

Building a University-Community Partnership to Explore Health Challenges Among Residents at Extended-Stay Hotels

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Abstract

Extended-stay hotels are housing solutions for some older adults on the fringe of street homelessness. Research indicates that these environments can produce negative health outcomes for older adults. Strategies for managing negative environmental conditions must be identified to help older adults manage health outcomes. This paper describes a university-community partnership that empowered older adults to come together and focus on mental and physical health outcomes while precariously housed in extended-stay hotels. Contributions from various phases of the university-community partnership are described along with mutually beneficial outcomes.

Building a university-community partnership is an effective strategy for bringing together diverse entities that share similar goals and seek mutually beneficial outcomes. Although the interests of universities have historically been perceived as too distant from the needs of their surrounding communities, there has been increased support for collaborations that serve the needs of these systems jointly (Allahwala et al. 2013; Finkelstein 2001). The process of reciprocal knowledge exchange between academic institutions and community partners can foster positive social change in the community, informed teaching in the classroom, and experiential learning among students and community members (Shorr, Rothman, and Parks 2001). Previous research has explored university-community partnership development through the process of initiating contact with involved parties, clarifying the nature of the collaboration, implementing the project through assigned roles, and completing the project outcomes (Buys and Bursnall 2007). Outlined in this paper is a similar process of describing a project from initiation to completion across various phases.

Building a University-Community Partnership

This multi-phased research project engaged a university-community partnership approach, using qualitative methodology and a community-based participatory research (CBPR) technique to explore hotel-health dynamics among residents in extended-stay hotels. Building university-community partnerships is a developmental and evolutionary process (Begun et al. 2010). Universities have a responsibility to share resources because they are “portals to the larger society through which faculty and students can become engaged in local efforts to solve community problems and

promote multicultural understanding” (Fogel 2006, 595). These large institutions can provide valuable resources to a community partnership by investing skilled and knowledgeable research personnel and students, facility and equipment accessibility, and financial backing through various internal and external funding mechanisms. The current project began by leveraging university support for research training, funding, student support, equipment access, and ongoing mentor guidance. Along with mobilizing resources, the first phase of this project consisted of conceptualizing the project and crafting an appropriate methodological approach to maximize practitioner and resident involvement. Motivations for participating in this effort from academic partners centered on meeting strategic objectives to engage in cooperative projects that identified solutions to complex urban community concerns, prepare faculty for rigorous research agendas in geriatric social work, and expose undergraduate and graduate students to research.

Community practitioners and residents invest expertise, time, and effort in a partnership. Their contributions educate academic partners about real-world and culturally relevant experiences that inform continued knowledge building, research specificity and validity, and practice intervention (Price et al. 2012). A coalition approach to building community partnerships has been suggested as a useful strategy for engaging active change agents (Begun et al. 2010; Straub 2007). In line with this suggestion, the second phase of this project consisted of approaching agency administrators who could provide feedback during the research process, assist with recruitment efforts, and plan next step strategies based on research findings. Community agencies anticipated that this project would provide better visibility of an underserved population of aging adults and also inform continued resource planning for seniors throughout the county.

Community residents bring a wealth of indigenous experience to a community partnership. Along with sharing unique perspectives about a cultural phenomenon, these residents bring history, energy, and motivation because they are most affected by community change efforts. Qualitative photo-elicitation techniques are instrumental in visually capturing unique perspectives and histories of community dwellers. Photovoice is also an effective community-based participatory strategy for mobilizing groups of people with a shared cultural reality. This strategy supports collaborative engagement, university-partnerships, and social transformation by encouraging critical analysis and inspiring action planning. Therefore, the third phase of the project involved conducting in-depth interviews with older adults using photo-elicitation methods and engaging participants in guided focus groups via Photovoice techniques. These data collection methods explored shared environmental concerns and prepared for community action by identifying important strategies for alleviating person-place incongruences. After providing background on the phenomenon of older adults residing in hotels, each university-community phase will be described in more detail and project outcomes will be discussed.

Older Adults Residing in Hotels

Current research has identified a trend of rapidly increasing numbers of homeless older adults aged 50–64 who are experiencing economic struggles as they try to manage a variety of losses, including income, spouse, and stable housing (Cohen 1999; Sermons and Henry 2010; Stergiopoulos and Herrman 2003; Washington, Moxley, and Taylor 2009). In 2008, an annual report to Congress, reported extended shelter stays among older adults aged fifty to sixty-four (National Coalition for the Homeless 2009). These older adults often “fall between the cracks of government safety nets” because they cannot easily access entitlement programs such as Medicare (1).

