done through prior challenges. Despite many programs being understaffed and underfunded, they adapted their programs to ensure elders received meals and other critical supports.

Work of the Aging and Disability Networks During the Pandemic

Throughout the pandemic, older adults and people with disabilities have needed accessible, affordable housing and services to help them shelter in place and remain in their communities. As a result, Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and Title VI Native American Aging Programs, and other aging and disability community-based organizations experienced growth in the number of clients seeking support with a variety of needs. In an April 2020 survey of AAAs conducted by USAging, 93 percent reported an increase in new clients seeking assistance and 69 percent reported that their existing clients had greater needs than before the pandemic.⁷ Conditions during COVID-19 have disproportionately affected people with disabilities who turned to CILs and other agencies for additional assistance.

Since March 2020, these agencies have provided non-stop emergency response to help ensure older adults and people with disabilities receive the services they need. Their efforts enabled high-risk, underserved populations to shelter in place, provided care and wellness supportive services, and boosted local vaccination efforts.^{8, 9} AAAs, Title VI programs, CILs, and other community-based providers referred clients to

local housing organizations, often assisted with eligibility determinations for public or subsidized housing, and directly delivered housing services or connected clients to housing service providers. Finally, the networks adapted their existing efforts for older adults and people with disabilities who followed restrictions to self-isolate at home. These adaptations included:^{10, 11, 12}

- Adding new services, including the delivery of groceries, hygiene products, and medication to individuals living in single-family and congregate housing;
- Implementing telephone reassurance and wellness checks to provide emotional support and assess health status and need for services;
- Replacing meals provided in congregate settings with grab-and-go meal sites and increasing home-delivered meals;
- Enhancing transportation services to and from medical and vaccine appointments while adhering to COVID-19 protocols; and
- Providing virtual and telephonic programming ranging from exercise and cooking classes to book clubs and coffee klatches to prevent social isolation.

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REDUCING SOCIAL ISOLATION WITH WELLNESS CHECKS AND ACTIVITIES



The Oklahoma Wyandotte, Quapaw, Miami, Peoria, Eastern Shawnee, and Ottawa Title VI programs partner with the Grand Gateway AAA and tribal casinos to hold monthly bingo games in a parking lot. Bingo cards are sanitized and distributed to vehicle occupants for each event. Title VI staff use microphones and equipment to call numbers and scooted around on casino-donated golf carts.



Aging & Disability Services, the AAA serving King County in Washington state, piloted the Stay Connected Program with senior centers, community-based agencies, and low-income senior housing providers. The AAA conducted wellness calls and offered a script that housing providers can use to contact senior housing residents. The AAA's drop card put critical telephone numbers at residents' fingertips so they could call for assistance with food support, transportation, emergencies, and other issues.²³



Northwest Georgia Center for Independent Living (NWGA) is offering peer support groups that matches consumers who had goals similar to relevant experiences of staff members. These peer calls evolved into a community peer virtual meeting with accurate information related to the pandemic, exchanges with community partners about best practices, and peer-to-peer discussions.²¹ NWGA also provided masks to the paratransit system for riders and drivers and partnered with a new day shelter to help them with food, PPE and sanitizing products.²²

Discover promising practices and more by visiting ACL's new Housing and Services Resource Center online at [ACL.gov/HousingandServices](https://acl.gov/HousingandServices).

Partnering to Assist People with Disabilities and Older Adults with Housing and Services

New or expanded partnerships between the aging and disability networks and the housing sector have been instrumental to the COVID-19 response.

These partners worked closely to:

- Advocate in pandemic response planning for housing options for people with disabilities and older adults;
- Help individuals move from nursing homes into the community;
- Directly assist individuals who need housing and services or provide them with referrals to organizations that can help;
- Provide home modifications and repairs; and
- Coordinate supportive services in housing facilities.



Transitional housing support also has expanded during the pandemic. Along with housing partners, the aging and disability networks joined with public health, behavioral health and human services agencies to weave together the delivery of supportive services. To quickly help individuals who are at risk of or who are experiencing homelessness, these partners assist individuals with:

- Applying for housing;
- Understanding their housing rights;
- Connecting with advocates to support negotiations with landlords; and
- Receiving care planning and ongoing support as individuals adjust to new homes.

Intensive coordinated services across the sectors aimed to address the root causes of homelessness, such as economic insecurity, employment barriers, racial inequities, and a range of chronic and behavioral health conditions.

This response, and those featured throughout this brief, helped enable many older adults and people with disabilities to remain safely at home and in the communities of their choice.

