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Taylor M. Wilkerson
Virginia Commonwealth University

Schanea Ward
Richmond City Health District

Amy Popovich
Richmond City Health District

Pamela Parsons
Virginia Commonwealth University

Faika Zanjani
Virginia Commonwealth University

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Impact of Socialization in Elderly Public-Housing Residents

Taylor Wilkerson, BS^{1,2}, Schanea Ward³, Amy Popovich RN, MSN³,
Pamela Parson, PhD^{1,4}, Faika Zanjani, PhD^{1,5}

¹Institute for Inclusion, Inquiry, and Innovation (iCubed) Virginia Commonwealth University, Richmond, VA, USA, ²School of Social Work, Virginia Commonwealth University, ³Richmond City Health District, ⁴Department of Family and Community Health Nursing, Virginia Commonwealth University, ⁵Department of Gerontology, Virginia Commonwealth University, Richmond, VA, USA

Abstract

Objective: Older adults who experience social isolation have higher rates of mortality relative to their counterparts. Social interactions are an important way to combat this isolation. This research aims to better understand how social isolation in older adults living in low-income households in Richmond, Virginia (RVA) is related to their economic, physical, and psychological health status. **Methods:** Older adults from a selected public housing unit (n=28) self-reported their financial status, experiences with physical and psycho-social health, and feelings of social isolation. **Findings:** Participants averaged 34 years living in the East End and reported an average of \$300 to spend on rent monthly. Overall, 55% (n=20) reported having two or more supports and 61% (n=22) reported hardly ever feeling isolated. However, a small subset of the sample reported having either no supports (5.6%, n=2) and 41.7% (n=15) lacked companionship some of the time or often. A one-way ANOVA was conducted and it was determined that participants who reported feeling left out more often were significantly more likely to report stress, anxiety, and depression (F[2, 25] = 6.998).

Methods

Participants were collected for the study in partnership with the Richmond Memorial East End Housing Coalition for Older Adults and VCU iCubed Program. The sample was a convenience sample obtained from participants who engaged with the East End Housing Coalition. Twenty eight (n=28) older adults residing in a public housing unit completed a survey of self-report measures.

- **Financial situation** is measured by participants self-reporting the amount they could afford to pay in housing costs per month while still being able to save money.
- **Psychosocial health factors** include self-reported experiences with violence, depression, anxiety, stress, panic disorder, and PTSD. Higher scores indicate increased experience with adverse factors.
- **Physical health factors** include self-reported experience with heart problems, diabetes, being overweight, high cholesterol, high blood pressure, sickle cell, problems with lungs/breathing, asthma, arthritis, preterm labor, infant deaths, breast cancer, cervical cancer, prostate cancer, lung cancer, HIV/AIDS, and STIs. Higher scores indicate increased experience with adverse factors.

Social isolation was measured in five different ways:

- Volunteering and civic engagement
- The number of people identified as supports
- Frequency of feeling of lacking companionship
- Frequency of feeling left out
- Frequency of feeling isolated from others

Results

Sample: The demographic characteristics of the of the 28 participants sampled: age ranged from 61 to 100 years, with an average of 69.75 years. 71% (n=20) were female and 93% (n=26) were African American. 25% (n=7) of the sample had graduated from high school. The sample averaged 33.57 years living in the East End of Richmond. At the time of the survey, 93% (n=26) were unemployed and 43% (n=12) were retired.

Social Isolation Findings: Overall, the sample self-reported themselves as not particularly isolated or lonely. Tables 1, 2, and 3 display the social descriptives of the sample. Overall, most participants reported feeling like they had supports and most (61.1%) hardly ever felt isolated.