Moving into hotels for temporary shelter is a resource for displaced individuals who need quick accommodation without the burden of credit checks or security deposits (Horn 2011; Wingate-Lewinson, Hopps, and Reeves 2010). Unfortunately, limited income, living expenses, and bills in arrears prevent them from moving out of the hotel. These residents have reported feeling, “trapped, boxed-in, and unable to escape” (Lewinson 2010, 26).

People who live in hotels as a temporary housing solution may be considered homeless since this kind of accommodation is not intended to be long-term housing, and the inability for a resident to pay rental fees can result in immediate displacement (Warnes et al. 2003). However, hotel homelessness is unique and different from street homelessness. Hotel homelessness places residents in a peculiar in-between state. Paradoxically, these adults are in a liminal phase of being *housed* and *houseless*, as well as *at home* and *homeless* (Wingate-Lewinson, Hopps, and Reeves 2010). Additionally, these adults find the hotel to be both a refuge and a prison; they are simultaneously pleased to be off the streets yet are depressed about their hotel housing entrapment. Health geographers conceptualize this phenomenon as existential homelessness (Kearns and Smith 1994, 418). Marginally-housed people are not literally *roofless*, but are *rootless* when a sense of belonging is missing from the residential and community context (418). Competing goals are evident for residents who struggle to remain housed at the hotel yet want to move into a home (Wingate-Lewinson, Hopps, and Reeves 2010).

In previous studies of individuals residing in hotel accommodations, residents reported negative environmental conditions, such as their “home” feeling crowded and cramped and lacking privacy and personal space (Lewinson 2010). Additionally, chronic health problems and increased comorbidity and mortality have been associated with homeless hotel living (Layton et al. 1995; Hwang et al. 2009). Perceived barriers in the residential environment may inhibit older adult functioning and participation in important daily tasks (bathing, preparing meals, cleaning, walking) and social roles, especially when these adults are managing chronic health conditions (Rochette, Desrosiers, and Noreau 2001). Therefore, negative perceptions of residential spaces, which reflect incongruence between place-based characteristics and personal needs, can create stress for inhabitants and result in poor health outcomes (Dunn 2000). Although hotel residents may find creative ways to cope with environmental

incongruences of their hotel homes (Lewinson 2010), they also experience help-seeking barriers in obtaining support from social service organizations so they might manage negative health conditions (Lewinson and Collard 2012). Such health disparities and service accessibility barriers suggest a need for a community education and an empowerment approach. Therefore, the project presented, describes a university-community partnership that was developed to explore hotel-health challenges among chronically ill older residents and to identify effective strategies for improving health and wellbeing. Pseudonyms are used to preserve the anonymity of the county and community organizations.

Site of the Community-Based Project: Conner County

Conner County, a suburb situated in a large metropolitan area in the southeast, had been identified as a county with growing suburban poverty (Kneebone and Berube 2013), a history of extensive extended-stay hotel building, and social problems associated with inexpensive hotel establishments. Conner County was chosen for this project because it had one of the largest foreclosure rates in the state and the number of evictions had increased annually in the area. In a 2007 Conner community assessment report, up to 60 percent of low-income elderly renters and homeowners experienced housing problems (cost-burden, overcrowded, physical defects). Given the continuing foreclosure crisis and deepening recession at that time, the reported percentage of older adults being affected seemed conservative.

The population of older adults living in extended-stay hotels is difficult to enumerate because the US census typically categorize people living hotels into a “transitory” category that includes people living at RV parks, military locations, campgrounds, marinas, racetracks, circuses and carnivals. However, property managers from more than twenty extended-stay hotels in Conner County reported in a telephone survey that they rented rooms to homeless individuals, families, and older adults. Additionally, in previous research of extended-stay hotel residents, adults over the age of fifty were 14–20 percent of the sample (Lewinson 2010; Lewinson and Collard 2012). Most of these older adults reported difficulty with managing chronic health concerns. For example, an older breast cancer survivor was living with and caring for her two children and immobile mother who suffered a stroke. A sixty-one-year-old leukemia survivor was having regular c-scans of his kidney at a nearby hospital to monitor two recently diagnosed tumors. He abused alcohol to cope with his medical conditions. Another older resident positioned her CPAP machine next to her hotel bed every night to manage sleep apnea problems that left her fatigued throughout the day. The rich findings of these previous studies suggested a need for more research to understand the chronic health concerns of older adults residing in extended-stay hotels in Conner County. This idea was carried forward as a research focus and gained increasing support as a university-community project.

