Service Coordination in HUD Housing During the COVID-19 Pandemic

Bridging the Gap

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Samara Scheckler and Jennifer Molinsky

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Abstract

During the COVID-19 pandemic, service coordinators increased the capacity of a large and diffuse inter-organizational network to support lower-income older adults. Researchers conducted two surveys of service coordinators who worked with older residents of US Department of Housing and Urban Development (HUD) multifamily properties in mid-2020 and late-2021. These residents experienced many pandemic-related disruptions to their support systems, and findings revealed ways that service coordinators assessed resident need, linked them to public benefits programs, improved their access to technology, translated public health responses, and facilitated access to partner organizations and professional supports. Through assessment and communication, and decision-management and problem solving, service coordinator work increased the efficiency and effectiveness of external supports available to help meet residents' needs for food, medicine, supplies, personal care, and mental and physical healthcare. With an aging population and an increasing rate of unpredictable weather events, service coordination, which is inconsistently funded and is not mandated for HUD properties, may offer an opportunity to improve the adaptability and resilience of older supported housing residents.

Introduction

Older adults, who generally experience higher risk of disruption during disasters (Fernandez et al., 2002), were uniquely vulnerable during the COVID-19 pandemic which impacted their support networks. This was especially the case for residents of publicly-assisted properties, where a confluence of factors including age, health, functional limitations, and race and ethnicity contributed to higher risk of infection and disruption in care and support (Gao et al., 2021; Rod et al., 2020). Residents' lack of resources further limited their options to respond to the disruptions.

However, some properties employed service coordinators who were able to assess emerging resident needs, identify available resources, and facilitate residents' access to these resources. This paper examines the work of service coordinators during the pandemic period, reporting the results of two surveys of service coordinators working in HUD-subsidized properties in mid-2020 and late-2021. Findings offer insight into the role of service coordinators and argues that their central position in the loosely connected network of resident supports is a key to efficient and effective assistance during disruptions. With an aging population and an increasing rate of unpredictable climate change-related events, service coordination, which is inconsistently funded and is not universally provided, might offer the opportunity to improve the effectiveness of supports and increase adaptability and resilience of

older residents of properties that use funding from the US Department of Housing and Urban Development (HUD) to subsidize development and operation of multifamily housing for older adults and people with disabilities (hereafter referred to as HUD housing).

Vulnerabilities and Needs of Low-Income Older Adults During the Pandemic

While people worldwide struggled with challenges created by the pandemic, older residents of HUD-supported housing were particularly vulnerable to the impacts of COVID-19 due to a combination of their advanced age, higher rates of underlying health conditions, and higher shares of functional limitations that increased reliance on outside supports (Brucker et al., 2018; Dawkins & Miller, 2015; Digenis-Bury et al., 2008; Hinds et al., 2016; Howell et al., 2005; Jindai et al., 2016; Jordan et al., 2020; Ng et al., 2014; *Resident Characteristics Report*, 2022; Wolff et al., 2021). Compounding these vulnerabilities to COVID, many low-income households, including HUD residents, struggled to meet new expenses during the pandemic (Budget and Policy Priorities, 2021), including for cleaning supplies, personal protective equipment, delivery fees, and higher prices for food and necessities (Celik et al., 2020). Most HUD residents live with an average annual income under $16,000; only 17 percent of residents had an income over $25,000 in 2021 (*Resident Characteristics Report*, 2022).

Before the pandemic, about a quarter of older HUD residents already met the criteria for depression, largely explained by loneliness (Gonyea et al., 2018). Social distancing measures put in place to protect staff and resident heath complicated access to in-person aides and assistants and raised concerns about mental health and loneliness for these residents. Communication barriers further impeded access to supports for many older HUD residents, a large share of whom are non-English speaking or non-native speakers of English (Lascher et al., 2013). Technological pathways, such as internet connections and devices, helped surmount some communication barriers but were less available to residents of these properties, with one estimate suggesting that less than a quarter of HUD residents had reliable internet access during the pandemic (Ellison-Barnes et al., 2021).

Pandemic Support for Older Adults in HUD Housing

This paper reflects the pandemic as a disaster comparable to other socially disruptive events in which impacts occur suddenly, are complex, interdependent, and continue to reverberate long after they initially arise (Shaluf et al., 2003). Two of the well-known challenges in responding to crises like natural disasters and other disruptions are coordinating the relief efforts among multiple organizations and ensuring a productive flow of information (Quarantelli, 1993). These tasks are particularly challenging in

the context of rapidly changing circumstances, loose inter-organizational connections, and in the absence of negotiated roles (Nowell & Steelman, 2019; Waugh Jr. & Streib, 2006).

During the pandemic, numerous public, private, and government organizations intervened to address and mitigate the vulnerabilities of older adults in HUD housing, including healthcare organizations, nonprofit support providers, local businesses, state and federal services and benefit programs, and individual family and community volunteers. Communication between these many organizations was made more complex since programs are only loosely affiliated, if at all. For many HUD properties, the service coordinator functioned as a central contact for each organization. This research considers the roles played by service coordinators in the governance of pandemic response networks, conceptualizing the service coordinator as a centralized network node through which individual resident and property-wide needs were assessed, community and state resources were identified, information flowed, and responsive services were organized.

Service coordinators are social service workers, typically employed or contracted by owners or managers of insured and assisted Multifamily Housing designed for older adults and people with disabilities. HUD defines service coordinator qualifications as a bachelor's degree or appropriate work experience plus working knowledge demonstrated by two or more years of experience in social service delivery. In typical times, service coordinators are responsible for advocacy, facilitation, motivation, monitoring, championing, educating, advising, referral making, and community partner developing (*Service Coordinators in Multifamily Housing Program HUD Resource Guide*, n.d.). They maintain files on each resident with individual service plans (updated with each new interaction), keeping an aggregated profile of demographics and needs among residents. They additionally cultivate a network of local services and support partners (US Department of Housing and Urban Development, n.d.).

However, many HUD properties operate without a service coordinator. The American Association of Service Coordinators (AASC) estimates that roughly 5,000 HUD properties employ a service coordinator.[1] Where they are on staff, there is a recommended ratio of 50 to 100 residents to each full-time service coordinator, depending on level of resident need, but these ratios are not

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[1] Though this count is not publicly estimated by HUD, AASC produced this estimate using a public records requests of grant funded properties as well as a list of properties that utilize a reporting system that is mandated for all service coordinators operating on HUD properties (query of AASC, 2022).

mandated or enforced. Properties fund a service coordinator using either the operating budget or through a HUD grant program.[2]

This exploratory project spotlights the work of service coordinators during the pandemic to consider the role they play in helping residents navigate disruptions and uncertainty, and to understand their position within a network of responders. In the landscape of pandemic response, in which networks were large, diffuse, and shifting, and in which many organizations were operating without previously established roles or cooperative parameters, we conceptualize service coordinators as the pathway through which resident and property needs were assessed and communicated, resources were identified, and responsive services were organized. In general, centralized network structures, which are loosely organized around a particular node (or small set of nodes), can improve management of complex networks by facilitating efficient information flows that allow for rapid adaptation (Abbasi & Kapucu, 2012; Nowell et al., 2018; Provan & Kenis, 2008). We are particularly interested in how service coordinators assessed emerging needs and facilitated access to resources that could enhance resident health and housing stability.

Methods

Researchers conducted two mixed method surveys with assistance from AASC. AASC acts as both a professional membership association and national resource for people who assist elderly and disabled residents of service enriched housing, offiering members both networking opportunities and education about best practices. While membership in this organization is not mandatory for service coordinators, the majority of those working in HUD-funded affordable housing communities are members. With oversight by the Institutional Review Board of Harvard University, both surveys were disseminated online by AASC and informed consent was obtained in writing in context of the survey.