Table 1. Amount of Times Spent Volunteering in the Last Month

	0 times	1-2 times	More than 5 times
Volunteering	25, 69.4%	2, 5.6%	1, 2.8%

Table 2. Reported Number of People to Share Confidences or Discuss Difficult Decisions

	Nobody	One	Two	Three or more
# of Supports	2, 5.6%	6, 16.7 %	10, 27.8%	10, 27.8%

Table 3. Reported Experiences of Social Isolation

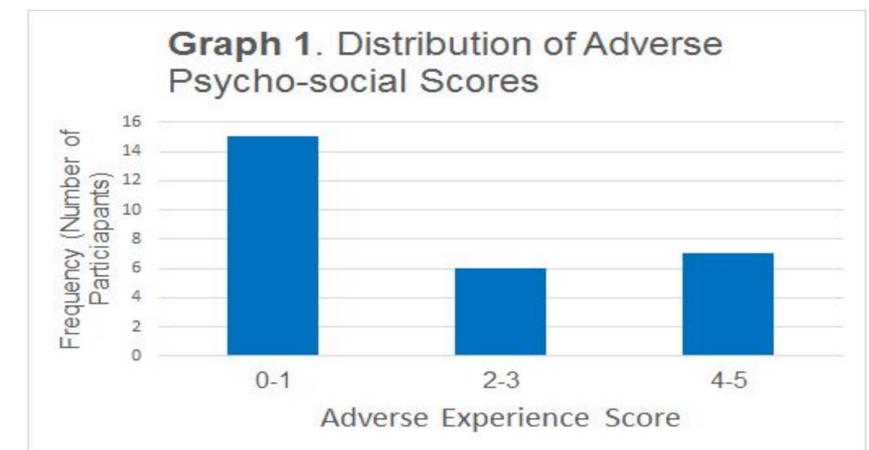
How often do you feel:	Hardly	Some of the time	Often
Lack companionship	13, 36.1%	13, 36.1%	2, 5.6%
Left out	17, 47.2%	7, 19.4%	4, 11.1%
Isolated	22, 61.1%	4, 11.1%	2, 5.6%

One-way ANOVA's were conducted to determine if any experiences of social isolation could be linked to financial stability, physical health, or psycho-social health. Participants who felt left out more often were significantly more likely to report increased adverse psycho-social health (F[2, 25] = 6.998).

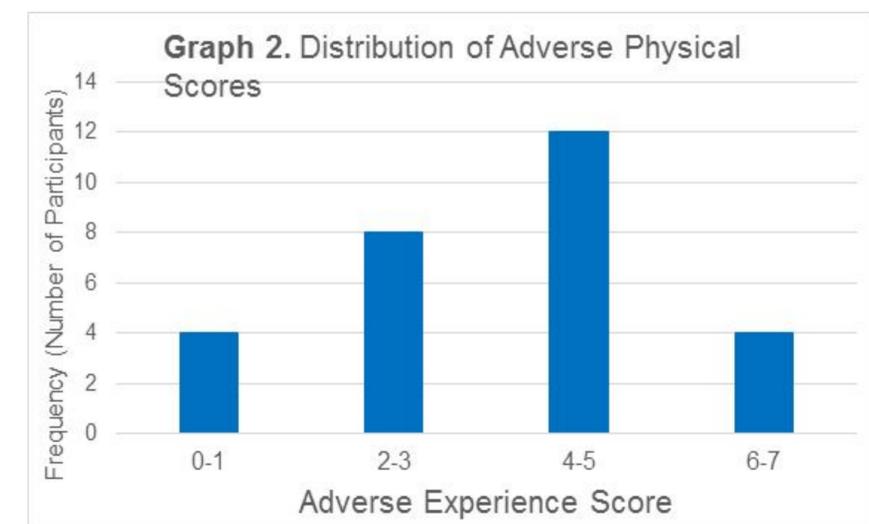


Results (cont.)

Graph 1 depicts the distribution of participants' experiences with adverse psycho-social experiences



Graph 2 depicts the distribution of participants' experiences with adverse physical health experiences



Discussion

Findings indicate that overall, elderly adults residing in public housing communities in Richmond, VA have adequate support and companionship. As a whole, this community is not reporting high levels of social isolation. Increased research must be conducted to gain more qualitative data about insight into experiences in low-income housing. There is the potential for research on resilience and protective factors within public housing communities.