

For Older Adults in Publicly Funded Housing During the Pandemic, Service Coordinators Help Build Resilience

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For Older Adults in Publicly Funded Housing During the Pandemic, Service Coordinators Help Build Resilience

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Executive Summary

During the COVID-19 pandemic, service coordinators played a pivotal role in the support of older adult residents of publicly funded housing properties. Some independent housing operators employ service coordinators to increase residents' [self-sufficiency, physical security, social connections, and the delivery of long-term community-based supportive services](#). This report presents results from a survey conducted between June 23 and July 17, 2020 to explore the experiences of these service coordinators during the early months of COVID-19. At the time of the survey, about one-third of respondents were aware of at least one resident on the property who had tested positive for COVID-19.

The survey revealed the pandemic's impact on the lives of older residents of publicly funded housing. Professional support systems that typically provided personal assistance and medical care were interrupted, threatening residents' physical and mental health. Transportation and resource acquisition systems were also unsettled, creating barriers to activities of independent living such as shopping to acquire food and medication. Social challenges were particularly acute during the early months of the pandemic. Residents demonstrated signs of anxiety and loneliness as their typical experiences of community life were muted. And, while health guidelines and novel benefit programs emerged at a steady clip, communication systems had to be modified from largely in-person formats to accommodate a population of older adults without consistent access to technological platforms.

Service coordinators utilized various approaches to meet residents' needs:

Service coordinators assessed resident needs in an ongoing way. By implementing new well-check routines, many service coordinators replaced resident-initiated drop-in contacts with systematic outreach.

Service coordinators managed essential resources and supplies. Acquisition and distribution of food, medicine, household supplies, and PPE became a central focus for service coordinators. Service coordinators also helped residents apply for benefits and new programs. They liaised with community organizations to reformat volunteer programs from congregate to distanced, and to procure a wide variety of donated resources such as groceries, prepared food, household goods and face masks. They also managed property-wide distribution efforts and linked residents to volunteers who could procure medications or run specific errands.

Service coordinators addressed deficits in personal care and assistance. Service coordinators worked to compensate for pandemic-related interruptions in both professional and informal family care of residents.

Service coordinators built resident technological capacity. They helped residents access devices and internet services and they increased resident technological literacy. This technology became a foundational tool for many residents to order groceries, attend social events, maintain contact with family, receive medical care, and access public resources such as the library or senior center.

Service coordinators worked to combat resident loneliness and anxiety. They facilitated community connections through phone buddies and pen pal programs. They also developed virtual or intra-property communication and support systems by organizing phone trees, peer networks, and physical postings of residents' personal expressions of messages and artwork around the properties.

Service coordinators ensured properties met emerging public health standards. As coronavirus-specific public health recommendations emerged, service coordinators implemented new facility management practices. They assisted with cleaning and sanitizing, reorganized public spaces, and enforced new limited access policies as well as performed screenings of property visitors. Many service coordinators worked remotely for at least some period to reduce contact with residents and other staff.

Service coordinators anticipated challenges ahead. While they worked with residents individually and developed socially distanced engagement strategies during the early pandemic period, service coordinators expect residents will need additional social engagement as well as professional mental health support to cope with long-term lifestyle changes as the pandemic experience wears on. Coordinators anticipate that they will need more support to maintain their effectiveness over the long term, especially to meet the needs of special populations such as non-English speaking residents. Many survey respondents suggested that better access to technology will be needed over the long term. Coordinators also foresaw the need for additional staff to maintain facility management routines such as newly rigorous hygiene and safety practices. They predicted a need for additional community partnerships to maintain adequate access to resources.

Overall, the survey found that service coordinators experienced a greater sense of teamwork and shared mission among staff. They considered many of the changes implemented on their properties to be positive and necessary. Yet even as service coordinators have risen to the challenges of early crisis response, their role is not static. Needs will evolve over time depending on the length of the pandemic and the speed at which benefits and resources return to pre-pandemic levels. Survey respondents worried that heightened stress and anxiety would take a toll on resident health and mental health as well as on the well-being of staff as time wore on. Said one respondent, "I just want to not live in fear anymore."

Introduction

Service coordinators played a critical role during the COVID-19 pandemic in the support of older residents in publicly funded housing. Service coordinators have a range of responsibilities but generally assist residents in accessing the services and supports they need to remain self-sufficient. As the pandemic disrupted existing support systems, modes of transportation, access to care, and access to resources, service coordinators responded, building new partnerships, instituting creative methods of communication, and taking on new tasks to ensure residents' well-being.

This report describes results of a survey conducted by the Joint Center for Housing Studies of Harvard University (the Center) in conjunction with the American Association of Service Coordinators (AASC) to ascertain how service coordinators' priorities and work lives had changed during the COVID-19 pandemic. The survey gathered information on several topics. First, it asked service coordinators to assess residents' needs and resources prior to and during COVID-19. It explored pandemic-related changes in the time service coordinators spent on various portions of their jobs, including coordinating benefits, providing medical and personal care and support, procuring resources, performing administrative or management duties, and facilitating social engagement. Lastly, it also gathered service coordinators' insights on remote work, access to COVID-19 information, and communication with residents. Overall, the survey gathered data on the innovations service coordinators made, resources they used, and challenges they faced.

Survey Implementation and Responses

The Center developed the survey and AASC disseminated it by email to all of the 3,500 service coordinators in its membership.¹ Respondents completed the survey online between June 23, 2020 and July 17, 2020. A total of 1,175 surveys were completed by those working in multifamily properties, representing a roughly 30 percent response rate.²

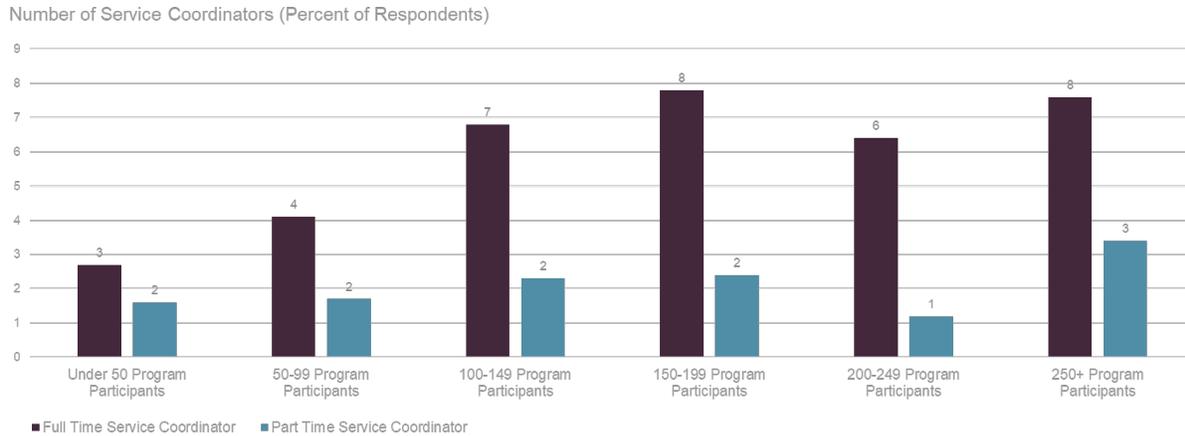
Respondents worked for publicly subsidized properties that spanned 47 states as well as Washington, DC, and Puerto Rico. Most respondents (84 percent) worked for organizations that owned four or more properties, and 62 percent of these organizations owned properties in multiple states. More than two-thirds of service coordinators, 69 percent, worked exclusively at one property, while 21

¹ We are grateful to Robyn Stone and Alisha Sanders of LeadingAge for their insights as we developed the survey questions.