The 2020 and 2021 surveys were both deployed using the same protocol. AASC released the surveys via email to its membership and sent reminders during the response periods. Respondents were screened at the outset of the survey to confirm that they worked for an affordable housing property rather than private homes to ensure some similarity of funding and work conditions; this process

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[2] Some properties use their operating budget, supported by rents, to fund the position. This is HUD's preferred method of funding, and owners must obtain HUD approval to add a service coordinator to property operating expenses. Properties that have no available residual receipts can apply to fund the position through a reoccurring grant provided by HUD through the Service Coordinators in Multifamily Housing Grant program. This is designed to be a temporary resource until a property can self-fund the position (Service Coordinators in Multifamily Housing Program Resource Guide, 2018). Grants are subject to availability, and a NOFA has not been issued to add new properties in many years.

screened out one potential respondent in 2020 and seven in 2021. Respondents were able to complete the survey on a variety of devices, including phones, tablets, or computers, and they were able to leave the survey and return to it as many times as they preferred throughout the period of data collection. Participants were not offered incentives to complete the survey.

2020 Survey

The first survey was conducted between June 23 and July 17, 2020. A total of 1,175 surveys were returned: a response rate of roughly 34 percent of AASC's then 3,500-person membership.

This survey was intended to surface a broad understanding of pandemic-related conditions for residents, the ways service coordinator responded to these conditions, and particularly their relationship to other actors in the support network available to residents. The survey protocol was developed in consultation with the literature as well as AASC. Questions explored resident support and resource needs, pandemic-period changes in work practices, work conditions and resources used by service coordinators, and gathered both respondent and property characteristics. The survey included 54 discrete response questions, 7 of which offered space for respondents to expand their answers if they wished. Four open-ended questions were added to identify issues that were not otherwise addressed. Questionnaires are provided in the appendix.

Initial findings from the first survey were compiled into an interim report that was presented to service coordinators at their annual practitioner meeting and released as a Joint Center for Housing Studies working paper. Feedback from these presentations guided the next stage of inquiry.

2021 Survey

The second survey was conducted between November 1 and 30, 2021. It assessed a period in the pandemic that was distinct from the first; by November 2021, most people who wanted a vaccination had been able to receive one, and much in-person work had resumed. The second survey received a total of 886 responses out of a 2021 organizational membership of roughly 3,800 individuals for a response rate of about 23 percent. Though it is likely that many respondents completed both surveys, individual respondents in the second data collection were not linked to their responses in the first due to potentially intrusive questions in the original survey that explored service coordinators' experiences of institutional support, their health, their personal work-related stress, and their satisfaction with their ability to do their jobs well. Researchers favored participant anonymity over an ability to link surveys and track individual experiences over time.

The second survey focused on gathering additional insight into interim findings, particularly regarding the topics of partner organizations and technology use, and it also aimed to document evolution since the last survey. It included 80 discrete answer questions, 46 of which were repeated from the first survey and 4 of which offered space for respondents to expand on answers if they wished. With feedback from interim presentations and AASC, researchers selected three open-ended questions that examined positive changes during the pandemic, ongoing resource gaps, and changes in residents' ability to pay rent. Wherever possible, multiple-choice questions were repeated verbatim in the second survey to allow for direct comparison between the periods, though in some cases we amended the questions to clarify time periods as points of reference references and offer "opt out" instructions for employees who had begun work during the pandemic and had no prior context for comparison.[3]

Analysis

Multiple analytic techniques were used to separately address quantitative and qualitative data (Small, 2011; Tariq & Woodman, 2013). Researchers first analyzed the descriptive statistics of discrete response questions to observe characteristics and trends of pandemic experiences. All data from open-ended responses were then loaded into analytic software, coded, categorized, and considered for their relationship to the theoretical framework of the paper.

Sample Description

The 2020 and 2021 samples were similar across key metrics. Both had wide geographic coverage; in 2020, respondents worked for properties in 47 states, Washington, DC, and Puerto Rico, and in 2021, respondents represented 48 states and Puerto Rico. **Table 1** shows that respondents also had similar length of work experience between survey years: roughly a third had been working in the field for under 4 years, while another third had 10 or more years of experience. Information about properties at which respondents worked, including demographic profiles of residents and funding sources, were additionally aligned between surveys. Many fewer respondents answered open-ended questions in the second survey, with over a 70 percent response rate in 2020 and a 20 percent rate in 2021. However, characteristics were still similar between respondents who answered and did not answer open-ended questions and these similarities held between survey years.

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[3] Data and full survey questionnaires can be provided upon request.

Table 1. Respondent Profile and Demographics

	All Respondents				Respondents to Any Open-Ended Question			
	Summer 2020		Fall 2021		Summer 2020		Fall 2021	
Number of Respondents	1132		886		848		184	
Percent of Respondents	-		-		75		21	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Service Coordinator Profile								
Less than 1 Year Experience	91	9	58	9	71	9	15	8
1-4 Years Experience	370	37	189	30	303	36	56	31
5-9 Years Experience	254	25	198	31	205	25	50	28
10 Years Experience or More	297	29	196	31	256	31	59	33
Resident Profile								
Aged 62+	996	79	625	81	828	79	178	82
Dually Eligible	988	65	613	67	823	65	174	68
Minority Race or Ethnicity	902	48	574	45	752	48	162	47
Property Funding								
Section 202	386	48	252	52	320	48	81	55
Public Housing	260	32	143	29	211	32	43	29
Section 8	434	54	260	53	358	54	85	58

Note: These are results from two surveys of service coordinators working on HUD-funded properties in 2020 and 2021. Each percentage reports averaged respondent characteristics and estimated property characteristics separately for each survey. Property funding categories are presented out of the share of respondents who answered this question, but respondents might select multiple funding streams. The rightmost columns count any respondents to at least one opened-ended question.

The 2020 sample included a large number of respondents at particularly high risk of COVID-19 infection. Half of respondents considered themselves to be at high health risk if they contracted the virus and 61 percent were in intimate contact with someone of high health risk. About 40 percent of 2020 respondents belonged to a race or ethnicity other than non-Hispanic white.

Results

Results are reported in two sections. First, we provide an overview of service coordinators' assessments of older adult resident need at the time of both surveys to establish the context in which they were operating. Then we explore a set of themes that describe various changes service coordinators made to in response to the pandemic-period needs of older residents.

Resident Needs and Access to Supports and Resources

To better depict pandemic experiences and contextualize service coordinator activity, respondents were asked to describe a variety of resident needs and resources at the time of survey (**Table 2**). While respondents estimated that almost 4 out of 10 residents did not have adequate food, medication or medical supplies to isolate for a week in 2020, there was a marked increase in the share of residents that had sufficient access to these daily necessities in 2021.

Table 2. Estimated Share of Older HUD Resident with Access to Supplies and Resources During the Pandemic (Percent)

	Summer 2020	Fall 2021
	Had Adequate Resources to Isolate for a Week	Had Adequate Resources Last Week
Phone Access	82	85
Medication and Medical Supplies	65	82
Enough Food They Wanted to Eat	61	82
Household Goods	48	77
Internet Access	38	49

Note: These are tabulated results of two surveys of service coordinators working on HUD-funded properties in 2020 and 2021. Each percentage reports the respondents' estimated share of residents who had access to a resource at each survey point. Estimates are averaged across all respondents to that question in that survey.

The 2021 survey also asked respondents to estimate changes in residents' overall health and healthcare access by comparing the past month with the year before the pandemic. Respondents in 2021 described some pandemic-period improvements, suggesting that access to virtual healthcare improved for 67 percent of residents and access to virtual mental healthcare improved for 50 percent. But they broadly noted declines in residents' physical health, rating it as worse than the year before the pandemic for 53 percent of residents, on average. There were concerns about health behaviors, including physical exercise which had decreased for 62 percent of residents, and social interactions, which decreased for an average of 65 percent of residents.