Phase I: Mobilizing University Support

Effective university-community partnerships require development of multiple relationships and identification of mutually beneficial project outcomes. Multiple community stakeholders contribute various perspectives, motivations, expectations, and resources that can benefit an effort toward community change (Price et al. 2012). The following academic institutions supported this project from initiation through completion.

Institute on Aging and Social Work

The hotel-health project was first conceptualized during the summer of 2010 during an eight-day Institute on Aging and Social Work (IASW) administered through The College of St. Scholastica, in Duluth, Minnesota. This program, supported through the National Institute on Aging (NIA), the Hartford Foundation, and the Office of Behavioral and Social Sciences, provided an opportunity for nationally-selected social work scholars to formulate projects to advance aging-related research and to promote the development of social work curriculum on gerontological topics at home institutions. At the institute, the project described here was reviewed by a panel of gerontology scholars who provided substantive feedback and suggestions to ensure methodological rigor and ethical practices. Additionally, since a particular aim of the IASW program was to encourage faculty-student partnership in aging research, guidance for engaging students in the project was provided.

Geriatric Social Work Initiative

To take the project from proposal to action, funding was obtained through the Faculty Scholars Program (FSP) of the Geriatric Social Work Initiative (GSWI) supported by the John A. Hartford Foundation. The FSP prepares gerontology social workers to engage in research that explores aging-related health challenges, family and caregiver support, social service navigation, and community-based resources. Therefore, this project to explore mental and physical health challenges for hotel-residing older adults fit within the purview of the GSWI program. In addition to complete funding, the FSP provided valuable leadership, teaching, and policy training, as well as one-on-one mentorship and oversight to ensure effective strategies were used to implement this project in the local community setting. A critical component of meeting the aims of GSWI is successful partnership with schools of social work throughout the country. The Andrew Young School of Policy Studies and the School of Social Work at Georgia State University, answered the call to partner with GSWI and supported this important community-based project which was implemented in one of the largest counties in the state.

Andrew Young School of Policy Studies

The School of Social Work is housed within the Andrew Young School of Policy Studies at Georgia State University. This college has been recognized as one of the top policy institutions by the *U.S. News & World Report* with its focus on “economic and social development policy issues and problems” (college website). Community concerns relative to economic disenfranchisement, environmental quality, health care, and aging populations is an important focus of research supported by the school. In

particular, evaluation of systems and community contexts is a central theme among faculty scholarship. Therefore, in line with the mission of the school, this mental-and-physical-health-among-hotel-residents project fit seamlessly in the aims of the school and was supported with additional funding to enhance the community reach. Further, the school provided a bachelor's level student for administrative support, in an effort to expose this student to community-based aging-health research. After training, the student prepared intake documents, helped coordinate various activities of the research team members, observed the research process, participated in data management/analysis, and assisted with manuscript preparation.

School of Social Work

The principal investigator (PI) of this project was an assistant professor housed in the School of Social Work. This school, ranked prominently among national schools of social work, is distinguished by leading a unique focus on community partnerships. Embedded within a bustling urban community, the school provides students with experiential learning opportunities through engagement with various political, nonprofit, and for-profit institutions and organizations. The aim of the program is to prepare students for entry-level and advanced practice with people in urban communities facing complex social issues. Consistent with this approach, faculty members engage in evaluation and community-based research projects that examine systemic influences on the wellbeing of metropolitan residents and dynamic constituencies. The school's partnership with GSWI, began by appointing a senior faculty member to work with the PI as an institutional mentor for remedying any university processes that could threaten successful completion of the project. Additionally, the school provided resources for an enriched research environment (computer, data analysis software, etc.), hosted a GSWI nationally appointed research mentor onsite to provide support for the PI, and managed the fiduciary responsibilities of the sponsored grant. Given a commitment to enhancing students' exposure to gerontology topics, the school of social work also provided two graduate social work students, as research assistants, for the day-to-day research activities.