² A small share of AASC members work for individuals and not for specific buildings or properties. These service coordinators were screened out of the survey with the first question.

percent worked for two properties and 10 percent worked with residents living in three or more properties. The ratio of service coordinators to program participants varied from fewer than fifteen residents per service coordinator to more than thirty residents per service coordinator (**Figure 1**).

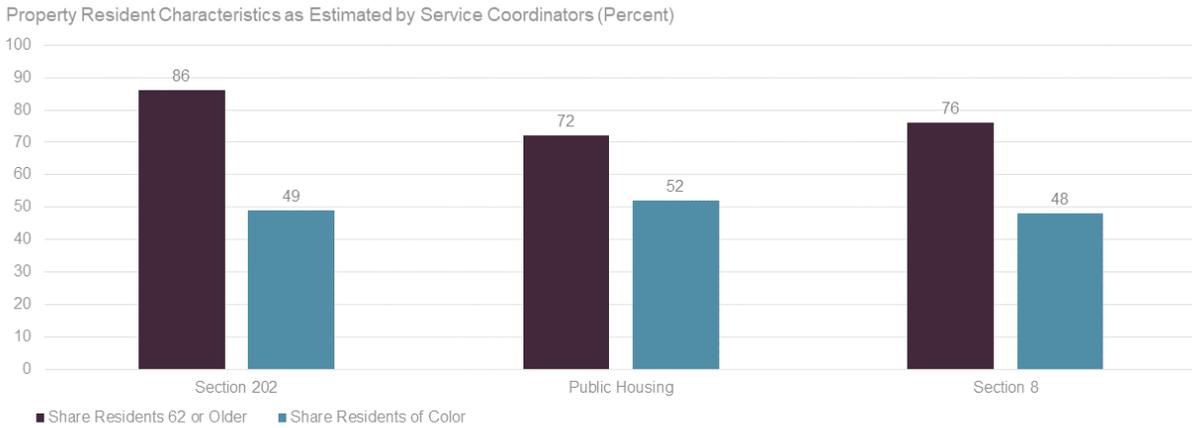
Figure 1: The Ratio of Service Coordinators to Program Participants Varied Widely



Note: Participation in service coordinator programs are voluntary. Count ranges demonstrates number of participants, not size of the property
 Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

Subsidy sources also varied, with many properties relying on multiple funding streams: 38 percent of properties employing survey respondents used Section 202, 25 percent were funded as public housing, and 42 percent accepted Housing Choice Voucher Program Section 8 waivers (Section 8 waivers). Properties funded by Section 202 Supportive Housing for the Elderly Program (Section 202) had the largest share of residents aged sixty-two or older, while those working in public housing reported the highest share of residents of color (**Figure 2**).

Figure 2: Service Coordinators Working in Section 202-Funded Properties Reported the Largest Share of Older Adult Residents



Note: Properties that accept multiple funding sources are duplicated in this figure for each relevant funder.
Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

While some properties supported residents of all ages, about 79 percent of all of the residents supported by respondents were at least sixty-two years old. Respondents estimated that 65 percent of the residents they served were dually eligible for Medicare and Medicaid.

Residents work with a service coordinator voluntarily and are not assigned using a “caseload” model. When asked how many residents they supported, respondents averaged 163 residents, but there was variation: 16 percent supported fewer than 50 program participants and 22 percent were responsible for more than 250 participants. Staffing arrangements varied between properties and some coordinators supported many more residents. [See the Appendix for this and additional data not included in the body of this report.](#)

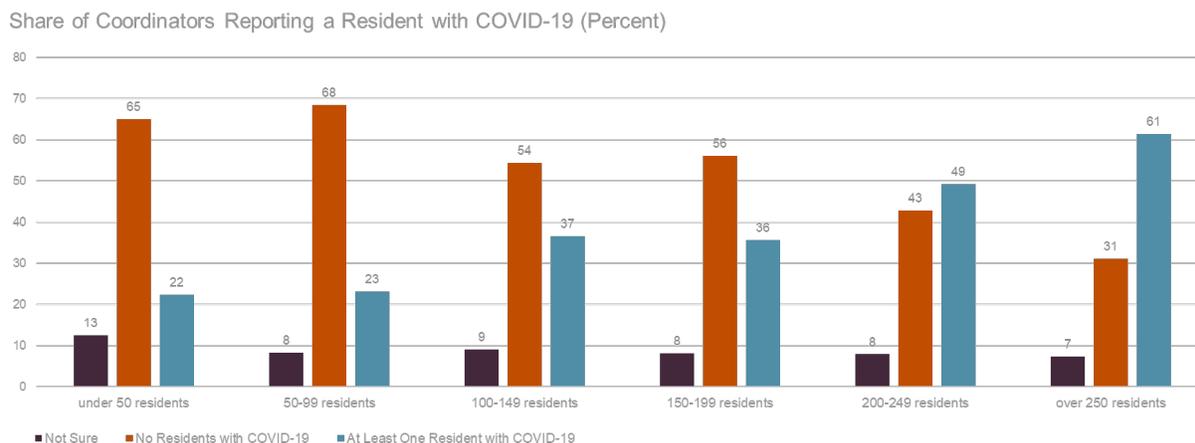
Resident Experiences with COVID-19 Infection

Service coordinators’ resident populations were in general at high risk of infection and serious illness from COVID-19. Respondents estimated that three-quarters of residents they served were at least 62 years old, and also that 36 percent of residents were people of color. Data collected during the

pandemic has shown higher rates of serious illness and mortality among both those of older age and people of color.³

At the time of the survey, about a third of respondents were aware of at least one resident on a property they served who had tested positive for COVID-19. Rates were highest among service coordinators working in public housing properties and lowest among residents funded by Section 202. As might be expected, service coordinators who worked with more residents were more likely to know of at least one resident with COVID-19. Among those working with fewer than 50 residents, 22 percent of service coordinators knew of at least one resident with the coronavirus; meanwhile, among those working with 250 or more residents, 61 percent of respondents knew of at least one resident who had contracted the virus (**Figure 3**).

Figure 3. Service Coordinators Working with More Residents Were More Likely to Have a Resident With COVID-19



Note: Properties that accept multiple funding sources are duplicated in this figure for each relevant funder. Also, participation in service coordinator programs are voluntary and count demonstrates number of participants, not size of the property.
Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

Fourteen percent of survey respondents were aware of a staff person on their property who had a confirmed case of COVID-19. Among service coordinators working on a property with at least one positive resident case of COVID-19, 27 percent also knew of a positive case among staff. Only 7 percent

³ Centers for Disease Control, “COVID-19 Hospitalization and Death by Age,” <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>.

of service coordinators were aware of a staff person who had the coronavirus on a property where a resident had not tested positive.

Residents' access to COVID-19 testing varied by location. Only 9 percent of properties offered coronavirus testing onsite; another 77 percent reported that testing was available offsite. However, at the time of this survey, asymptomatic testing was not typical practice. Onsite testing rates increased to 15 percent of properties where at least one resident had been diagnosed with COVID-19. Coordinators for properties with a positive case were also more likely to know how to access COVID-19 tests. Still, as the vast majority of testing was completed off property, coordinators had to work with neighborhood clinics and other organizations to facilitate residents' access to offsite testing.

Service Coordinator Responses During COVID-19

The survey revealed the pandemic's impact on the lives of older residents of publicly funded housing. Professional support systems that typically provided personal assistance and medical care were interrupted, threatening residents' physical and mental health. Transportation and resource acquisition systems were also unsettled, creating barriers to activities of independent living such as shopping for food and medication acquisition. Social challenges were particularly acute during the early months of the pandemic. Residents demonstrated signs of anxiety and loneliness as their typical experiences of community life were muted. And, while health guidelines and novel benefit programs emerged at a steady clip, communication systems had to be modified from largely in-person formats to accommodate a population of older adults without consistent access to technological platforms.