Technology, which can facilitate communication and response during a crisis (Comfort, 2019), became an important tool to mediate barriers imposed by social distancing. The internet was a conduit to community, healthcare, and socialization, yet in 2020, respondents estimated that only 38 percent of residents had internet access and an internet-capable device, and that less than half of residents had both access and technology in 2021. Limited public transit during the pandemic also increased reliance

on technology. Respondents estimated that fully 10 percentage points fewer residents used public transportation in the fall of 2021 compared to the year before the pandemic. As one respondent observed, "[the] city's free transportation for low-income senior citizens stopped completely," and others noted reductions in transportation targeting disabled residents. These reductions impacted residents' access to community resources as well as their household budgets. As one respondent explained, "Transportation cutbacks made it hard for residents to get to banks to manage their finances and get money orders or checks to pay rent." One 2021 respondent raised concerns about inadequate transportation limiting community integration, saying that a "[l]ack of enough transportation resources makes it difficult for residents to access services that could be provided offsite, such as gym memberships. And it also impacts access to educational and volunteer opportunities offsite." Transportation remained the most commonly cited unmet need, identified by 18 percent of respondents in 2021. Noted one respondent in 2020, "Transportation is a major barrier for our clients." In addition to technology, onsite services were used to improve access, and 90 percent of 2021 respondents affirmed that their properties had offered onsite vaccines at least once.

Finally, respondents described residents experiencing a variety of pandemic-period financial challenges. While some residents lost financial support from family, others used their scarce resources to support economically struggling family members. One 2021 respondent explained that "Many residents reported helping family though the pandemic and now they find themselves behind." Another pointed out that residents had to stretch their money to cover increased living costs, including additional cleaning supplies and personal protective equipment, higher prices for food, fees for delivery services, taxis and ride shares. One 2021 respondent summed up residents' financial experiences this way: "… the cost of everything skyrocketing has caused people to have spread their money so thin that they have to let something go in order to eat and have their medications." Finally, a combination of factors, including stimulus checks, social isolation, and increased access to technology, made residents targets for scams. As one respondent pointed out in 2021, "A lot more residents fell victim to scams over the telephone during the pandemic." Finally, a quarter of 2021 respondents assessed that more residents had trouble paying rent during the pandemic and half said that resident turnover had increased.

Major Themes in Service Coordinator Practice During the Pandemic

Both surveys asked respondents to compare time spent on a variety of activities beginning March 2020 to the year before. In both 2020 and 2021, service coordinators spent more time responding to public

health recommendations, managing facilities, coordinating virtual medical appointments, resident food access, and their access to household supplies. In both years, service coordinators spent markedly less time on coordinating meal and social activities, religious worship, and physical activity. Yet responses reflect the changing circumstances during the pandemic. In 2020, respondents spent a lot more time on food access than in the year prior to the pandemic, while in 2021 respondents also increased time spent in a variety of areas including benefits access, coordinating with community-based organizations, completing documentation, and managing medical transportation. In addition, respondents in the second survey reported expanding the time they spent facilitating technology access and use (questions that were not asked in the first survey) (**Table 3**).

Guidance around physical distancing may have impacted communication with residents. In both survey periods, service coordinators often used the telephone, publicly posted flyers, and information left on apartment doors. However, only 19 percent of respondents often communicated with residents face-to-face in 2020 while 82 percent often had in-person interactions in 2021. Mail and email usage declined in 2021 as compared to the first pandemic year.

During the pandemic period, service coordinators worked in seven key areas: resident needs assessment, benefits and program applications, dissemination of public health recommendations, loneliness and isolation, technology access and use, coordination of informal and partner organizations, and coordination of professional supports. Service coordinators balanced a wider variety of tasks and patched together new interventions to fill pandemic-related resource gaps and service system reductions.

Table 3. Service Coordinators Changing Time Spent on Activity During the Pandemic Compared to the Year Pre-Pandemic (Percent)

	Summer 2020				Fall 2021			
	N/A	Less	Same	More	N/A	Less	Same	More
Navigate Benefits/Entitlements	1	28	33	38	1	8	30	60
Coordinate Community Based Organizations	1	48	18	33	1	28	21	51
Reporting or Documentation	2	33	31	34	1	18	35	47
Responding to Public Health Recs	3	5	9	83	2	6	12	80
Facilities Management Activities	19	8	12	62	16	9	16	60
Coordinating Medical Providers	4	28	39	28	3	11	27	59
Coordinating Home Care/Home Health	5	23	40	33	2	11	38	49
Coordinating Informal Supports	4	16	37	44	2	8	39	51
Coordinating Meal Social Time	35	43	6	15	23	36	19	22
Coordinating Religious Worship	46	42	9	3	40	28	25	7
Coordinating Other Social Time	13	68	7	11	5	52	17	26
Coordinating Physical Activity	22	66	7	5	13	46	24	17
Communication with Family/Friends	11	17	31	41	8	12	39	41
Communication with Each Other	10	34	29	27	4	29	34	34
Assisting Non-English Speakers	41	10	28	21	28	6	40	26
Assisting Hearing Impaired Residents	24	11	50	15	8	5	62	25
Facilitating Internet Access	-	-	-	-	8	6	29	57
Facilitating Access to Internet Connected Device	-	-	-	-	8	6	30	56
Instructing Use of Internet Connected Device	-	-	-	-	10	6	25	59
Organizing Technology Literacy Program	-	-	-	-	27	16	31	26
Coordinating Medical Transportation	10	32	40	18	3	11	46	40
Coordinating Virtual Medical Appts	36	12	20	32	27	9	26	38
Coordinating Food Access	7	6	14	73	10	6	22	62
Coordinating Access Medication/Medical Supplies	17	6	38	38	11	7	39	43
Coordinating Access Household Supplies	23	6	22	49	20	6	30	43

Note: These are tabulated results of two surveys of service coordinators working on HUD-funded properties in 2020 and 2021. Chart reports percent of respondents who selected each response in each multiple-choice survey. Interpret the "60" in the top row on the far right as 60 percent of respondents to that question in 2021 indicated that they spent more time helping residents navigating benefits and entitlements than they spent pre-pandemic.

Service Coordinators Expanded Resident Needs Assessments

In the rapidly changing pandemic circumstances, regular assessments of resident needs became an even more critical component of service coordinators' work. With fewer outside providers allowed in HUD buildings, service coordinators took a larger role in assessment. As one 2020 respondent noted, "since buildings were "closed" and social workers'/case managers' visits were very infrequent, I had to become more actively involved with a resident's well-being." Service coordinators designed and implemented processes to identify emerging needs.

Many 2020 survey takers described various types of "wellness check" practices. In some cases, these checks were scripted and formally scheduled. One described conducting checks remotely in the early months of the pandemic: "We started a program of daily wellness calls, seven days per week, to all 65 tenants and I make all of the calls on the four days I work." Others service coordinators performed ad hoc checks during meal or supply deliveries, or specifically targeted residents who had fallen out of contact or exhibited signs of distress. As one 2020 respondent described: "We initially called residents to apprise them of new community procedures (ex. call instead of visiting front office) and then wellness calls for residents we do not see on a regular basis." While some service coordinators completed this work on their own, on some properties, service coordinators shared outreach responsibilities with management staff and on other properties, resident volunteers were recruited to contact their neighbors.

Many respondents explained that the increased contact with residents improved their ability to build relationships and identify needs. As one noticed in 2020: "prior to the pandemic, I had a resident who, shall we say, didn't care for me. However, the weekly calls have changed resident's perspective about me and have strengthened the relationship between us. This will truly assist me in being able to help her whenever the need would arise." Numerous 2020 respondents expressed a desire to maintain a wellness check practice, while one 2021 respondent thought wellness checks should be formally integrated into long-term practices.