Opportunities for Further Partnership

COVID-19 resulted in a new set of partnerships among aging, disability, and housing professionals, as described in this brief. By aligning goals for safe and supportive housing, these partnerships have enabled older adults and people with disabilities to continue living in the community, reduce risk of becoming infected, address social isolation, and receive assistance that was vital to maintaining their health.

Both the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 and the American Rescue Plan Act (ARPA) provided federal, state, tribal, and local governments with additional resources to address housing instability and homelessness. The provisions expanded existing programs (e.g., the Fair Housing Initiatives Program) and support for rapid rehousing to prevent homelessness, emergency rental assistance, mortgage and utility assistance rural housing, tribal housing improvements, and housing counseling.

Other provisions of these laws expanded support provided to the aging and disability networks for services that some individuals need to live in the community. The networks are using some of these resources to assist people with disabilities and older adults with receiving COVID-19 vaccinations and boosters. ARPA also provided additional funding and flexibilities for supportive in-home services and transitions from institutions to homes.

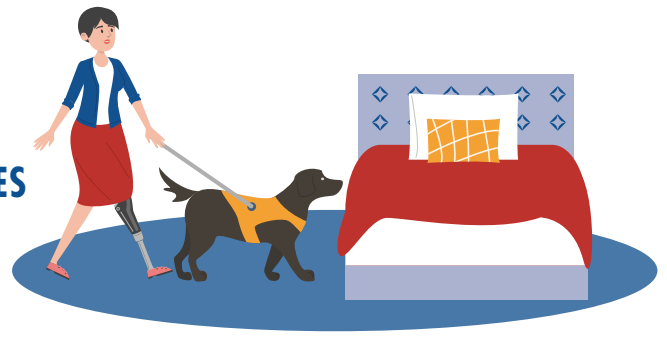
Together, the new or expanded resources from the CARES Act and ARPA offer additional ways for aging, disability, and housing organizations to further develop partnerships to enhance housing and service options for people with disabilities and older adults. Read the [HHS-HUD Housing Partnership Fact Sheet](#) to learn more about these resources that can help state, tribal, and local partners. These partnerships can work together to:

- Evolve the delivery of services and supports as pandemic conditions improve to align with the changing needs and preferences of older adults and people with disabilities;
- Expand eviction prevention and intervention services for the eventual lifting of moratoria on evictions and utility disconnections; and
- Adapt innovations generated during the COVID-19 response into sustainable models to address homelessness, improving housing security, and enabling older adults and people with disabilities to live in the community with choices that meet their evolving needs.



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OFFERING TRANSITIONAL HOUSING ALTERNATIVES FOR PEOPLE EXPERIENCING HOMELESSNESS



Using CARES Act funding, CILs and homeless shelters partnered to provide non-congregate settings for people with disabilities who are experiencing homelessness. In these partnership arrangements, CILs and homeless shelters coordinate before sending a person with a disability to a nursing home, according to the IL-NET National Training and Technical Assistance Center for Independent Living at Independent Living Research Utilization (ILRU).²⁴ Funding from the Federal Emergency Management Agency or other pandemic relief sources helps cover emergency shelter (hotel rooms) to lessen potential exposure to COVID-19. To reduce homelessness, some CILs arrange for security deposit payments for housing units or utility deposits.²⁵

Recognizing that during COVID-19, congregate shelter settings were unsafe for older adults and people with chronic conditions, Prince William County, Virginia implemented a hotel shelter program where medically fragile individuals experiencing homelessness could have a private room to reduce the risk of contracting COVID-19. The Prince William County Area Agency on Aging provided funding for this initiative, as well as case management referrals, daily meal delivery, and other administrative tasks.²⁶ Looking ahead to a time when the current public health emergency lessens, the AAA and Department of Social Services are exploring alternatives to the traditional overnight congregate shelter model that could be sustainable.

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CONCLUSION

The need to enhance and expand affordable, accessible, and supportive housing has never been so great. The extensive human and economic impact of the COVID-19 pandemic made housing stability more tenuous for people with disabilities and older adults. In many communities, these challenges will become more pronounced in the future with the growing population of people with disabilities and older adults as housing and health care costs continue to rise. Together, these issues mean that housing will remain a critical challenge that demands a greater community response.

The promising practices highlighted in this brief demonstrate the potential of collaborations between the aging and disability networks and the housing sector. The CARES Act and ARPA provide these partnerships with the means to develop more robust solutions to the challenges of providing older adults and people with disabilities with affordable, accessible housing and community services. Investments in housing and services for people with disabilities and older adults are a primary way for communities to generate better health, quality of life, and independence for these populations.

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