Service Coordinators Spent More Time Coordinating Resident Supports

Service coordinators estimated that before March, almost half of the residents they worked with regularly relied on in-person assistance to accomplish household tasks such as housekeeping, laundry, or errands and 32 percent relied on personal care assistance to meet daily needs such as dressing. The pandemic complicated these supportive and in-person arrangements. Properties restricted access to some of the providers residents rely upon; some even restricted postal carrier access. "We only allowed caregivers and immediately [sic] family in our building complex," explained one service coordinator. Provider agencies also interrupted services in an attempt to mitigate risk, as explained by one coordinator: "Since we had positive cases in our apartment complex, many agencies refused to come into the building." Other services were disrupted by the unmet needs of support providers; as one

respondent observed, “many more residents have needs because aides resigned, had childcare issues.” Another respondent echoed that outside agencies were “unable to provide services due to not having staff available due to no school and childcare not [being] available to their workers.” And another noted that coordination with agencies became more complex under COVID-19 conditions as many people work remotely and “Home Care and Case Workers in Clinics have also been difficult to network with. So have APS [Adult Protective Services] workers.”⁴ Residents’ own comfort level also played a role, with some residents electing to forgo services to limit their exposure to COVID-19.

Service coordinators were left to shore up clients’ support infrastructure, including those supports typically provided by paid professionals. As described by one service coordinator, “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.” Observed another, “Since all residents haven’t felt comfortable continuing with home care services, I have been working with them to try to ad lib these services in different ways.” All of these simultaneous disruptions left an absence of professional caregivers and a gap in resources which service coordinators worked to address. As one explained, “we as staff picked up this gap.”

Communication with Support Networks

A large part of “filling the gaps” involved communicating with informal and formal members of residents’ support networks. As a respondent described, “I communicate with more family members now and I communicate with more providers and community folks.” Forty-six percent spent more time coordinating with family and informal supports while 34 percent spent more time coordinating with formal healthcare resources. With other avenues of assistance disrupted, family support became even more critical to residents during this period. As one respondent noted, “Most of the residents were receiving assistance and support from their families.”

Service coordinators were also often tasked with communicating evolving property rules about contact and visitation with residents’ families. As described by one respondent, “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.” Additionally, some residents did not have active support from family and relied even more heavily on service coordinators. One respondent observed that “orphan seniors needed more support.”

⁴ APS manages guardianship, conservatorship, or protective orders to mitigate abuse, neglect, or exploitation of adults who may not be able to make informed decisions for themselves.

Benefit Acquisition

Service coordinators spend a lot of time helping residents manage applications and documentation to maintain the benefits they receive through periodic redeterminations. During the pandemic, new benefits became available to support people living with less income, especially through temporary Supplemental Nutrition Assistance Program (SNAP) expansions, and service coordinators helped residents apply for these expanded programs. In addition to ensuring residents were aware of available benefits, they helped residents compile documentation and complete forms, they made phone calls to benefits managers to clarify details, and they assisted residents with correspondence.

Filling Needs for Translation

While assistance for hearing-impaired residents increased slightly, translation emerged as a particular burden for service coordinators working with non-English speaking residents. Most COVID-19 information was not accessible to non-English speaking residents or their non-English speaking family members, and the multilingual service coordinators working with these residents were called on to translate a torrent of information, including updates from state or county health and aging services as well as the many new processes, rules, and procedures instituted by the property ownership. These coordinators were needed to translate documents for use by non-English speaking residents who needed to update benefits or request support from new sources. Thirty-six percent of coordinators spent more time assisting non-English speaking residents during the pandemic, as described in the following way by one respondent: “As the only one speaking the language, I end up having to do ALL of their communication/work.” A second noted that “I am the only Korean-speaker here and we have more than eight hundred Korean residents. It’s very very hard for me to handle this much of crowds [sic] all by myself. I am not a professional translator.” And finally, a third offered this evocative description of pandemic pressures compounding the support needs of non-English speaking residents:

I am the sole service coordinator for ninety-five residents at my property. My colleague at the building next to me is the sole service coordinator for about one hundred thirty residents. Both of our buildings’ residents are majority non-English speakers. As a result, our workload is already more than other English-only residents colleagues’. With COVID-19 and being out of the office and returning to stacks of mail and documents to translate, with our residents getting more anxious and pushy, and with the transition back into the office along with a higher workload, we are overwhelmed, stressed and underpaid.... I have a great work ethic, but I’ve recently noticed I’ve started forgetting things or making mistakes because I just have so much work and have started to feel burnout.

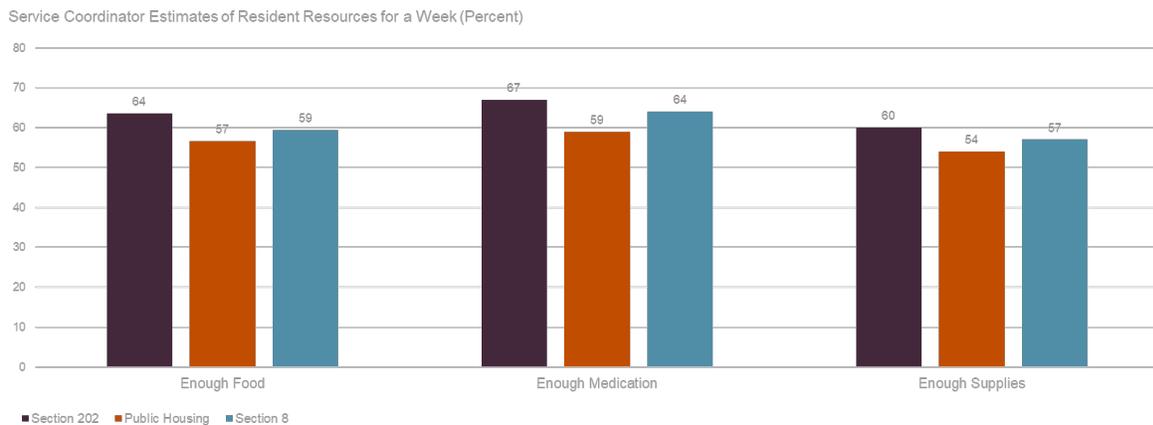
Service Coordinators Spent More Time Ensuring Residents’ Access to PPE, Food, Medicine, and Household Supplies

The early days of this pandemic brought challenges obtaining resources due to social distancing recommendations as well as pandemic-related shortages. Service coordinators spent a large proportion of time supplying management to ensure that residents would remain safe and healthy while isolated in their living quarters.

While it may have been difficult to find in the earliest days of the pandemic, personal protective equipment was relatively widely distributed by the time of this survey. Service coordinators estimated that 87 percent of residents had access to reusable cloth masks or disposable surgical masks, and 17 percent had N95 masks or face shields. Coordinators were integral in sourcing and distributing these supplies on many properties.

However, other critical resources remained in short supply. Respondents estimated that 40 percent of residents of their properties did not have the food, medicine, or household supplies they would need to isolate for a week. Service coordinators estimated that 61 percent of residents had enough food they wanted to eat to socially isolate for a week, while 65 percent had needed medications and medical supplies to last that long. Slightly fewer, 58 percent, were estimated to have household goods such as paper and cleaning products. With some minor variation, funding source does not appear significantly correlated to resident resource access (**Figure 4**).

Figure 4. Residents Lacked Resources to Isolate for a Week on Properties Accepting All Funding Sources



Notes: Properties that accept multiple funding sources are duplicated in this figure for each relevant funder.
Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

To ensure residents had needed resources, service coordinators spent much more time on both procurement and distribution of food, medicine, and household goods. Seventy-eight percent spent more time helping residents with the purchase or delivery of food, 46 percent were more involved in the purchase or delivery of medications or medical supplies, and 64 percent were more attentive to the purchase or delivery of household goods.