The Gerontology Institute

The Gerontology Institute at Georgia State University provides support to affiliated faculty members' ongoing aging-related research across the university setting. In its forty-year history, the center has also trained gerontology scholars and partnered with community professionals to address the needs of an aging society. The program aims to facilitate ongoing interdisciplinary engagement of faculty and students in curriculum and research projects that address policy and practice issues relevant to effectively serving aging adults. Therefore, the center's contribution to the project was funding a graduate-level gerontology student to assist the PI with all aspects of the research over the two-year life of the community-based project.

Phase II.

Collaborating with Community Organizations

Older adults residing in extended-stay hotels are virtually hidden among various populations of hotel dwellers. However, since these low-income residents were likely to seek community resources in the county, organizations that provided assistive programs were approached by the PI to partner in this collaborative effort to reach this vulnerable population and assist with ongoing planning for these aging adults. Additionally, managers in the hospitality industry were asked to support the efforts of the project, which would provide support for long-term guests at local hotels.

Conner County Community Health and Human Services

In Conner County, Health and Human Services (Conner Health) is the bedrock for facilitating community collaborations and planning services for residents. Established in 1989, the organization brings together representatives from private and public sectors to address ongoing needs of the Conner County community. Managed by a fifty-six-member board of directors, the organization comprehensively provides services through programs such as the Conner Helpline, Conner Neighborhood Leadership Institute, Conner County Days of Service Volunteer Event, Annual Youth Survey, housing initiatives, six major community planning councils and committees, and a county-wide system of faith-based cooperative ministries that provide direct services to residents in need. For the hotel-health project, leadership approached the PI of the project to provide support for engaging older adult constituents and community stakeholders across the county, given the organization's long-standing and well-established collaborative network of professionals. The hotel-health partnership proposal fit well with the organization's mission to address "the health and human service needs of everyone in Conner County." The organization's leadership team also recognized that by 2020 there would be more seniors in the county than school-aged children. Therefore, an opportunity to partner with the university and older residents in the county to understand more about the needs of aging adults precariously housed in hotels was a mutually beneficial proposition.

Conner Health responded by embedding the project partnership within its Senior Services Team (SST). The SST consists of a group of local providers who work with seniors throughout Conner County. The PI of the project was invited to join this committee that met bi-monthly to discuss issues relevant to aging adults and to plan community projects and resource enhancements. Along with providing ongoing feedback on the project in roundtable format, the SST also maintained vibrancy for the project among providers attending the meetings, and assisted with the day-to-day participant recruitment through a local cooperative ministry and senior center. These social service organizations were consistently identified as reliable and were frequently visited by residents who sought rental assistance for extended-stay hotel fees. Together, these organizations helped recruit the first ten participants into the hotel-health project. The SST also committed to aligning planning initiatives in the county to meet recommendations emerging from the hotel-health project's outcomes.

Local Hotels and Private Businesses

Several extended-stay hotels in the area allowed flyers to be posted on-site to recruit older adults for participation. Some hotels also reduced conference room rental rates to make private interviewing expenses in the project feasible. On a few occasions, rental rates were waived completely by managers to support the project. When hotels did not have conference rooms to rent for interviewing participants, a few local businesses (i.e., Red Lobster seafood restaurant) provided private space, in-kind, to support the goals of the research project.

Phase III. Engaging Resident Interests

Sixteen residents, residing in nine extended-stay hotels across Conner County participated in this project. All participants lived in hotels due to financial necessity and threat of homelessness. These residents, aged fifty-four to sixty-four, reported a number of chronic and co-morbid health challenges including hypertension, diabetes, cancer, arthritis, and respiratory diseases. Participants were engaged in the photo-elicitation and photovoice processes described in the following section.

Photo-elicitation Engagement

Photo-elicitation methods in qualitative research allow researchers the ability to use photographic images to evoke deeper memories, ideas, and feelings from participants that provide additional and multi-faceted information about environmental stressors (Collier and Collier 1986; Harper 2002; Padgett et. al. 2013). Further, when participants are allowed to choose and generate their own photographic images for the interview, they are given an opportunity to reflect on the research topic over time and to take control of the direction of the interviews since the photographs allow the researcher to stay “close to participants’ views of their life” (Padgett et al. 2013, 1442).