Service Coordinators Facilitated Applications for Benefits and Programs to Support Resident Financial Wellbeing

Wellness checks and other needs assessment surfaced various pandemic-related financial hardships, noted earlier. In response to these financial challenges and the shifting benefits and programs, 38 percent of service coordinators spent more time helping residents navigate benefits and entitlement programs in 2020 than before the pandemic. This support ballooned to 60 percent of service

coordinators who provided more assistance in 2021 as compared to pre-pandemic (**Table 3**). In the 2021 survey, many respondents named specific programs to which they had linked residents or facilitated applications, including COVID-19 Federal relief funds, Supplemental Nutrition Assistance Program (SNAP) benefits, targeted state programs such as rental assistance and home heating credits, and local programs that provided incidentals such as masks, gloves, and cleaning supplies. Respondents provided information about programs, helped residents compile documentation, corresponded with benefits managers, and assisted with forms and applications. In this way, service coordinators ensured residents were able to navigate complex programs to access resources.

In open-ended responses to the 2021 survey, service coordinators suggested that these additional benefits made it easier for some residents to meet their basic needs. As one observed, "Stimulus checks helped some [residents] to pay for utilities, pay rent, buy food. Also, the increase in SNAP benefits during the pandemic helped residents purchase better food." However, even with new public benefits, almost a quarter of respondents estimated that residents had a harder time paying rent in 2021 compared to the same time period pre-pandemic.

Service Coordinators Implemented Public Health Recommendations and Disseminated Public Health Information

Early pandemic conditions imposed nearly constant changes in public health guidelines for multifamily communities that housed older adults, and service coordinators became key to the implementation of emerging rules and best practices. They spent additional time securing access to the properties. They communicated new, restrictive visitor policies and facilitated systems to reduce resident interactions. Sixty percent of respondents in both surveys also spent more time on facilities management activities such as cleaning or reorganizing common spaces (**Table 3**).

Communicating new guidelines, rules, and systems with residents and their families and professional supports was almost universally recognized as a key pandemic task for many service coordinators. As one respondent explained in 2020, "The residents, families, friends and caregivers are relying on the Service Coordinator to keep them updated about the latest COVID-19 rules and data and resources." And, in context of communication, another emphasized that, "…I know my job is going to be more family involvement."

However, there were mixed responses to the demands on service coordinators to implement new guidelines. For some respondents, implementing public health recommendations felt like an effective use of their time. When asked about positive changes during the pandemic, one 2021 respondent identified "better control/information about who comes and goes into and out of the

facility. During the pandemic, I knew every time a resident was seen and by who." But others worried that these new gatekeeping roles might interfere with resident relationships. One respondent explained in 2020 that, "Sometimes I feel more like a warden than a social worker when trying to remind [residents] of the policies and procedures in place to protect them." Additional concerns were raised about mission creep. One 2020 respondent explained that "because my RSC [Resident Service Coordinator] position is supervised by Property Manager, it is easy sometimes for administrative drift to happen and I am assigned quasi property manager/quasi administrative assistant functions, especially when admin assistant role is unfilled or under time."

Service Coordinators Addressed Isolation and Loneliness Among Residents

These new rules, restrictions, and systems to promote physical distancing may have kept residents physically safer but also increased their experiences of loneliness and isolation. As one respondent described in 2020, "I have had many conversations with residents who are very lonely, anxious and tired of being isolated. A lot of our residents have positive attitudes during this time, but it has taken a toll on their mental/emotional health." In 2020, three quarters of respondents recognized more signs of resident loneliness or anxiety than before the pandemic; this fell to just over half of respondents in 2021.

Service coordinators worked to minimize these experiences. They helped residents connect with families and each other in ways other than in-person gatherings. One 2020 respondent described "Contacting families or emailing them to remind them to call their parents! Encouraging them to Facetime, Whats App, Video Chat, or text. Even if it's for 2 minutes." Service coordinators displayed resident art and writing, facilitated scavenger hunts and other asynchronous games around the building, and coordinated programs in apartment hallways so residents could open their doors and participate from a distance. Respondents also coordinated the delivery of care packages with activity books, art supplies, and journals in order, as one 2020 respondent described, to "[let] them know they are not forgotten."

Respondents to the 2020 survey additionally described developing various peer support networks, such as phone trees, pen pal programs, and buddy systems. In 2020, one explained, "If a resident does not have a network of friends, I ask one of my resident volunteers to check-in and call them." In the 2020 survey, many service coordinators commented on increased resident inter-reliance and a heightened sense of community. "Neighbors helping each other much more has built the community up." This is important because overall, service coordinators spent less time coordinating

resident social experiences, either virtual or in-person, given other new demands on their time during the pandemic.

Restrictions were long-lasting on some properties, compounding the strain. In late-2021, some respondents expressed frustration over the length of limitations. One described that, "building Management will not open the property, only for show when owners come to visit. As soon as owners leave the building is shut down again." Another noted that residents are "tired of the building still closed and are looking for other places to live."

Service Coordinators Increased Access to Technology and Technology Use

As noted, technology access was limited among residents and over half of 2021 respondents they increased time spent during the pandemic ensuring residents had access to internet and functioning internet-capable devices (**Table 3**). Technology access also demands a certain amount of user capacity, so service coordinators increased time spent instructing residents on the use of internet connected devices and organizing technology literacy programs (**Table 3**). They additionally facilitated specific online interactions, including coordinating with care providers and government offices which severely reduced phone services during the pandemic. As one emphasized in 2020, "It's been very difficult to reach government offices… over the phone." Technology also became key to residents' ability to acquire resources, including food, medication, medical supplies and household goods. One 2020 survey respondent observed, "I have coordinated more food delivery and shopping assistance than ever before." Another remarked, "I had to help some sign up for medication home delivery instead of pick up in store. I also helped some of the more tech savvy residents sign up for online grocery ordering."

A variety of programs were implemented during the pandemic to provide technology and internet access (National Council on Aging, 2021). One 2020 respondent described "Working with the property owner on grant resources to update web-based technology for myself and the residents." As a result, 53 percent of respondents observed improvements in resident technology access and 58 percent observed more residents using technology by 2021. Nonetheless, respondents raised concern that half of residents remained without internet access by late 2021, for both reasons of affordability and technological literacy. When asked about outstanding needs, one 2021 respondent said that they "Would like to see the residents more comfortable with technology as well as have the means to pay for these technologies."

Beyond personal devices and internet access, respondents adopted a variety of other technological resources to manage pandemic conditions, including public address systems, text alerts,

and automated software to distribute prerecorded phone messages. Some technology improvements targeted specific populations; for example, one respondent described a newly acquired device to translate and interpret for residents who were not fluent English speakers.

Service Coordinators Linked Residents to Informal Supports and Enhanced Partner Organization Effectiveness

While always a key part of service coordination, partnerships with outside organizations became especially important during the pandemic. Responses indicated high rates of partnership to meet food, healthcare, personal care, and transportation needs, with many food-related partnerships that were newly initiated during the pandemic (**Table 4**).

Table 4. Share of Service Coordinators Managing Partnerships to Meet Particular Resident Needs in 2021 (Percent)

	Any Partnership	New Partnership Initiated During the Pandemic
Food Needs	96	42
Health or Healthcare	87	27
Personal Care or Assistance	83	25
Transportation Needs	78	21
Social/Companionship	77	26
Housing	54	11
Legal Assistance	54	14
Employment or Volunteer	46	13

Note: These are tabulated results of a survey of service coordinators working on HUD-funded properties in the late-fall of 2021. The first column indicates the percent of respondents to this question who coordinate a partnership to meet each need. The second column indicates the percent of respondents to this question who started a new partnership to meet that need during the pandemic.

Many respondents used positive language to reflect on this enhanced focus on partnering; said one in 2021, "I love creating partnerships and believe this is a vital part of my job." In 2020, 33 percent of respondents estimated spending more time working with community-based organizations and half spent more time in 2021 (**Table 3**). Many service coordinators were able to revise the implementation of existing programs to address pandemic-specific challenges. Though even these required negotiation and adjustments to pandemic conditions, often because partner organizations themselves were changing. During the pandemic, partner organizations became overtaxed, destabilized, or reoriented to address

new critical issues, and service coordinators worked to ensure service consistency in the presence of high turnover rates and other changes in partner organizations.