Service coordinators also advocated for their residents to be recognized by donor organizations and managed deliveries to the property, and many distributed donations themselves. One respondent said, “We took fresh produce and dairy products door to door to ensure that even those who stayed in their apartment were okay and their needs were met.” Private delivery services became an important tool that some service coordinators facilitated; as one coordinator noted, “[online delivery] has been key to helping Residents access personal items to avoid exposure. It can be done over the phone or online.” However, many stores accepted only online orders, and service coordinators had to assist residents who did not have the internet capacity or the technological wherewithal to complete these tasks independently.

Service Coordinators Adapted Communications to Pandemic Realities

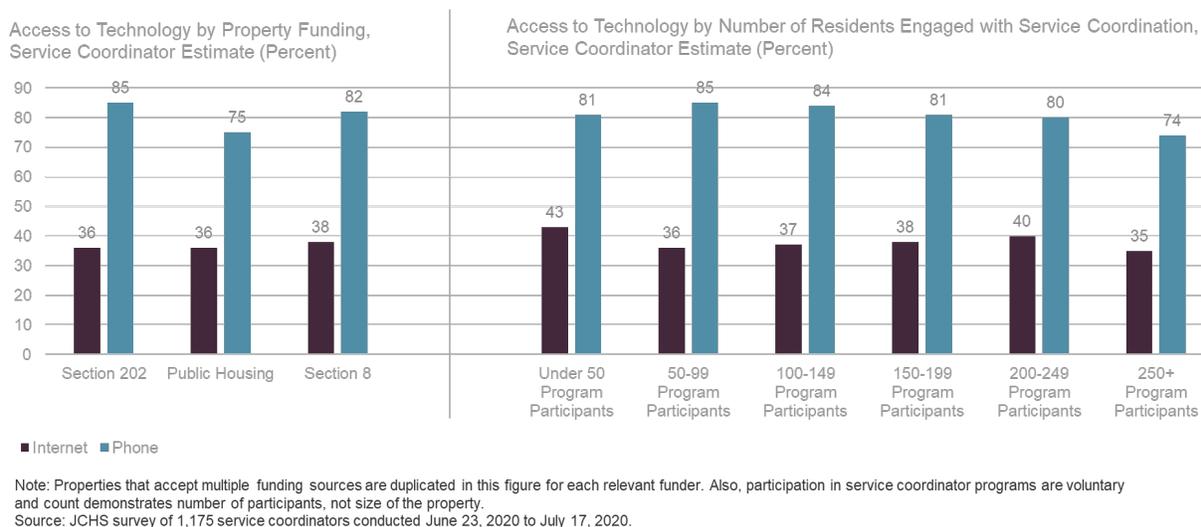
Information dissemination became a crucial component of service coordinator crisis response during the pandemic. As one respondent noted, “Educating and communicating has been a key for everything.” Service coordinators had to construct and implement systems to identify resident needs and disseminate information as COVID-19 recommendations and resources emerged. Good communication was also essential to addressing resident loneliness and anxiety. During the pandemic, coordinators educated residents about mask wearing, social distancing, updated facility guidelines, and COVID-19 case counts. They also warned residents about emerging COVID-scams. One coordinator described printing and distributing “endless ... CDC guidelines and agency guidelines [as well as] details for volunteer meals.” Yet social distancing guidelines, coupled with low levels of internet and technology access among residents, posed challenges to service coordinators seeking to communicate with residents.

Lack of Access to Technology

Service coordinators reported that most residents did not have reliable access to the internet. On average, service coordinators estimated that 38 percent of residents had both internet service and an internet-capable device such as a computer or tablet. Service coordinators working with smaller

numbers of residents reported the highest rates of resident internet access: those working with fewer than fifty residents estimated that 43 percent had internet access (**Figure 5**).

Figure 5. Roughly 4 out of 10 Older Adult Residents Had Internet Access



Technological literacy was another barrier for residents, who sought service coordinator support to facilitate their use of virtual resources. Even when residents had access to the internet, relatively few possessed the technological skill to virtually perform critical tasks without assistance, such as ordering supplies, attending medical appointments, or attending virtual social events or enrichment. Telephone service was much more widely distributed, and it was heavily relied upon by service coordinators for outreach to residents. However, respondents estimated that fully one out of four public housing residents did not have a phone.

Lack of access to technology exacerbated challenges in COVID-19 communication. Many coordinators noted that if they could hire extra help, they would focus that additional support on the development of residents’ technology literacy so residents could “participate more with virtual resources,” “Zoom or share moments together,” and ultimately “learn new technology to cope better.”

Changes in Communication Methods

Prior to the pandemic, service coordinators relied heavily on spontaneous face-to-face communication with residents. But given social distancing, increased remote work, and a lack of group gatherings, these

practices had to evolve. This shift may have contributed to observed reductions in overall interactions between residents and service coordinators. Prior to the pandemic, service coordinators estimated that they interacted with 57 percent of residents in a typical week. This dropped slightly to 50 percent during COVID-19, including both face-to-face and virtual interactions. While some face-to-face interactions continued, they looked different: meetings were held outside, or occurred in doorways, across a room with participants positioned at either end of conference room tables, or even through windows.

Telephone communication dominated during the pandemic: it was relied on by 90 percent of service coordinators to communicate with residents, even while at least one in 10 residents didn't have telephone access. Phones were largely used to accomplish well-checks. Automated message services were also useful to some coordinators to broadcast recorded phone messages to residents. Others used a public address system to similar effect, when the property had such infrastructure. A few coordinators relied on phone trees and other peer-to-peer telephone networks operated by resident volunteer liaisons.

Written notices, which demanded onsite staff to distribute and resident literacy to read, also became a more common tool. One coordinator replaced face-to-face interactions with a regular printed survey form that residents would complete and return. More than three-quarters of coordinators posted notices around the building, especially focusing on high traffic nodes such as mailboxes and community bulletin boards. Seventy-eight percent reported that they often delivered fliers and newsletters to residents' doors. Some coordinators distributed new publications while others increased frequency or comprehensiveness of existing newsletter formats, especially adding timely updates on COVID-19 precautions, new administrative practices, and emerging resource and benefits programs available. One respondent pointed out that newsletter communication had been "helpful in assisting residents with food resources, rental assistance, and other sources of assistance." Said another, "I will definitely continue to provide activities in my monthly newsletter once the crisis has passed." Email was used often by only 18 percent of coordinators and mail by 16 percent.

Service Coordinators Modified Social and Community-Building Activities

Given the new demands on service coordinators' time created by the pandemic, resident social experiences, either in-person or virtual, were much less supported during the pandemic than at other times. Over three-quarters of service coordinators reduced time spent organizing social activities, physical activities, and access to religious worship. Service coordinators still managed to provide some

social experiences, however, including those that maintained social distance or could occur in residents' homes.

Community Building While Socially Distant

Service coordinators described transitioning congregate meal programs to home delivery, and many service coordinators made the deliveries themselves. Service coordinators hosted games that linked residents and built spontaneity into their isolated days. They utilized the design features of their properties to encourage residents to move periodically around the buildings and experience a sense of community. For instance, service coordinators encouraged residents to decorate their doors with favorite quotes, pictures, and artwork. Contest-winning essays, resident art and poetry were displayed alongside announcements in high-traffic areas. Service coordinators created scavenger hunts and bingo games that encouraged residents to move around the property in asynchronous ways, so they could share spaces without clustering together. Hallway spaces were leveraged by service coordinators to call bingo for groups of distanced residents or to host music performances. Service coordinators especially used a variety of games to add surprise, novelty, and anticipation into residents' days, create opportunities for residents to win prizes and compete against one another, and enjoy a sense of togetherness, even if they could not see one another.