After an initial telephone-screening interview, each resident was scheduled for private interviews in their hotel conference rooms. Prior to the interview, each participant signed a consent form and received a wide-display digital camera to capture images of objects, situations, and scenery at the hotel that could potentially affect mental or physical health challenges. Residents were allowed two weeks to complete the assignment. The PI printed photographs from each camera’s SD card and brought them to each interview. During interviews, demographic information was collected from all participants and a semi-structured interview guide was used to maintain focus on the hotel-health topics. Additionally, participant photos were used to elicit deeper responses about hotel-health dynamics. In the hotel-health project, respondents chose pictures they believed most relevant to the topic (see Figure 1).

The average face-to-face interview lasted approximately sixty minutes and all were audiotaped, transcribed, and checked for accuracy by the investigator and a graduate research assistant. Each respondent was allowed to keep the assigned camera and was paid twenty-five dollars remuneration for their time. Using a grounded theory approach and constant-comparative data analysis techniques (Glaser and Strauss

1967), chronic stress was a major theme that emerged from this phase of the project—stress resulting from difficulties with air quality, sanitation, property management, and disruptive guests. However, environmental affordances, such as gaining all-inclusive access to the hotel, feeling safe and supported by convenient amenities, as well as being embedded in a bustling community context also were identified. Complete details of these findings are published elsewhere (Lewinson and Morgan, in press). As a result of these emergent themes, ten residents were invited to participate in the next phase of the project to identify coping strategies for optimizing resident health.

Figure 1.

“This is how some of these rooms look. This is how people live who are disabled and have nowhere else to go and get stuck in these motel rooms. Fortunately that’s not mine. That’s not even the worst of it. That was some friends of mine that I was in their room, and I said, ‘Man, can I take a picture of that?’ You know? An example of how people who are on fixed incomes are forced to live. The rooms are so small in



the first place that once you start putting all your stuff down, I mean, that doesn’t lend itself to being clean, you know. And, I’ve got no control over the way people live and some people just don’t have hygiene. I don’t want to stand in judgment of anybody, but I’ve been in some rooms that were just really, really... I mean, they had bugs crawling all around and everything so, and when they stay there for a period of time like that, when they leave and they fumigate that room, then the bugs go everywhere. But they do have a monthly - I don’t know. It’s not monthly. It’s quarterly, I think, an exterminator company comes out and does all the rooms.” (*Male resident, age 61, Chronic Health Challenge: Chronic Obstructive Pulmonary Disease and Hypertension, guest at hotel for 16 months*).

Photovoice Engagement

Photovoice is a community-based participatory action methodology that was derived from health promotion principles (Wang, Cash, and Powers 2000) and is grounded in empowerment, critical consciousness, and feminist theories (Molloy 2007; Wang et al. 2004). Techniques used in Photovoice produce images that teach, influence policy, and engage community members in policy changes for community improvement (Wang 1999). This methodology is useful for exploring person-place relationships because it allows individuals to reflect perspectives about their surroundings and to record visual life stories through photography (McIntyre 2003; Walsh, Rutherford, and Kuzmak

2009). In addition to enabling individuals to become aware of environmental concerns, Photovoice also brings awareness of community strengths and resources.

Ten of the original sixteen participants were recruited to participate in Photovoice to become aware of shared person-place health outcomes, to engage in critical dialogue about strategies for managing place-based concerns, and to generate recommendations that would be shared with community organizations to promote older adult wellness. Selected participants attended a one-hour training to learn about the goals and process of Photovoice methodology and received a research packet. Each packet contained a photography journal, photography release form, and instructions for submitting SD cards from distributed cameras to the research team. The photography journal allowed participants to capture thoughts and ideas about their chosen photographs (Chaudhury et al. 2012).

During the initial focus group meeting, participants were provided a second camera training and were reminded of photography ethics. Participants also viewed a PowerPoint presentation of findings from the photo elicitation phase of the project and were led in a conversation about place-based health concerns for older hotel residents. After discussing the findings presented in the PowerPoint, participants decided on a theme to further explore through photography. The dominant theme that emerged was “incentives” that could help older adults age-in-place in a healthy environment at the hotel without the disruptive influences of poor management and transient hotel patrons. Participants photographed aspects of the “incentives” theme over the next two weeks before returning to the second focus group meeting.

