Impact of Socialization in Elderly Public-Housing Residents

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Impact of Socialization in Elderly Public-Housing Residents

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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=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=22) felt left out more often were significantly more likely to report increased adverse psycho-social health (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

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1-2 times</th>
<th>More than 5 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering</td>
<td>25, 69.4%</td>
<td>2, 5.6%</td>
<td>1, 2.8%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Supports</th>
<th>Nobody</th>
<th>One</th>
<th>Two</th>
<th>Three or more</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Supports</td>
<td>2, 5.6%</td>
<td>6, 16.7%</td>
<td>10, 27.8%</td>
<td>10, 27.8%</td>
</tr>
</tbody>
</table>

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).

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.

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

Graph 3 depicts the distribution of participants’ experiences with adverse financial experiences