At-Home Activities

Service coordinators also used supplies to alleviate resident loneliness and anxiety, providing them materials for recreation at home. On a daily, weekly, or monthly basis, coordinators delivered craft or art supplies, puzzles, word searches, books, magazines, DVDs, activity booklets, and journals. One coordinator even procured mechanical pets for residents deemed vulnerable. Service coordinators delivered care package surprises of snacks, personal notes, and small gifts. Special meals or treats were used to recognize birthdays or other occasions. Some reformatted meals as grab-and-go to give residents a regular reason to move around the building, while others delivered meals door-to-door to check in with residents. They managed food pantry deliveries, donations of household goods, and PPE as well as medication deliveries to residents.

Supporting Virtual Connections

Technology was considered a critical resource to manage anxiety and loneliness, as coordinators helped residents sign up for internet services and taught them to use virtual platforms to contact friends and

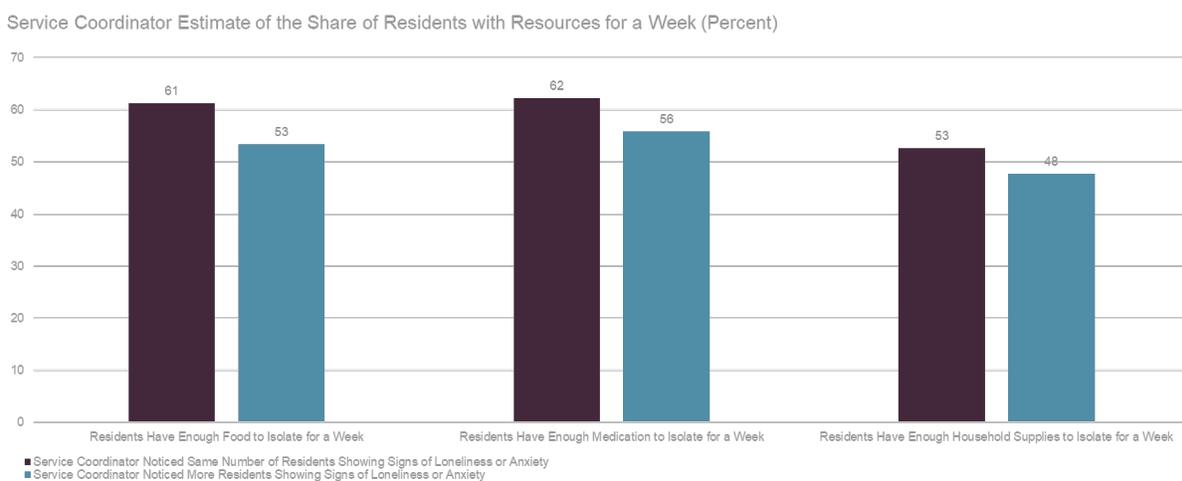
families, engage in virtual activities, and attend webinars on coping skills and stress management. During the pandemic, technology needs received special focus on some properties: “[We have] enhanced accessibility to the internet and digital support,” explained one respondent, adding that “We have been slow to provide this service but I’m hoping it’s in place soon.”

Service Coordinators Addressed Loneliness and Anxiety

Seventy-four percent of service coordinators noticed more loneliness or anxiety among residents. “I have had many conversations,” wrote one service coordinator, “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. [I have] observed residents who are sad and feeling desperate to socialize.” This same respondent noted that the pandemic had been particularly challenging for those without access to virtual connections: “It has been especially difficult for our residents who do not use computers, internet or social media.”

Service coordinators who estimated residents had greater access to resources were less likely to observe increases in resident loneliness or anxiety, while those reporting fewer residents with enough food, medication, or household supplies to isolate for a week noticed more residents showing signs of loneliness or anxiety (**Figure 6**).

Figure 6. With Higher Resident Resource Deficits, Service Coordinators Observed More Residents Showing Signs of Loneliness or Anxiety



Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

There was a similar correlation between resident reliance on in-person support and signs of loneliness or anxiety. Before the pandemic, an average of one of every five residents relied on in-person support or assistance. Among service coordinators who observed more residents showing signs of loneliness or anxiety, 39 percent of residents relied on in-person support.

Referrals to Mental Health Resources

Service coordinators increased referrals to professional mental health providers, community crisis lines, prayer lines, and both local and national phone chat and peer support hotlines for residents to connect with other older adults. They also provided technical support for residents using teletherapy to meet with behavioral health specialists and community counseling centers. Service coordinators also linked residents to informal social support partners, including the Friendship Line from the Area Agency on Aging, the United Way, and online senior center programming. Local partners included pen pal programs with local college students, area schools that sent pictures and notes to residents, and local church volunteers.

Wellness Checks

Many service coordinators initiated proactive wellness checks with residents. These were typically accomplished through regular phone calls or through doorway visits when delivering supplies. Some wellness checks targeted residents considered at high risk of negative impact, while other checks were structured and regularized. Respondents described various systems ranging from the very specific—“We have called [residents weekly] with six questions”—to a more flexible format: “Each resident received a call from either the manager or service coordinator each week to check on them especially if neither one of us has seen/spoken to the resident that week,” explained one respondent. These checks were largely seen as tools for proactive intervention and opportunities to head off crises. Said one respondent, “Any resident that spoke of anxiety/loneliness in my weekly calls, I contacted them more often throughout the week as well as suggested outside services with phone numbers.” One provider recalled a poignant interaction: “One of our residents was having a particularly bad day with anxiety. We talked about the issue bothering her and I encouraged [her] to go out and look at the flowers that were blooming. She had not stepped outside in three months.” Service coordinators also facilitated inpatient admissions when they recognized emergent needs.

Facilitation of Peer Supports

Peer supports also emerged as a central strategy to address loneliness and anxiety as service coordinators sought opportunities to emphasize communal decision-making and to bring a sense of agency and a sense of community to residents' pandemic experiences. They created various formations of buddy systems. As one described, "[W]e asked residents if they wanted to be on a list to either be a person that calls other neighbors in the building to check on them or a person that wants to be called to be checked on." Another assigned each resident a neighbor to check on, and a different service coordinator identified lead residents who checked on specific neighbors. Phone trees were also utilized in numerous communities. Some service coordinators encouraged residents to write letters of support for community members who lived off-property and to produce masks to give out to delivery workers and other people at high risk.

Service Coordinators Spent More Time Coordinating Virtual Medical Care

The use of [telemedicine increased exponentially early in the pandemic and continues to be more heavily relied upon to provide medical care](#). Half of coordinators spent more time facilitating virtual medical care, and 35 percent spent less time coordinating medical transportation. Though this survey did not specifically examine coordinator experience with telemedicine, many respondents spontaneously identified telemedicine as a positive innovation. As noted by one, "The telehealth doctor visit is so helpful for those that do not have transportation or that find it taxing to leave their apartment. Reliable transportation is a very weak resource in our area." Yet the transition was time-consuming for service coordinators who supported technology procurement, both device and internet access, coordinated with medical providers, and educated residents on technology use. One service coordinator observed that much more time was spent "assisting residents with correspondence with how to use technology for communication with Health Care Providers."

Shifts in Service Coordinators' Work Practices

The emergence of the myriad pandemic-related demands combined with COVID-related changes to workplace practices to influence how service coordinators did their work as they shifted time allocation, work location, and sources of information.

Service Coordinators Reprioritized Tasks in Response to the Pandemic

As demands shifted, service coordinators allocated time differently. While 85 percent of coordinators spent more time responding to public health recommendations, 77 percent also spent more time on facilities management activities such as cleaning, particularly focusing on common areas and high-touch spaces such as doors, stairwells, and elevators. Some were also called to perform new administrative activities such as enforcing limited entry procedures, documenting entries, or even screening visitors. Other coordinators were tasked with explaining new masking rules and enforcing resident compliance, and some service coordinators expressed discomfort with these new roles. As one remarked, “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.”