Six participants attended the second focus group. Reasons for attrition among four participants included having trouble obtaining transportation, forgetting about the meeting, or needing to work during the scheduled focus group time. During the second focus group session, participants chose up to three photographs that best represented the “incentives” theme. Members then took turns describing these images to the group. Group discussion was guided using the ORID discussion strategy (Stanfield 2000) which consisted of: *Objectifying*: What’s in the picture?, *Reflecting*: How do photographic images reflect the topic?, *Interpreting images*: What story is being told?, and *Deciding on a course of action*: What is the action plan? By the end of the second focus group, respondents used collective photographs that told a story of common resident concerns at the hotel and strategies that should be put into action to ameliorate these concerns. From this process, five themes emerged as hotel characteristics that required community action to improve this type of accommodation for older adults’ healthy aging in place: reducing illegal guest activity at their hotels and in the surrounding communities, making the lush landscaping more socially engaging, improving the walkability to local establishments, and improving the design and functionality of the guest room spaces and appliances. Improvement of these concerns would provide incentives for other older adults on fixed incomes to select extended-stay hotels as a positive housing solution to age in place. Complete findings can be found elsewhere (Lewinson and Morgan, in press).

The final process in this community-based project was moving participant residents into advocacy roles to build an alliance of aging hotel residents interested in improving hotel-health dynamics and working with local community agencies on resource development for healthy aging-in-place. First focus group members decided to continue meeting as a group under the new and working title “50+ Senior Housing Group” herein referred to as the “50+” group. The group planned to continue working on an appropriate name because collectively they believed “extended-stay hotel” held a negative connotation, yet they believed that this type of housing model could be beneficial for aging adults and deserved a more encouraging title. To expand group membership, each participant was given ten flyers to distribute to other 50+ guests at their hotels. The goal was to recruit residents who seemed to share concerns identified by 50+ group members. However, only two new residents were recruited through these methods due to fear of approaching unknown guests at the hotel and lack of follow-up from people who were given flyers. Continued strategies for building membership included working with hotel managers to identify older residents with health concerns who would be interested in social activities with the 50+ group and attending local senior center events to inform providers about the newly emerged group as a resource for other hotel-residing seniors.

Project Outcomes

Resident

The 50+ group amplified their collective voices and also identified strategies for building resources for older hotel residents. Primarily, members decided to seek support from American Association of Retired Persons (AARP) as a lobbying organization for the rental rights for older adults residing at hotels. Additionally, the 50+ group turned to AARP for information on resources for improved health management. Community education was also identified as a strategy for making the concerns of older adults in hotels more visible. To this aim, the group divided into two sub-committees for further action. The “healthy seniors” committee focuses on building relationships with residents across extended-stay hotels to disseminate information about important healthcare techniques and ongoing health events at local senior centers. The “residents speak out” committee reaches out to bridge alliances with senior programs and housing organizations in an effort to stay abreast of policy issues that affect senior’s housing options, improve social cohesion among long-term hotel residents, and to advocate for improvement of hotel and community conditions. One project of the “residents speak out” committee was presenting a photo essay to members of the Conner Health’s SST group to stimulate resource development for seniors residing in hotels. The group seeks to continue building a grassroots presence through community organizing strategies and plans to continue working with the university by applying to the School of Social Work’s community projects program to obtain student support for continued goals and objectives. Members of this group also have targeted specific community organizations to continue building relationships and bringing important housing issues to the table.

Community Organizations

Organization representatives learned about a virtually hidden segment of the aging population in the county. From this project, agency personnel were able to re-examine client intake application procedures that inadvertently waylaid older adults in need of services. From participants' comments, agency representatives were able to identify areas to expand services in existing programs and also areas of services that needed to be developed. An outcome of this project is an effort to make services for this client population more concerted. Specifically, the unique concerns of older adults in this type of transitional housing are being considered in the strategic planning for the county. In this project, it was also revealing that many residents were unaware of resources that were already available. Engaging community agencies allowed these services to become more visible for older adults in the community who were not aware that such programs existed. Finally, working on this project bridged a more long-term connection between the community and the university. One organization made a request for the PI to help establish an in-service training for frontline case managers who were unaware of the unique challenges of people living in hotels. Another organization offered to add survey items on a client intake form that the research team could use to learn more about the needs of older adults in hotels. From open discussions at SST meetings, the research team became more aware of the need to consider the specialized challenges of spouses and caregivers residing with chronically-ill hotel residents. Most significantly, community organization representatives and residents committed to continue identifying strategies for supporting innovative housing models suited to a changing demographic of older adults.

