

# Housing Concerns and Trajectories of Kinless Older Adults With Dementia

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## Background

Housing preferences of older adults (e.g., to remain in residence, or relocate), housing options available, and housing needs related to changing physical and cognitive abilities are common concerns as we age (Wiseman, 1980; Litwak & Longino, 1987; Perry et al., 2014).

For those with dementia who lack close kin these challenges are likely significantly compounded:  
• difficulty articulating housing preferences  
• housing needs may include supportive care

## Research Questions

What can be found in medical records related to housing and relocations?

How can triggers to relocation be identified in medical records?

## Methods

### Sample

64 participants in the Adult Changes in Thought (ACT) study who were kinless (defined as having no living spouse or children) when they developed dementia (Taylor et al., 2023).

### Analytical Strategy

**Textual analysis of existing records** to answer research questions different than those from the original study (Ruggiano and Perry, 2019).

- Iterative review of handwritten and typed records
- chart notes
- clinical assessments

**Of 64 kinless older adults in our sample, 56% of had moves documented in clinical chart notes**

34 Relocations; 1 temporary stays; 2 both relocations and temporary stays; 1 Unclear if temporary stay or permanent relocation

### Remaining at Home Examples

- Example 1:** Chart note: Pt's dtr died in 1980. Pt is one of many offspring and they have all since expired. Pt notes that she feels isolated, lonely, and still working through grief and loss issues. - She noted that she has no energy or drive to relocate at this time into senior apt setting, and will instead hire 4 hrs/q 2 weeks companion to help her w/transportation or in home housing keeping etc so she does not have to "depend on my grandtr".  
- White female, age 88, widowed, and living alone at dementia onset
- Example 2:** "pt lives independently, drives, and is in good physical health"  
- White female, age 88, widowed, and living alone at dementia onset
- Example 3:** "Didn't know how long she'd lived in apt - thought 6 months actually been there 30 years."  
- White female, age 71, never married, living alone at dementia onset
- Example 4:** Great distrust of relatives. Living alone (7/8/04) without home help (4/6/06), told hospital staff and social services he thought moving to an ALF would be good for him (11/10/05) but doesn't appear to have done that -- even after ER visit and home health consultation, refused to pay for home health (3/31/06-end)  
- White male, age 87, divorced, and living alone at dementia onset

### Relocation Examples

- Example 1:** 1st move to ALF #1 (selling home); 2nd move to ALF#2 (not clear why), 3rd move to ALF #3 (possible trigger: finds nursing care at ALF#2 intrusive); 4th move to Adult Family Home (not stated why, but after many unwitnessed falls)  
- White female, age 76, divorced, and living alone at dementia onset
- Example 2:** "Sister, who pt lived with for 43 years, died in 2013, then pt lived alone - in apparent clutter & disorder amidst cog decline for a few months - until niece helped her move to ALF"  
- Asian female, age 89, widowed, and living alone at dementia onset
- Example 3:** Husband moved to nursing home with dementia and pt didn't like living alone, two years later patient was living in ALF  
- White female, age 85, widowed, and living with unrelated persons at dementia onset
- Example 4:** Living alone, drinking a lot, then moved to Adult Family Home. "Per AFH owner... pt is participating in many of the AFH activities and has become very social with residents, caregivers, and resident's visiting families."  
- White female, age 87, widowed, and living with unrelated persons at dementia onset
- Example 5:** Pt and roommate/partner (with dementia) got stuck in the garage for 2 days after roommate had a fall. Led to ER visit, dehydration, UTI. Resulted in plan for friends to help pt and roommate/partner move to ALF.  
- Female with mixed ethnicity, age 72, never married, and living with relatives at dementia onset

## Conclusion

**Medical records contain important information on housing trajectories. Consistent recording keeping related to housing concerns may help clinicians better serve particularly vulnerable older adults.**

## Recommendations

**Encourage and support clinicians to solicit & record information about housing needs**

- Type of residence (and navigation concerns e.g., stairs, basement laundry)
- Living situation (e.g., alone, with relatives, with non-relatives)
- Contemplation of relocation (and who is involved in the decision)
- Relocation experiences (description of new residence, adjustment concerns)

**References**  
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