Others service coordinators created new partnerships and community connections to meet emergent resident needs. However, some of these resources were transient and crisis-focused, demanding more of the service coordinator due to their lack of constancy. One 2021 respondent exemplified this experience, noting: "The local community gave very generously to the building for a while but that support stopped and residents miss that support."

In other sectors, service coordinators maintained existing ties and also added new resources. For instance, while 80 percent of respondents in 2021 coordinated with a partner to meet resident transportation needs, one out of every five respondents established some new partnership to fill a transportation gap (**Table 4**). When partner organizations were unavailable, such as in the case of rural properties, many service coordinators relied on volunteers, family, and neighbors to provide specific, individualized supports. For instance, they recruited neighbors and volunteers to fill gaps left when public transit and specialized elder or disability transportation systems were rolled back. One said in 2020 said they were "Creating resources by using volunteers for shopping, transportation, laundry, and other supports" and another described "Making outside arrangements for transportation to food sites."

Others made arrangements for organizations to bring community services, health services, and food to the property. One 2020 respondent explained that, "normally my residents would go to Food Bank distribution sites. As most sites were suspended we've had several times where food donations were brought into the building. My involvement ranged from notifying residents of the service, registering participants, the actual transport of the donations to the building and equitable distribution." But many respondents highlighted the complications created by building entry restrictions, and respondents facilitated avenues for partners to share support and resources without coming inside.

In addition to building partnerships, service coordinators worked to improve resident uptake of partner services during the pandemic. When Meals on Wheels expanded capacity, service coordinators ensured that additional residents who qualified for the program enrolled. In some cases, the need to adapt to the pandemic environment led to improved delivery and increased service utilization. When asked to note positive changes during the pandemic, one respondent explained that, "Pre-pandemic, residents would come to community areas to pick up food provided to them in large, heavy boxes. We began delivering boxes to the doors of residents who sign up (which they are able to do in person, or over the phone). This increased participation in the program and kept our seniors from having to find ways to move heavy boxes across a large building." Another respondent recalled partnership

refinements that led to greater services uptake, "I help an Asian population. Before and during the pandemic, meal resources were often American meals, which the residents didn't like (and would turn down after I helped them apply). During the pandemic, we partnered with a small non-profit that provided Asian meals twice a week for 2-3 months. The residents really enjoyed and appreciated the meals." However, sometimes partner organizations were foundationally misaligned with resident preference. For instance, one 2021 respondent remarked that certain residents avoiding partner organizations that utilized an explicitly religious presentation.

When asked in 2021 about need for additional partnerships, respondents named topic areas including resident advocacy and tenants rights, public safety, community and religious celebrations, nutrition, and various creative pursuits. Many particularly noted unmet needs for support with finances, including tax preparation, banking, and general financial management, especially for residents without family to assist them with these tasks. And many service coordinators expressed interested in partners to support resident physical and mental health. Perhaps more than any other role, needs assessment, facilitation, management and implementation of partnerships highlights the nature of the service coordinator as a centralized node through which community resources pass and resident needs are addressed.

Service Coordinators Linked Residents to Professional Supports

The pandemic disrupted residents' access to critical professional supports including physical healthcare, mental healthcare, and personal assistance. Respondents estimated that more than half of residents were in poorer physical health in 2021 than before the pandemic, and more than 60 percent of residents were getting less exercise, the consequences of which might reverberate for months or years to come.

Service coordinators also helped residents access health care services in a number of ways. Transportation gaps complicated access to health services along with medical office closures. When medical office visits were moved online in 2020, 30 percent of service coordinators spent less time coordinating medical transportation but 18 percent spent more time, likely related to heterogeneous responses to pandemic conditions. Some residents may have faced new pandemic transportation restrictions while medical appointments remained in-person. By 2021, medical transportation was a focus of service coordinator time, with 40 percent spending more time on this task compared to pre-pandemic. Across both surveys, about a third of service coordinators spent more time coordinating virtual medical appointments, with 32 percent coordinating more in 2020 and 38 percent coordinating more virtual medical appointments in 2021 as compared to the year before the pandemic.

Workforce shortages, social distancing, and complicated service structures all reduced the reliability of in-person professional care services (Almeida et al., 2020), creating barriers to onsite services including personal care and assistance. Respondents explained that professional personal care staff, typically employed by private organizations, grew unreliable and residents struggled to fill vacant positions for funded services. One 2020 respondent framed their problem this way, "Coordinating Consumer Directed Attendant Care Services through the Elderly Waiver has been very time consuming as agencies are unable to provide services due to not having staff available due to no school and child care not available to their workers." Respondents named challenges such as long screening processes used by the professional staffing organizations and inadequate staff oversight by managers in the companies that employed personal assistance workers. Social distancing and transmission fears further complicated personal attendant service provision, as one respondent explained, "We only allowed caregivers and immediately family… in our building complex…Both in-home care employees and residents were concerned with each other possibly being in contact with anyone with Coronavirus." Ultimately, respondents described many residents needing more help in areas such as housekeeping, filling prescriptions, and transportation to appointments. In both surveys, service coordinators proposed various solutions to these challenges, including direct employment of personal care workers by the property, as well as onsite supportive services through partnerships with regional businesses to provide housekeeping, licensed social workers, and case managers. Many worked with family members wherever possible to meet residents' personal attendant needs.

Numerous respondents in 2021 described concerns about resident mental health including behavior that they felt looked like depression, hoarding, disordered substance use, and even suicidal ideology or attempts. One said that "residents [are] not willing to leave apartments, [they are] getting ill and hospitalized." Respondents of both surveys described struggling to meet these needs without adequate access to professional mental health services. As one noted in 2021, "mental health issues caused from isolation…are not addressed. No services available for this group unless suicidal." Another in 2021 felt that some residents were turning to substance use "to cope with losing family members to Covid." Over 30 percent of respondents believed residents had less access to in-person mental health supports in 2021 compared with pre-pandemic. Service coordinators referred residents to a wide variety of internet and phone-based mental health and social services ranging from informal friendship chat lines, senior loneliness lines, and prayer lines to professional virtual mental health services and crisis lines.

Discussion

Findings from these two surveys illustrated numerous pandemic-related disruptions experienced by older HUD residents who faced barriers obtaining even the most basic resources such as food and medication. Inadequate access to technology complicated procurement and further made it difficult for residents to meet social needs, manage financial resources and benefits, or access healthcare independently when these activities were funneled into virtual platforms. Respondents additionally noted that partner organizations were destabilized by the pandemic, and many professional services became understaffed or unavailable. Survey respondents additionally described loss of various public supports including public transit and community meal sites.

These challenges and disruptions occurred in a rapidly evolving landscape of public health information, rules, resources, and programs. Service coordinators, with their knowledge of residents and residents' families, property resources, staff, and rules, public programs, and community service providers, were uniquely positioned to act as problem-solving agents and tailor individualized solutions when needs emerged. For instance, to address identified challenges with isolation and loneliness, service coordinators spearheaded solutions that capitalized on property design features. Some facilitated events in hallways, inviting residents to sit in their doorways and experience a sense of community at a distance. Others used balconies or outdoor common spaces to engage residents in a communal way. Service coordinators also tailored new systems to individual resident needs such as phone trees that linked residents with excellent social skills to others considered more vulnerable. And they leveraged resources efficiently, such developing device lending programs so more residents would have access to technology. Service coordinators also used their position in a professional network to translate emerging public health guidance into property-level procedures. In these ways and more, service coordinators leveraged relationships established before the pandemic to create individualized solutions to pandemic-period challenges.