Increased time spent on facility maintenance and administration is particularly significant, given that more than half of coordinators spent more time working remotely. For those on property, a much greater amount of time was devoted to this work. Many identified property upkeep and cleaning when asked in an open-ended way to name the tasks they wanted additional assistance to complete. One respondent pointed out that “because my RSC 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.”

Thirty-eight percent of coordinators spent more time helping residents navigate benefits. This increase was due, in part, to new needs, as “tenants’ service needs changed and were more intense,” and some of this assistance was to help residents apply for new benefits. “I need more time to help them fill paperwork out for support from the various health agencies,” remarked one respondent. There were also new or updated procedures. “While I didn't have to assist with redeterminations for entitlement programs in the same volume, I did have to help [residents] to understand the changes in these programs and changes in time frames.” Some coordinators estimated a large proportion of time was spent relaying updated health and benefit information. These needs were especially acute for service coordinators assisting residents with low English proficiency.

To further complicate matters, typical public support agencies were less available during the pandemic. Coordinators described messages left for agencies that weren't returned for days or even weeks. “It's been very difficult to reach government offices, such as [Department of Public Social Services, Social Security Administration, Public Health Department] over the phone. They always encourage to open an account and receive services through website, but people need to understand that seniors simply don't have any access to the internet,” reported one respondent. Technology literacy

made a difference. One respondent pointed out that the small proportion of residents with technology access and capacity were able to simplify processes by scanning documents to send to coordinators rather than arranging face-to-face interactions to transfer materials.

Thirty-five percent of respondents also spent more time on documentation tasks during the pandemic. Some communities were asked to maintain and report the property's COVID-19 statistics to county health infrastructure, some partner organizations asked service coordinators to document receipt or distribution of donations, and some managers asked coordinators working remotely to provide detailed accounting of their time use.

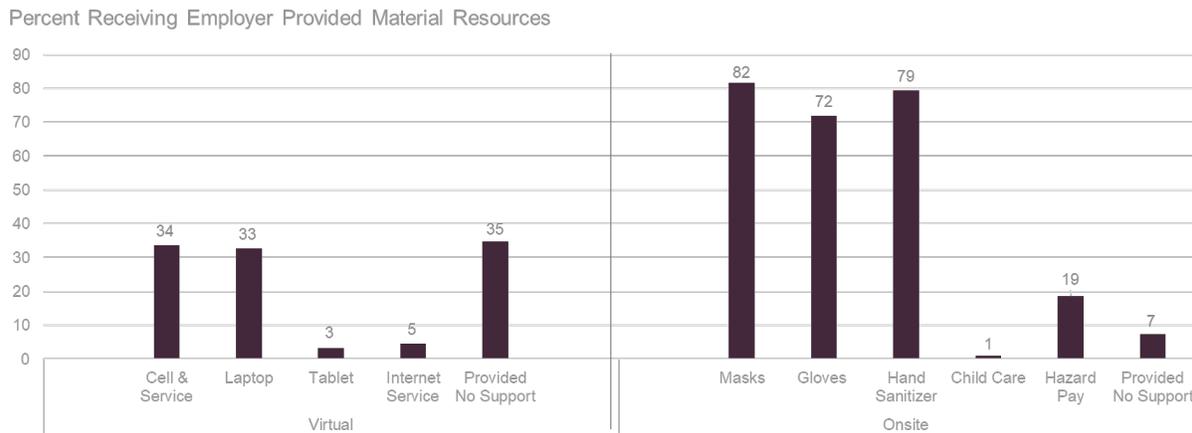
These numerous issues intensified demands on service coordinators as more residents needed benefits, new programs or processes were initiated, residents lacked technology access, and communication challenges arising from a lack of literacy and language skills compounded during this period of rapid change. Yet, 28 percent of coordinators also spent less time managing benefits. This could be explained by changes to some benefits programs designed to streamline administrative processes during the pandemic. As one respondent noted, "I was fortunate that our county Department of Job and Family Services which administers the Medicaid and SNAP programs suspended annual re-applications for March, April and May. Assisting residents with applying for and maintaining these benefits probably takes 40-50 percent of my time." If demands for benefits administration return to more typical levels under COVID-19 conditions, some coordinators might experience unrealistic demands on their time.

Service Coordinators Increased Remote Work

Workplace safety and modified work environments were critical for many employees. A little more than half of service coordinators spent more time than usual working remotely during the pandemic. At some point in March or after, 59 percent of service coordinators worked exclusively from home, while 38 percent did not work remotely at all. Modified work environments were associated with COVID-19 positive residents or staff. When there was a COVID-19 positive case on the property, 57 percent of service coordinators reported more remote work, while 43 percent did not work remotely more. On properties without any COVID-19 positive case, 50 percent of coordinators worked remotely more and 50 percent did not. On properties with a COVID-19 positive case, 32 percent of service coordinators never worked remotely, while on properties without a COVID-19 positive case, 42 percent never worked remotely.

Employers provided material support for service coordinators in response to pandemic-related needs, particularly providing safety equipment for those working onsite. For instance, 82 percent of employers supplied masks, 72 percent supplied disposable gloves, and 79 percent supplied hand sanitizer (Figure 7).

Figure 7. Most Employers Provided Basic PPE for Employees Working Onsite



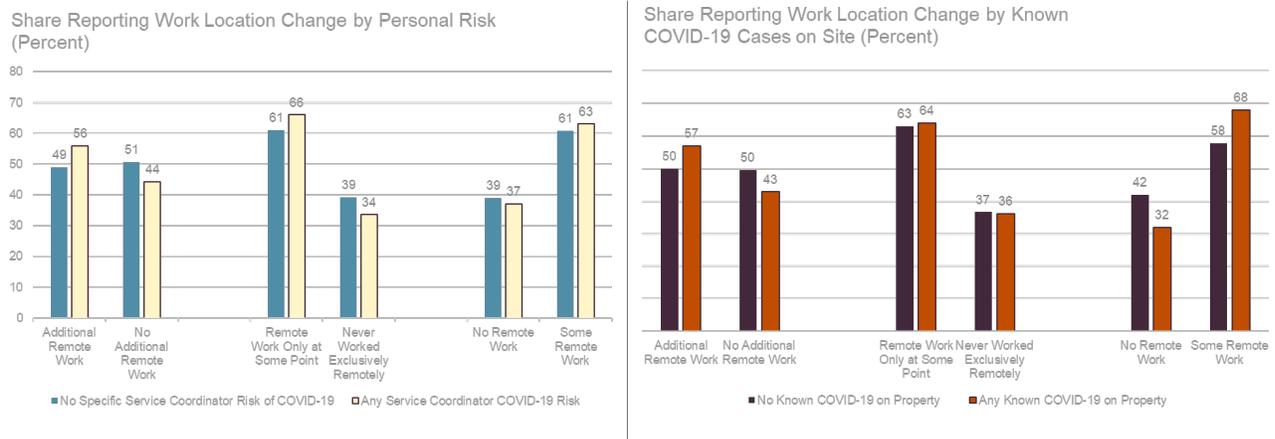
Note: Properties that accept multiple funding sources are duplicated in this figure for each relevant funder. Also, participation in service coordinator programs are voluntary and count demonstrates number of participants, not size of the property.
 Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

Many spoke positively about this work-from-home experience and expressed hope that it would continue post-pandemic. However, some managers added time-consuming productivity reporting requirements for remote workers. Additionally, there were not always virtual mechanisms to complete required reporting to property managers or government agencies. About one third of service reported expanded documentation requirements and some felt that that these new demands made it difficult for them to attend to other parts of their jobs. Documentation requirements eased for other service coordinators as some public programs delayed typical reporting and reauthorization requirements.

