COVID-19 for Vulnerable Populations: Evolving Impacts among Affordable Housing and Nursing Home Residents



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BACKGROUND



• The COVID-19 pandemic has brought unprecedented challenges to our society, and disproportionately affected vulnerable populations.



• Affordable housing residents represent a high-risk group as they are more likely to live in compact housing, work in high-risk professions, and have pre-existing health conditions and limited access to quality healthcare (Benfer et al., 2020).



• Nursing home facilities have become hotspots for COVID-19 infections and mortality due to the vulnerability of their residents. As of January 17, 2021, there were 570,626 resident cases of COVID-19 and 112,383 related deaths in nursing homes in the US (CMS, 2021).

METHODS



- Part 1 is a cross-sectional study of affordable housing residents in Austin, TX, that explores the impacts of living environments on residents' physical activity and health, before and during the pandemic.
- Part 2 is a cross-sectional study of nursing homes using national datasets to examine the extent of COVID-19 infections and mortality, and how facility attributes associated with these outcomes.

CONCLUSIONS

- > Affordable housing study: Housing and neighborhood environments play significant roles in residents' physical activity and health. The pandemic has made housing stability and neighborhood amenities even more critical for low-income, affordable housing residents.
- > Nursing home study: The COVID-19 pandemic is a sobering reminder about the importance of addressing infecting control in the design, planning, and management of nursing home facilities.
- Looking ahead, as the nation continues to navigate and cope with the pandemic, it is crucial to provide environmental and policy support for vulnerable populations living in affordable housing and nursing homes. Long-term efforts are needed to ensure the resilience of these residents and their housing facilities.

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FINDINGS







IMPACTS OF LIVING **ENVIRONMENTS ON RESIDENTS' PHYSICAL ACTIVITY & HEALTH**

- Higher WalkScore is associated with increased recreational walking.
- \succ Higher crime rate is associated with reduced total physical activity, reduced recreational walking, and poorer overall health.
- Social support is important for both physical activity and health.

Affordable Housing

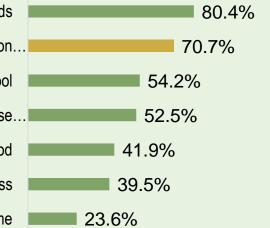
Table 1. Coefficient from three regression models

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V	ariables (Type of variable)	MVPA	Recreational walking	General health
Personal factors	Age (Continuous)	-1.856	-1.607	-0.002
	Sex (Female = 1) (Binary)	-47.308	-41.165	0.074
	Non-Hispanic White (Ref.: Hispanic)	5.095	-5.834	-0.072
	Non-Hispanic Others (Ref.: Hispanic)	-45.479	-48.879	0.141
	Poverty (Binary)	166.423**	59.845	-0.164
	Car ownership (Binary)	-54.915	-36.027	0.198
	Obese (BMI>=30) (Binary)	-50.679	-50.803	-0.469**
	Family size (Continuous)	-21.439	-4.001	0.010
Housing type	Single family or duplex	56.120	-21.273	-0.042
(Ref.: apt.)	Studio	162.614*	181.728*	0.010
Neighborhood physical environment	Street connectivity (Factor)	-44.232*	-23.583	-0.207*
	Place for walking and bicycle (Factor)	-	-	-0.099
	Access to services (Factor)	-	-42.292 [†]	0.330**
	Perceived high crime rate (Ordinal, 1-4)	-76.965**	-44.977*	-0.172*
	Too much traffic (Ordinal, 1-4)	-	26.029	-
	Free from litters (Ordinal, 1-4)	17.407	29.095	0.154
	WalkScore (Continuous)	2.679^{+}	4.054**	-
Social Environment	Physically active neighbors (Ordinal, 1-4)	-	61.843**	-
	Friends/family encourages PA (Factor)	69.194**	50.380**	0.238**
	Social activity (Factor)	58.524**	60.565**	0.153*
Adjusted	R-Square (Cox & Snell R-Square)	0.264	0.372	0.303

EXTENT OF COVID-19 IMPACTS

> The pandemic had significant impacts on affordable housing residents' work, family, and personal health, (see below). Their limited socioeconomic resources tend to exaggerate COVID-19 related challenges.