In addition to solving problems, service coordinators acted as information conduits between various stakeholders. This occurred in three ways: first through assessment processes, service coordinators maintained a constant awareness of shifting resident and property-level needs. Then they used this information to close communication gaps with groups that needed to act responsively to emerging needs, including both the friends and families of residents and also service organizations that simultaneously supported multiple residents. Finally, service coordinators acted as a point of contact to efficiently coordinate and implement responses to emerging needs.

Service coordinators first leveraged their role to identify emerging resident needs through assessment processes. Accurate and reliable needs assessment is key to any planning process, but particularly crucial to the development of timely and comprehensive crisis response as needs evolve (Guha-Sapir & Lechat, 1986). Service coordinators created both formal and informal processes, sometimes observing signs of resident health and well-being during meal deliveries, other times scripting key questions to examine resident well-being at defined intervals. These assessment systems were often adjusted to reflect changing circumstances. For instance, at different points in the pandemic, service coordinators might have assessed access to cleaning products and personal protective equipment, or access to vaccination appointments. Many coordinators also responsively adjusted the frequency and comprehensiveness of contact with individual residents according to the recently identified concerns and observations of that individual's wellbeing.

After assessing need, service coordinators then reviewed resources to develop response plans. These plans often entailed individuated communications with residents' support teams to address concerns such as health or service access. The pandemic interrupted communication between residents and their supports. Restrictions that limited contact between residents and their family or friends made it more complicated for families to recognize when a resident needed support. However, service coordinators, who had existing relationships with residents, with their supports, and who were conducting assessments, were well-positioned to navigate these communication problems. This collaboration occurred on a platform of trust and familiarity, often established before the pandemic. Existing relationships developed through the daily work of service coordination positioned service coordinators to address sensitive and urgent pandemic-period issues such as personal assistance with intimate care that stopped occurring due to pandemic workforce issues.

Response plans also included broader communications with partner organizations which had the capacity to address emerging property-wide concerns such as access to food. From an organizational perspective, response coordination can be a particularly difficult component of disaster management (Quarantelli, 1988). Organizations that provided key resources such as food and healthcare relied on service coordinators to act their as "eyes on the ground" and ensure that services provided were appropriate and adequate. For instance, service coordinators reorganized food distribution systems to ensure organizations were able to meet food needs without jeopardizing resident health. They observed whether foods were culturally appropriate or whether supplies provided were aligned with need (such as for cleaning products and pet food). They also organized on-site health services to help residents

prioritize social distancing and cope with reductions in public transportation infrastructure while still addressing their needs for care.

Finally, service coordinators leveraged their knowledge of resident and property characteristics as well as relationships built with community organizations and agencies to facilitate quick and efficient responses. Frequent adaptation and systems-level change can be difficult for organizations that operate a public mission since they typically rely on deliberative processes to balance the competing demands of many stakeholders (Janssen & van der Voort, 2020). Without a point of contact within an organization, communication can be diffuse and time consuming. Once both needs and providers were identified, service coordinators were positioned to negotiate an efficient implementation scheme. An effective point of contact should centralize decision making to enhance the capacity of organizations to respond to evolving conditions, formulate new plans, and make quick decisions. Future work should clarify the types of decisions made by service coordinators and the types of decisions distributed to others, including property owners, managers, and individual residents. Future work should recommend circumstances in which the service coordinator is better positioned to act as the principal with authority to make decisions and dictate objectives that partners are obligated to meet (Steelman et al., 2021).

Through these activities of problem-solving, communication, and decision-management, service coordinators increased the efficiency and effectiveness of the network of supports and resources available to older residents of HUD subsidized housing. These administrative resources, such as a strong and integrated network, can substitute for financial investment to increase effectiveness (Raab et al., 2015). And it appears that the work of service coordinators amplified the effectiveness of other community partners, increasing their administrative capacity by bridging communication gaps in both informal support systems and public administrative structures and by increasing network effectiveness by introducing decision-management structures.

Older adults are disproportionately vulnerable to challenges during a crisis (Kwan & Walsh, 2017). The coronavirus pandemic was a unique disruption in both its significance and its pervasiveness. However, older adults deal with many individual-level disruptions such as new major health diagnoses, functional declines, and spousal death. Residents of HUD-funded properties are also subject to numerous macro-level disruptions such as weather-related crises, shifts in the macro-economy, and changes to or insufficiencies in regional professional care systems.

While service coordinators have the capacity to improve outcomes during a disruptive event, the position is not universally available to all of the most economically vulnerable older adults. HUD-funded properties are not mandated to employ a service coordinator, and many properties that house

older adults and people with disabilities operate without someone in this role. Further study should explore the pandemic experiences of older or disabled residents who lived on a property without a service coordinator. While this research offers information about service coordinator roles during a large-scale disruption and suggests mechanisms of their impact, future research should clarify specific magnitudes and types of impacts on resident wellbeing to recommend contexts in which service coordination should be more widely available.

Limitations

While these two surveys offered a unique glimpse into the pandemic experiences of a vulnerable group and their support providers, we must acknowledge limitations in our interpretation. Surveys were conducted at two discrete points in time and offer little insight into ongoing or intervening trends. Participation was also entirely voluntary, and while the sampling frame included most HUD properties with a service coordinator, we cannot rule out systematic differences of nonrespondents. And of respondents, far fewer answered open-ended questions in 2021 than 2020, so qualitative data quality may be more representative in the first survey. Additionally, we only have data for properties on which a service coordinator worked and no insight into properties without a service coordinator. Finally, these data only offer the service coordinator perspective and do not include the perspectives of residents or other administrative staff. Administrative data would allow researchers to statistically assess data and draw conclusions with more precision.

Conclusion

The COVID-19 pandemic was a specific and unique event. However, older adults cope with a wide variety of individual and macro-level disruptions, ranging from major shifts in individual health, benefits systems changes, and stochastic emergencies such as climate-change-related fire and weather events (Leyva et al., 2017). A service coordinator might improve outcomes for residents navigating these disruptive experiences. Findings from this research suggest that it may be both more efficient and more effective for a cluster of vulnerable older adults living on a HUD-subsidized property to navigate a crisis with assistance from a service coordinator who is working to amplify and target benefits and resources for residents property-wide.

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Appendix

2020 Questionnaire

I am a services coordinator for
- People living in an affordable housing property
- People living in a private home

We're interested in whether the amount of time you spend on the following functions has changed since the COVID-19 pandemic began.

In a typical week, I speak to or individually email this percentage of residents who live in the property(ies) where I work.
   0   10   20   30   40   50   60   70   80   90   100
- Proportion of residents before COVID-19
- Proportion of residents since COVID-19 began

Please estimate changes in the time you've spent coordinating these types of activities, both virtually and in-person, since the pandemic began.
More
Less
Same
N/A

- Helping residents navigate benefits or entitlement programs or linking residents to resources
- Coordinating with community-based organizations
- Reporting or documentation activities
- Interpreting or responding to public health recommendations and orders
- Facilities management activities (such as cleaning or re-purposing spaces)

I would also like to mention this additional administrative activity: (or skip to the next question)
_____

- Coordinating with medical or other health providers
- Coordinating with home health/home care services to help residents with personal care or household management
- Coordinating with informal supports (family/friends) who help residents with personal care or household management

I would also like to mention this additional service coordination activity:
(or skip to the next question)
_____

Please estimate changes in the time you've spent coordinating these types of activities since the pandemic began. **We understand that these social events may be virtual.**
Less   Same   More   N/A

- Congregate Meals
- Group social activities
- Facilitating attendance of religious worship
- Facilitating access to physical activity

Please estimate changes in the time you've spent coordinating live or virtual communication since the pandemic began.
Less   Same   More   N/A
- Resident communication with family or friends
- Resident communication with each other

I would also like to mention my coordination of this resident social experience: (or skip to the next question)
_____

Please estimate changes in the time you've spent coordinating these types of activities since the pandemic began.
More
Less
Same
N/A

- Coordination of transportation services to medical appointments
- Coordination of virtual access to medical appointments
- Coordinating the purchase or delivery of groceries or prepared foods
- Coordinating the purchase or delivery of medications or medical supplies
- Coordinating the purchase or delivery of household supplies

Estimate the percent of residents aged 62 or older who typically relied on IN-PERSON support at least weekly before the pandemic.