More than half of service coordinators worked additional remote hours during the COVID-19 pandemic. While about one of three worked exclusively remotely for some period, almost four out of ten did not work remotely at all. Service coordinator health concerns may have played some role in these increases in remote work. Half of service coordinators considered themselves to be in a high-risk group for COVID-19 due to their health or age, and 61 percent had someone in their lives with whom they maintained personal contact who was at high risk. Just over half, or 56 percent of service

coordinators with high risk worked more remote hours during the pandemic although 37 percent of those with higher risk did not work remotely at all. More than six of ten service coordinators exclusively worked remotely for some period between March and July (**Figure 8**).

Figure 8. High-Risk Employees More Likely to Work Remotely, But Many High-Risk Service Coordinators Worked Onsite



Note: This figure presents results from binary questions and categories are not complete or mutually exclusive. For instance, a service coordinator with existing remote hours that did not increase during the pandemic would not appear in either the "additional remote work" category or the "no remote work" category.
 Source: JCHS survey of 1,175 service coordinators conducted June 23, 2020 to July 17, 2020.

Remote work does not appear to be widely utilized by employees who consider themselves at greater risk. Rather than alternative work arrangements, some service coordinators with health risks became unable to work. Said one coordinator, "I was furloughed for 2.5 months of the pandemic, from March 20th until June 1st due to my own serious underlying medical conditions."

Cooperation with Property Managers and Teams Seen as Positive

When service coordinators were asked if they agreed with managers of the property about what needed to be done to address pandemic challenges, 71 percent of respondents reported feeling aligned with managers most of the time. Coordinators appreciated this cooperation with property managers. "As a team member with the rest of the staff in the office," wrote one, "we seem to be sharing more information and are wanting to help one another to solve problems."

Service Coordinators Depended on Partnerships with Outside Organizations

Outside partners were critical components of service coordinators' pandemic response; however, cultivating and implementing these relationships demanded a large amount of time from overextended service coordinators. During the pandemic, 48 percent of service coordinators estimated they spent less time working with community-based organizations, and 33 percent spent more time. These trends may indicate that many community partners perform in-person supports that were paused during the pandemic. Existing relationships also explain some of this difference, as coordinators with more years of experience in the field, and presumably more established relationships with outside partners, tended to increase time spent working with partners, while those with less experience were more likely to decrease time. Overall, the majority of coordinators (65 percent) partnered with new organizations during the pandemic period, suggesting that many service coordinators worked with more, or different, partners as priorities shifted.

While 80 percent of service coordinators relied on nonprofit organizations, 55 percent partnered with state and local government entities. Fifty-two percent of coordinators partnered with unaffiliated volunteers, 55 percent with religious organizations and 28 percent with federal entities. Coordinators partnered with public organizations such as the police, health department, schools, libraries, Area Agencies on Aging, and local government. Overall, coordinators described partnerships as productive and positive. One service coordinator painted the following picture of the partnership with local government: "Our [local government official] had one staff person work a volunteer bank. People submitted applications to volunteer. It was absolutely wonderful. I had to contact them with specifics and answer questions." Private partners included grocery stores and pharmacies, delivery companies, local restaurants, social organizations, and health providers (including doctors, mental health providers and home health agencies). Nonprofit partners included sewing groups, organizations that target support to noncitizens or to people with special needs, and other social service organizations. Religious volunteers largely came from congregations, and individual volunteers arrived from mutual aid groups as well as certain professions such as farmers and medical students.

Partners provided a wide variety of support. Material supports included donations of personal protective equipment, hand sanitizer, food, gift cards, treats or prizes, pet food, over-the-counter medications, incontinence supplies, hygiene products, household goods, cleaning products, technology, puzzles, and games as well as financial assistance to pay bills such as rent or utilities. Supportive activities provided by partners included transportation, courier services, deliveries, banking assistance, COVID-19 testing, medical or mental health supports, and personal care. Social supports provided by

partners included pen pals, phone buddies, gifts of cards and other mementos, and virtual enrichment or socially distanced in-person activities. Partners also provided residents relevant information and education about coping skills, technology instruction, and COVID-specific information. Finally, partners helped service coordinators access quality COVID-19 and benefits information, information about resident mental health, and supports for coordinators' own self-care to cope with stressors.

Service Coordinators Relied on a Variety of Information Sources

This teamwork was also notable in information-sharing, which was a complex process during the pandemic as both COVID-19 best practices and resource and benefit information evolved. Most coordinators (79 percent) relied on the property owner or manager to provide up-to-date information. There was also a high rate of reliance on federal sources (72 percent), state government (70 percent) and news media outlets (71 percent). Service coordinators additionally turned to their peers for information, with 58 percent relying on advocacy organizations and 51 percent on service coordinators working with other properties. Finally, 39 percent relied on social media and 37 percent turned to friends or family.

Information management is a critical component of crisis response, and it is instructive to consider the sources of information that service coordinators used to construct their response plans. Notably, respondents' information sources varied by state. For instance, while respondents in Florida were less likely to rely on state agencies for information than the nationwide average, they were more likely to get information from the owners of their properties.⁵ As national advocacy organizations target their information and outreach programs, they should consider coordinators who are unable to rely on a state apparatus for timely information and guidance.

Changes in Practice that Service Coordinators Hope to Maintain

Though many aspects of the pandemic have been difficult and stressful, in response to an open-ended prompt about positive innovations in practice, service coordinators identified numerous changes that they hoped to maintain following the crisis period. Multiple respondents explained that they hope to continue "thinking outside the box."

⁵ Sample sizes were too small to conduct a state-by-state analysis of the information sources relied on by service coordinators.

Remote work. Respondents generally expressed hopes to continue working remotely at least some of the time. They cited advantages such as flexibility and the ability to complete reporting and documentation requirements without the spontaneous distractions and demands of onsite work. They also noted improvements in work-life balance. One coordinator said that the addition of remote work “changed the quality of my life and made me a better employee.”

Social distancing/hygiene. Service coordinators were pleased with the increased cleaning and hygiene routines such as sanitizer stations and more frequent cleaning of high-touch areas to reduce transmission of seasonal flu and other diseases. Social distancing routines were popular on some properties, and coordinators hoped to continue scheduling laundry times, maintaining the reorganization of spaces, and retaining the added building security.

Communication with residents. This increased outreach to family and to residents was widely lauded as a way to impart information, to intercede before a crisis developed, and to build relationships with residents. Many coordinators planned to maintain the well-check system in some form after the pandemic. While many coordinators had relied on unscheduled drop-in visits prior to the pandemic, the predictable routine of well-checks and scheduled phone calls with residents gave many coordinators a sense of control as they balanced the diverse demands on their time. One coordinator recalled that “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.” Though the well-check is time-consuming, many intend to continue the practice in some form: “[I plan to] ensure each resident has been seen or heard from at least once per week,” wrote one respondent. Some respondents did express concern about the heavy reliance on telephone communication to meet resident needs during the pandemic; one explained that “I don't feel like [residents] open up as much over the telephone.” Following the pandemic, these telephone-based tools may evolve by incorporating a face-to-face component or combining with more spontaneous outreach.

Resident community. Service coordinators were also pleased with improvements in resident relationships and resident empowerment during the pandemic response. Residents took a greater role in managing their own benefits application processes. Residents also supported each other, showing what one respondent called “positive teamwork.” Coordinators hoped this empathy would continue

into the future. One respondent wrote, “[I] would like to see more of the residents checking-in with one another as this has been one positive of the pandemic.” These relationships could help address pre-pandemic challenges with older adults experiencing isolation. Another respondent hoped for residents to “continue to socially connect with neighbors and friends via the telephone in addition to in-person social activities so they remain connected even if someone becomes home-bound.” In general, relationships among residents, with residents and staff, and between staff were positive. “During this pandemic,” one respondent elaborated, “so many of our residents seem to be more appreciative, patient, and grateful. Their gratitude for their housing, neighbors, and even community seems to have grown. If as Service Coordinator, I could place their increased gratitude in a bottle I would.”