University

The outcomes of this project were positively received among funders and academic supporters. Most notably, findings about hotel-health concerns identified by local Conner County residents were shared with various legislative representatives in Washington, DC during a sponsored policy institute through the John A. Hartford GSWI program. Project findings were also integrated into three social work courses, thereby enriching the existing curriculum with aging-in-place policy and geriatric social work content. Along with enhancing project development and grant writing skills, the PI was recognized for early career achievement by the Dean for contributing to community-directed policy objectives in the college. Further, a senior faculty member from the college joined into this university-community partnership to expand into two additional metropolitan counties and to broaden the inquiry of hotel-health challenges among older residents. The success of this project also leveraged additional support from the Gerontology Institute to explore the topic of "walkability" among this resident population using Geographic Information System (GIS) mapping technology through a Collaborative Interdisciplinary Seed Grant in Aging funding mechanism.

Undergraduate and graduate students in social work and gerontology also benefitted from this university-community partnership. Five graduate and three undergraduate students, from social work and gerontology programs, participated in this project as paid research assistants. Additionally, four undergraduate students signed up for

independent study courses to serve on the research team over the two-year project. Engagement of students in the community-based research process went beyond exposure. These students were absorbed in an experiential learning process that enriched their understanding of qualitative research, community-based participatory approaches, community/client assessment, community organizing, and collaborative systems partnerships. All students participated in weekly team meetings and teleconferencing to learn about qualitative research methods and engage in group discussions about data collection, data analysis, and manuscript preparation. Students were also engaged as site observers, field note takers, and focus group facilitators. Graduate students were given leadership roles in facilitating team meetings and mentoring undergraduate students on exploring various theoretical perspectives and identifying data themes. Students were encouraged to “comb the data” for resident perspectives that they could explore in more depth as individual projects. As a result, one undergraduate and three graduate students co-authored articles on “spirituality as a coping strategy,” “loss as a pathway to homelessness,” and “satisfying and stressful hotel conditions for older adults in hotels” from the project data. Writing manuscripts and presenting findings allowed students to strengthen their writing skills, integrate theoretical knowledge with qualitative and participatory strategies, and arm themselves with a variety of evidence-based techniques for client engagement in community practice. One graduate student delivered five presentations at professional conferences and four graduates students learned to co-facilitate focus group meetings in the community. After graduating, one student joined a research team in a university department and continued using community-based research strategies. Another graduate went on to earn her MSW degree and is committed to doctoral study. Most importantly, all students on this project expressed confidence in their abilities to meaningfully contribute to university-community partnerships in the future. These learning experiences are fundamental skills promoted in the community partnership approach of the School of Social Work.

Conclusion

Social workers can create university-community projects to help understand aging-in-place health concerns of homeless older adults, particularly, experiences of residents transitionally housed in hotels. Given current economic instability and growing numbers of older adults aged fifty to sixty-four on the verge of homelessness (Sermons and Henry 2010), this project was both significant and timely. It is important to understand environmental barriers that restrict older adults from coping with and managing chronic health conditions while aging in place at the hotel. This project, the result of a university-community partnership, engaged older adults, as partners, in research that enriched community knowledge about a marginalized population of people experiencing housing instability. Community-based projects promote resident advocacy on relevant and shared cultural issues that affect their lives.

This project, like many other university-community partnerships, followed typical phases of development from initiation through completion (Buys and Bursnall 2007). A novel idea was realized via commitments from funding/mentoring organizations that

shared compatible goals, which supported faculty development, community functioning, and student exposure to gerontology topics and research. This modest beginning eventually forged innovative relationships between a host university and a community of older adults who became empowered to improve housing and health concerns. Planning, ongoing review, and goal setting were well integrated in the project from various university partners with regard to what was offered to community: funding, faculty mentorship and oversight, student assistance, ethical guidelines, and materials. Further, the goals of these combined university sponsors were attained, such as ethical research that engaged students and dialogue/action that empowered community members on an aging issue. Similarly, expectations of community partners were respected and delivered; client-directed research produced an assessment of community concerns and empowered resource development.

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