0   10   20   30   40   50   60   70   80   90   100
- For household assistance (housekeeping, laundry, etc.) ()
- For personal care assistance (dressing, bathing, etc.) ()
- For any professional/paid in-person assistance ()

It can be difficult for people to obtain needed supplies without leaving the house. Estimate the percent of residents, aged 62 and older, who currently have the supplies needed to socially isolate for one week.

0   10   20   30   40   50   60   70   80   90   100
- Food they want to eat
- Medication & medical supplies
- Household goods (paper products, cleaning supplies)
- Internet access (service & device)

As a result of the pandemic, I work remotely more often.
Yes
No

Skip To: If As a result of the pandemic, I work remotely more often. = Yes
Skip To: As a result of the pandemic, I work remotely more often. = No

To facilitate remote work, my employer has provided (check any that apply)
cell phone and service
laptop computer
tablet
internet service at home
none of these
other _____

To support work on site, my employer has provided (check all that apply)
face masks
disposable gloves
hand sanitizer
child care
none
other _____
I do not work on site

Since the beginning of the pandemic, I have relied on the following methods to communicate with residents:
None   Some   Often
Telephone
Mail
Posted flyers
Email
Hand delivered information
Face to face conversation
Other

Relationships with some external groups or organizations have helped with our COVID-19 response.
Check any that have been helpful.
Federal government organizations
State or local government organizations
Nonprofit groups or community-based organizations
Religious organizations
Individual volunteers
None
Other: _____

To respond to COVID-19, we have partnered with some groups or organizations for the first time.
Yes
No
N/A

This type of support, received from a group or organization, was particularly helpful:

_____

I have relied on the following information sources to keep up with changes in regulation and best practices. (check all that apply)
Property manager or organization that owns the property
Other care coordinators
State government (ex. agencies, ombudsmen)
Federal government (ex. HUD, CDC)
Advocacy organizations (ex. AASC, AARP)
News media
Social media
Friends or family
Other _____

Since the pandemic began, I have noticed residents showing signs of loneliness or anxiety
More often
Less often
The same amount
I have not noticed signs of loneliness or anxiety

We are interested in opportunities you've found to help residents cope with feelings of loneliness or anxiety. Please share any interventions that you've found effective:

_____

There have been a lot of changes during this pandemic. Is there a change, innovation or resource that you hope to retain once the crisis has passed?

_____

If I could hire additional staff tomorrow, I would focus their time on:

_____

I am a service coordinator for
one property
two properties
three or more properties

Skip To: If I am a service coordinator for = one property
Skip To: If I am a service coordinator for = two properties
Skip To: If I am a service coordinator for = three or more properties

The property receives operating funds or rents through (check all that apply)
Section 202
Public Housing
Section 8
I don't know

Display This Question:
If I am a service coordinator for = One property
This is the total number of employees who work on this property (including myself)
0   2   4   6   8   10   12   14   16   18   20   22   24
- Full Time ()
- Part Time ()

Display This Question:
If I am a service coordinator for = Two properties
This is the number of employees who work on each property (including myself)
0   2   4   6   8   10   12   14   16   18   20   22   24
- Property 1: Full Time ()
- Property 1: Part Time ()
- Property 2: Full Time ()
- Property 2: Part Time ()

Display This Question:
If I am a service coordinator for = Three or more properties
This is the number of employees who work on each property (including myself)
0   2   4   6   8   10   12   14   16   18   20   22   24
- Property 1: Full Time ()
- Property 1: Part Time ()
- Property 2: Full Time ()
- Property 2: Part Time ()
- Property 3: Full Time ()
- Property 3: Part Time ()

There are many service coordination activities to do. Other employees help with service coordination activities.
Yes
No
Occasionally

The organization that owns the property where I work also owns other properties
No
Yes: 3 or fewer
Yes: 4 or more

Skip To: If The organization that owns the property where I work also owns other properties = No

The organization that owns the property where I work also owns properties in another state.
Yes
No
I'm not sure

Since the COVID-19 pandemic began, I feel like the manager of the property and I agree about what needs to be done
Most of the time
Some of the time

In total, I currently coordinate services for about this number of residents

_____

This is my estimate of the demographics of the residents I support:

	0	10	20	30	40	50	60	70	80	90	100

- Percentage age 62 or older ()
- Percent dually eligible for Medicare and Medicaid ()
- Percent racial/ethnic minority ()

I have practiced as a service coordinator for this total number of years
less than 1 year
1-4 years
5-9 years
10 or more years

Yes
No
Prefer not to answer

- I consider myself to be at higher risk of COVID-19 due to my age or health.
- There are people we cannot easily distance from. In my personal life, I maintain contact with a person at high risk of COVID-19 due to age or health.
- I am a minority race or ethnicity.
- I suspect or have been told that there has been at least one COVID-19 case among the residents of the property.
- I suspect or have been told that there has been at least one COVID-19 case among the staff of the property.

Staff or residents have access to COVID-19 tests.
Yes - staff or residents can be tested on the property
Yes - staff or residents can be tested somewhere else
I don't think tests are available in my area
I'm not sure how testing works in my area

My state of residence is
▼ Alabama... Wyoming

2021 Questionnaire

I am a service coordinator for
o   People living in an affordable housing property
o   People living in a private home

Compared with the year before the pandemic (Feb 2019-Feb 2020), I estimate that the proportion of property residents who choose to receive assistance from a service coordinator in a given week has
o   Increased
o   Decreased
o   Stayed the Same
o   I am not sure whether or how this has changed

In a typical week, I speak to, individually email, or meet with this percentage of residents of the property(ies) where I work.
        Not Applicable

        0   10   20   30   40   50   60   70   80   90   100
   •   Proportion of residents in a typical week this past month. ()
   •   Proportion of residents in a typical week in the year before the pandemic (Feb 2019-Feb 2020) ()

For the next questions, estimate changes in the way you spent your time last week as compared to a typical week before the pandemic (Feb 2019-Feb 2020).

If you did not work as a service coordinator before the pandemic, please select n/a now to skip to the next question block.
o   N/A: I did not work as a service coordinator during the year before the pandemic

Compare the time you spent on these activities in the past week compared to a typical week before the pandemic (Feb 2019-Feb 2020).
o   More
o   Less
o   Same
o   N/A: I did not do this work before the pandemic or don't do it now

   •   Helping residents navigate benefits or entitlement programs or linking residents to resources
   •   Coordinating with community-based organizations
   •   Reporting or documentation activities
   •   Interpreting or responding to public health recommendations and orders
   •   Facilities management activities (such as cleaning or re-purposing spaces)
   •   Coordinating with medical or other health providers
   •   Coordinating with home health/home care services who formally help residents with personal care or household management
   •   Coordinating with informal supports (family/friends) who help residents with personal care or household management
   •   Coordinating meal social time
   •   Coordinating or facilitating religious worship

- Coordinating or facilitating other social activities
- Coordinating or facilitating physical fitness activities
- Please estimate changes in the time you spent coordinating live or virtual communication last week as compared with a typical week before the pandemic (Feb 2019-Feb 2020).
- Resident communication with family or friends
- Resident communication with each other
- Assisting residents who speak a language other than English
- Assisting residents who have hearing impairment
- Facilitating access to reliable internet service
- Facilitating access to an internet-connected device
- Instructing on the use of an internet-connected device
- Organizing an technology literacy program
- Coordinating transportation services to medical appointments
- Coordinating virtual access to medical appointments
- Coordinating the purchase or delivery of groceries or prepared foods
- Coordinating the purchase or delivery of medications or medical supplies
- Coordinating the purchase or delivery of household supplies (such as paper products or cleaning supplies)