Teamwork. Respondents were pleased with the experience of increased teamwork and shared mission among staff, as one cited the pleasure of “sincere support from [my] direct manager.”

Community partnerships. New community partnerships as well as a sense of community support were a welcome feature of the pandemic response. One respondent applauded “more community teaming and greater cooperation among providers.” Service coordinators happily welcomed additional volunteers, increased community awareness of resident needs, new social supports for residents, and direct resource provision by community partners. Coordinators noted that certain assistance was particularly valued, including health and nutrition assistance. Pharmacies and private medical practices facilitated medication delivery and telemedicine. Many coordinators hoped that this expanded access to medical care would continue beyond the acute phases of the pandemic. Food assistance in the form of grocery and prepared food delivery made certain new community partners particularly valuable. For instance, as one respondent described, “our local school district [delivered fresh produce to our seniors and] I would like to keep [that] going. We also made new connections with a couple of other organizations that provided temporary grocery delivery transportation.”

Service Coordinators Identified Ongoing Challenges that Need to Be Addressed

Innovations in service coordinator practice centered around many of the most important aspects of resident support, including meeting resident social and communication needs, resident mental and physical wellness, resource procurement, new standards of facility cleanliness, and residents’

technology needs. Yet outstanding needs remain in all of these areas. Service coordinators identified numerous outstanding needs during the pandemic.

Support for residents' mental and physical health. Service coordinators wanted more professional medical and mental health partners. Many hoped for medical experts to oversee health and safety policy choices and promote evidence-based health practices to residents. They also wanted trained mental health experts readily available in the short term and in anticipation of future needs. As one noted, "I think people have aged during this [pandemic] from worry. I think I need someone to work on mental issues now that we are reopening, and the issues will be laid bare. I am expecting to have more calls/referrals about conflict resolution now." Service coordinators listed a variety of tasks they wanted performed by professional partners, including individual counseling and therapy, conducting support groups, providing health coaching, assessing mental health, and designing various health interventions. They wanted professional partners to conduct periodic assessments of physical health, make referrals, collaborate with medical providers, and manage telehealth visits.

Service coordinators want help to meet residents' needs for social support. Respondents wanted to expand their capacity to offer social and activities programming, noting that daily activities help residents feel more connected. They observed that unexpected phone calls and supply deliveries and the anticipation of contest winner announcements helped to break the monotony of social distancing. Some service coordinators were not allowed to focus on programming according to the definition of their position, while others wished that supports were offered in evenings and on weekends when service coordinators were not typically available. Some specifically wanted additional staff to provide ongoing social support to residents. For instance, one service coordinator wanted help conducting "outreach and helping to avoid resident anxiety and isolation via more phone calls," and another wanted more help "connecting with residents on a personal level, especially for those who have limited personal support." Many service coordinators wanted help to build peer support among residents and to link the residents to community resources.

Service coordinators want to build partnerships. Service coordinators frequently mentioned that they needed help to expand resource procurement, to manage and distribute supplies that did arrive, and to develop and maintain ongoing partnerships. Almost universally, service coordinators spoke of the value

of partnerships and community connections, and many hoped to expand these relationships to address resident needs for material goods such as food, PPE, or technology.

Technology access. Technology access was a common concern for service coordinators, as residents need access to maintain contact with their family and with each other; to access virtual programs, enrichment, education, and entertainment; and to manage benefits. Three missing components were access to the internet, access to devices, and resident capacity to use the technology. One respondent wanted a dedicated staff member to help “my clients with savvy technical skills: fixing TV, taking and sending photos, getting on web meetings, scanning letters to me so I could interpret/help clients to understand the contents.” Coordinators noted that widespread technology access would be especially valuable for homebound residents during and following the pandemic.

Conclusions

Existing economic constraints, combined with fragile health conditions and complex benefit structures, make older adults living with public housing assistance particularly vulnerable to instability. As COVID-19 disrupted critical support systems, residents needed assistance to obtain food and medicine, rearrange personal care, obtain medical care and manage the impacts of isolation. Insights emerging from this survey (June-July 2020) demonstrated service coordinators smoothing the transitions in these support systems and filling in the critical gaps created by the pandemic.

Service coordinators reallocated their time to provide essential supports for older adults living in publicly funded properties during the COVID-19 pandemic. Service coordinators focused on building networks of family and community members to offer short-term supports, helping residents access and utilize technology, sourcing new resources for food and supplies, and linking residents to benefits programs as they became available. They also created platforms for residents to support one another while maintaining safe social distance, and they facilitated information-sharing between residents, families, and community and professional supports.

However, circumstances are not static. The COVID-19 experience will continue to evolve, as will residents’ needs. As time elapses, resources will shift. Community organizations will refocus attention away from the needs of these residents towards their core missions. Pandemic SNAP assistance and other federal and state benefits will be reduced or rescinded. The initial response will give way to a new normal without any definite end. Some staff may experience burnout from the high level of vigilance required in these circumstances. Some residents may feel increasingly lonely or depressed. People may

become complacent and engage in riskier behaviors. Residents living in mixed-age communities or multigenerational households will have neighbors or housemates who attend work or school. Given the patchwork of state and local responses to the pandemic, some areas will be safer than others, but it will be difficult for residents to assess risk and make appropriate changes to their habits. As the landscape evolves, service coordinators must continue to manage relationships with outside organizations, facilitate resource distributions, implement new policies, communicate with residents, families and professional supports, and monitor for needed interventions. Additionally, service coordinators were not able to solve all problems. It was difficult to compensate for pre-pandemic deficits such as isolation, a persistent problem for many older adults, and for communication disparities such as lack of technology access or the inability to speak English.

As we prepare for future crises, we must recognize the vulnerability of economically and medically fragile populations and consider service coordination as an opportunity to build their resilience. Service coordinators operate as a nexus. They are available to efficiently identify needs as they emerge, piece together public and private inputs, and link programs or distribute resources to meet the needs of older adults living in publicly funded housing. Service coordination is a critical tool to augment capacity, particularly in times of sudden change.

Percent of Service Coordinators Reporting Workflow Changes Across Job Tasks

	Less Time Spent	Same Amount of Time Spent	More Time Spent
Medical Providers	29	41	29
Medical Transportation	35	44	21
Virtual Medicine	19	31	50
Food Access	6	15	78
Medication Access	8	46	46
Access to Household Supplies	8	28	64
Mealtimes	67	10	23
Social Time	79	8	13
Religious Worship	78	16	6
Physical Activity	84	9	7
Communication with Friends/Family	19	35	47
Assisting Non-English Speakers	16	48	36
Assisting Hearing Impaired	14	66	20
Personal Care/Support from Family/Friends	16	38	46
Personal Care/Support from Professional Home Health	24	42	34
Benefits	28	34	38
Completing Documentation	34	32	35
Responding to Public Health Recommendations	5	10	85

Information and Communication Used by Service Coordinators During COVID-19

	Never	Sometimes	Often	Percent Using This Source
Methods of Communication with Residents During COVID-19 (Percent)				
Telephone	1	8	90	-
Mail	56	28	16	-
Email	36	47	18	-
Posted Flier	4	20	76	-
Information Posted to Doors	4	19	78	-
Face to Face	14	67	19	-
Information Sources Used by Service Coordinators During COVID-19 (Percent)				
Federal Government	-	-	-	72
State Government	-	-	-	70
Advocacy Organizations	-	-	-	58
Owner/Manager	-	-	-	79
Other Coordinators	-	-	-	51
News Media	-	-	-	71
Social Media	-	-	-	39
Friends/Family	-	-	-	37