HUMAN-CENTERED DESIGN APPROACH FOR OLDER ADULTS IN SUBSIDIZED HOUSING: A CONTINUING STUDY

Through our engagements we identified six themes that in different ways explained the challenges faced by older adults in subsidized housing. Facilitating cultural inclusion and connections, implementing interventions such as providing physical material to residents, advancing positive social connections of older adults residing in subsidized housing. HCD can be utilized to drive changes to building policies, and concerns about the physical, mental, and social determinants of health, and access/use of healthcare resources. Two measured prior 6-month acute-care utilization outcomes: emergency room visits (ERV) and inpatient hospital admissions (IHA). Logistic regression was used to find health attributes associated with both outcomes, and latent class analysis was used to group Veterans into clinically relevant latent classes, analyzing health attributes endorsed by each. We found that transportation access issues to receiving healthcare were associated with both outcomes (OR = 2.980, p = 0.014), underscoring the role of social determinants of health. Self-perceptions of general health (OR = 0.806, p = 0.04), and a Veteran attending the Miami VA frailty clinic (OR = 0.435, p < 0.001), were associated with ERV and IHA, respectively. We identified four latent classes distinctly grouping patients by endorsing 1) depression; 2) not having a caregiver and being unmarried; 3) functional issues, and 4) being homebound and receiving home healthcare. These latent classes will help better inform clinical recommendations and program development to better meet needs for “HNHR” Veterans.