At this point, my work as a service coordinator has largely returned to the way I typically worked before the COVID-19 pandemic started in March 2020.
o   Yes
o   No
o   N/A: I did not do this work before the pandemic or don't do it now

Estimate the percent of residents aged 62 or older who primarily ran errands (grocery, pharmacy, etc.) in the following way the last week:

       0   10   20   30   40   50   60   70   80   90   100
- With support from a formal/paid service provider ()
- With support from an organization or volunteer ()
- With support from a family member, friend, or neighbor ()
- Using public transportation ()
- Walking or using own car ()

Estimate the percent of residents age 62 or older who probably had the following resources this week:

       0   10   20   30   40   50   60   70   80   90   100
- Enough food they want to eat ()
- Medication & medical supplies ()
- Household goods (paper products, cleaning supplies) ()
- Internet access (service & device) ()
- Phone access (land line or cell) ()
- Enough in-person informal or professional support to meet household or personal care needs ()

Please describe changes for residents age 62 or older by comparing the past month with the year before the pandemic (Feb 2019-Feb 2020):

Increased/Improved   Decreased/Got worse   No Change   I don't know

- Use of in-person housekeeping or personal care
- Use of virtual mental healthcare
- Use of in-person mental healthcare
- Use of virtual medical care
- Use of in-person medical care
- Resident physical health
- Resident physical exercise
- Resident technology access
- Resident technology use
- Resident social interaction
- Other 1
- Other 2

How many residents showed signs of loneliness or anxiety over the past month as compared to the year before the pandemic?
o   More residents showed signs last month
o   Fewer residents show signs last month
o   The same number of residents show signs last month
o   N/A or I don't know

Compare resident turnover last month to the year before the pandemic. In general, turnover has:
o   Increased
o   Decreased
o   Stayed the Same
o   N/A or I don't know

The number of residents who had difficulty paying rent last month as compared with the year before the pandemic has:
o   Increased
o   Decreased
o   Stayed the Same
o   N/A or I don't know
Skip To: If The number of residents who had difficulty paying rent last month as compared with the year before... = Increased
Skip To: If The number of residents who had difficulty paying rent last month as compared with the year before... = Decreased

What do you think could have made it harder for older adult residents to pay rent last month as compared with their ability to make payments before the pandemic? (skip if no ideas)

What do you think might have made it easier for older adult residents to pay rent last month as compared with their ability to make payments before the pandemic? (skip if no ideas)

These are the typical ways I communicate with residents:

None   Some   Often

- Telephone
- Mail
- Email
- Posted flyers
- Information left at a resident's door
- Face to face conversation
- Other

As compared with the year before the pandemic (2019), my relationship with property management is

o   Better
o   Worse
o   The Same
o   N/A

We are interested in partnerships with other organizations (public or private).

Please indicate the types of needs that partners helped meet for residents 62 or older:

Partnered During the Year Before the Pandemic (2/19-2/20)
Partnered During the First Pandemic Year (3/20-3/21)
Recent Partnership (since 3/21)
No Partnership or N/A

- Food
- Transportation
- Housing
- Legal Assistance
- Education
- Social/Companionship
- Personal Care or Assistance
- Health or Health Care
- Employment or Volunteer Work
- Other 1
- Other 2
- Other 3

Please describe the sectors you partnered with to support residents age 62 or older:

Partnered During the Year Before the Pandemic (2/19-2/20)
Partnered During the First Pandemic Year (3/20-3/21)
Recent Partnership (since 3/21)
No Partnership or N/A

- Federal Organization (ex. HUD, CDC)
- State Organization (ex. Area Agency on Aging)
- Local Government Organization (ex. public school, library, police)
- Nonprofit Organization (ex. council on aging, meals on wheels)
- Religious Organization
- For-Profit Organization (ex. medical practice, for-profit hospital system)
- Individual Volunteers not affiliated with an organization

We are interested in partnerships with other organizations (public or private) that helped residents age 62 or older anytime since the beginning of 2019 (a year before the pandemic began).
Partners helped meet the following needs (check all that apply or n/a if none)
- ☐ Food
- ☐ Transportation
- ☐ Housing
- ☐ Legal Assistance
- ☐ Education
- ☐ Social/Companionship
- ☐ Personal Care or Assistance
- ☐ Health or Health Care
- ☐ Employment or Volunteer Work
- ☐ Other 1 _____
- ☐ Other 2 _____
- ☐ Other 3 _____
- ☐ N/A

Skip To: If We are interested in partnerships with other organizations (public or private) that helped resident... = N/A

You broadly have the resources to build and sustain partnerships to facilitate resident access to the services and resources they need.
- o Yes
- o No
- o I'm not sure

Some of the barriers you have experienced to partnering include (check all that apply)
- ☐ I don't have time
- ☐ I don't know what organizations and resources are available
- ☐ Organizations in my area are too busy or overextended
- ☐ I don't know what resources residents want/will use
- ☐ Physical space limitations make partnerships difficult
- ☐ Partners want supplies, resources, or assistance that I can't provide
- ☐ I don't know how to build a partnership
- ☐ I am concerned about breaking a rule or overstepping my role
- ☐ I am afraid to create a conflict with management
- ☐ COVID restrictions make partnerships difficult
- ☐ Cultural or language barriers between residents and organizations
- ☐ Other 1 _____
- ☐ Other 2 _____
- ☐ Other 3 _____
- ☐ No barriers

Residents 62 or older living on the property would benefit from additional assistance in the following areas.
This assistance could come from formal supports, informal supports, or through partnerships. (check all that apply)
- ☐ Food

- ☐   Transportation
- ☐   Housing
- ☐   Legal Assistance
- ☐   Education
- ☐   Social/Companionship
- ☐   Personal Care or Assistance
- ☐   Health or Health Care
- ☐   Paid or Volunteer Work
- ☐   Other 1 _____
- ☐   Other 2 _____
- ☐   Other 3 _____
- ☐   All needs are fully met

Please describe a change, innovation, or resource from the pandemic that you still use or that you wish was still used (skip if n/a):

_____

If you could hire additional staff tomorrow, you would focus their time on

_____

I suspect or have been told that there has been at least one COVID-19 case among the residents of the property.
- o   Yes
- o   No
- o   I don't know

I suspect or have been told that there has been at least one COVID-19 case among the staff of the property.
- o   Yes
- o   No
- o   I don't know

I suspect or have been told that there was at least one COVID-19 related death among residents of the property.
- o   Yes
- o   No
- o   Prefer not to answer

Vaccinations were offered on property
- o   Never
- o   One or two times
- o   More than two times

To the best of your knowledge, estimate the proportion of each group that has received at least one COVID-19 vaccination. (skip if you have no idea)

0   10   20   30   40   50   60   70   80   90   100

- Property residents ()
- Staff ()

The organization that owns the property where I work also owns other properties
o   No
o   Yes: 3 or fewer
o   Yes: 4 or more

Skip To: If The organization that owns the property where I work also owns other properties = No

The organization that owns the property where I work also owns properties in another state.
o   Yes
o   No
o   I'm not sure

I am a service coordinator for
o   One property
o   Two properties
o   Three or more properties

Skip To: If I am a service coordinator for = One property
Skip To: If I am a service coordinator for = Two properties
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Display This Question:
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- Property 3: Full Time ()
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Other employees help with service coordination activities.
o   Yes
o   No
o   Occasionally

The property(ies) where I work collects operating funds or rents through (check all that apply)
☐   Section 202
☐   Public Housing
☐   Section 8
☐   I don't know

My position as service coordinator is primarily funded by
o   a HUD grant
o   out of the property budget
o   something else (please describe) _____
o   I don't know

I estimate that I personally coordinated services for about this number of residents over the past year.
_____

These are my estimates of the demographics of the residents I support:
     0   10   20   30   40   50   60   70   80   90   100

Percentage age 62 or older ()
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