Sparated from family or close friends More quality time with family or friends in person... Had a child in home who could no go to school Had to continue to work despite being in close... Unable to get enough food or healthy food 41.9% Laid off from job or had to close own business 39.5% Difficulty taking care of children in the home 23.6%



Spent more time on screens and... More time sitting down or being... Paid more attention to personal... ess physical activity or exercise Increase in mental health...

Overeating or Eating more...

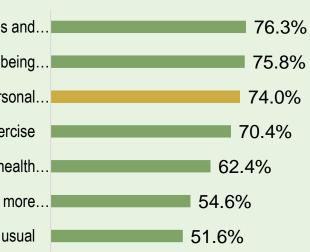
Got less medical care than usual

***** ROLES OF LIVING ENVIRONMENTS IN COPING PROCESS

- > Losing access to neighborhood amenities (e.g., playgrounds, parks) and crowded living space are significant environmental barriers, confounded by the challenges of taking care of children during the pandemic.
 - No regular **maintenance**
 - Partial or complete park closure
 - Apartment crowding
 - **Fear of infection** in public spaces
 - People not wearing masks







• Outdoor **exercise** equipment Rental assistance from apartments • Easily accessible food pantry • Information on healthy practices to deal with COVID-19 from management

EXTENT OF COVID-19 IMPACTS

 Nursing home residents have extremely higher infection and mortality rates, compared to the whole population in their county. 40 20 7.45

ROLES OF FACILITY FACTORS

- cases (C) / deaths (D):
- Overall quality measure rating (C/D)
- Adjusted RN staffing hours/resident/day (C/D)
- Ventilator dependent unit (C/D)
- Resides in hospital (D)
- COVID-19 point-of-care test on residents (C)
- Able to receive test results within a day (C/D)

Factors associated with MORE cases (C) / deaths (D)

- For-profit owner (C)
- More certified beds (C/D)
- More infection control citations (C/D)
- More frequent and wider testing (C/D)
- More substantiated complaints (D)
- Nursing staff shortage (C/D)
- Long/short stay quality measure rating (C/D)

Variable		MODEL 1: # of cases (N = 14,264)	MODEL 2: # of deaths (N = 14,289)
		Coef.	Coef.
	(Constant)	-13.546**	-6.492**
Facility Attributes	Owner type – government (Base: For profit)	-5.780**	-0.238
	Owner type – non-Profit (Base: For profit)	-6.196**	0.082
	Resides in hospital	-1.315	-0.977*
	# of certified beds	0.238**	0.056**
	Overall rating	-0.377*	-0.029
	Quality measure (QM) rating	-1.996**	-0.378**
	Long stay QM rating	1.697**	0.259**
	Short stay QM rating	1.429**	0.394**
	Adjusted RN staffing hours/resident/day	-4.717**	-0.336*
	# of substantiated complaints	0.016	0.023*
	# of citations from infection control inspections	1.153**	0.273**
	Able to test all current residents in next 7 days	0.596**	0.125**
	Average time to receive resident test result (0-1 day)	-0.169*	-0.047*
	Tested residents with new signs or symptoms	0.908**	0.182**
Facility Resource	Tested asymptomatic residents in a unit or section after a new case	0.866**	0.145**
and Policies for COVID-	Tested asymptomatic residents facility-wide after a new case	0.918**	0.082**
19 (# of Weeks)	Tested asymptomatic residents without known exposure as surveillance	0.420**	0.064**
	Tested another subgroup of residents	0.489**	0.198**
	COVID-19 point-of-care tests on residents	-0.747**	-0.081
	Shortage of nursing staff	0.047*	0.016*
	Supply of eye protection	0.003	0.028*
	Ventilator dependent Unit	-0.407**	-0.098**
	Total population of county	<0.001	<0.001
Community	% of COVID-19 confirmed cases in county	0.888**	-0.015
Attributes	% of COVID-19 deaths in county	13.652**	20.407**
	Adjusted R-Square	0.334	0.212

** P < 0.01; * 0.01 $\leq P < 0.05$; * 0.05 $\leq P < 0.1$





Nursing Homes

COVID-19 Infection and Mortality Rates

7.02 0.13

% of COVID-19 cases

Nursing home residents
County population

% of COVID-19 deaths

Note: The percentage is calculated as the number of COVID-19 cases/deaths out of total bed capacity in the facility

Factors associated with LESS Table 2. Models predicting number of COVID-19 cases and deaths