

# Independent Living



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## **Introduction**

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest.

The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research.

There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

## **What do we mean by independent living?**

**Independent Living** is a term used both in eldercare and the Disability Rights Movement. United Way's use of the term may overlap significantly with, but is not meant to be equivalent to, the nuanced definition of the term as used in these two contexts. Instead, United Way of Olmsted County uses it to refer collectively to the efforts of programs whose models are designed to improve financial and mental health outcomes for individuals from vulnerable populations. Two avenues for achieving this outcome are 1) maintaining independence in the face of challenges to health, employment, or housing, and/or 2) moving from a dependent state to an independent state through skills acquisition.

Independent living programs are expected to work with individuals from vulnerable populations, including but not limited to:

- Seniors
- Recent immigrants and refugees
- The recently incarcerated
- Those escaping from domestic violence
- Low-income youth ages 17-24
- Individuals struggling with poor mental health and mental illness
- Individuals struggling with chemical dependency
- Adults with disabilities

## **Why are we talking about independent living?**

As poverty in its most literal definition is a lack of financial resources, the most direct way to disrupt poverty is for an individual to get and retain a job that allows them to earn enough income to be self-sufficient. Self-sufficiency implies that an individual or household does not require public assistance and can withstand income shocks such as emergency medical costs and employment changes. Generally speaking, self-sufficiency is considered 250% of the federal poverty level *or* a living wage calculated for a certain area. For Olmsted County that translates to \$22,500-\$26,000 for an individual or \$52,000-\$68,000 for a family of four with two working adults, depending on the calculation method used (Glasmeier, 2017).

Housing is directly tied to financial stability in that it is typically the largest single expense in a household. Even in a financially sound household, housing typically accounts for approximately 30% of total household expenses. In Olmsted County, 21% of homeowners and 46% of renters pay even more than this (Olmsted County Public Health Services, Olmsted Medical Center, Mayo Clinic Rochester, 2016), indicating that stabilizing housing for individuals from vulnerable populations is a powerful lever for moving a family or individual towards self-sufficiency in our community.

A community in which the majority of residents are productive workers with stable housing can anticipate resident and employee churn to slow, resulting in more consistent residency and employment patterns. Housing stability can lead to improved educational outcomes for low-income children (Cunningham & MacDonald, 2012), increased collective efficacy (Morenoff, Sampson, & Raudenbush, 2001), and less crime and delinquency in the community (Sampson & Raudenbush, 1997). Employee retention decreases employers' training costs (Boushey & Glynn, 2012), and increases productivity (Reichheld, 1996).

Workforce participation tends to vary widely by demographic. In Olmsted County, over 10% of adults with disabilities are unemployed, when the county-wide unemployment rate is 4% (US Census Bureau, 2015a). Veterans of workforce age (18-64) in Olmsted County are 50% more likely to be unemployed than non-veterans (US Census Bureau, 2016), and foreign-born residents are twice as likely to be unemployed as native-born residents (US Census Bureau, 2015b). Certain populations, such as the recently incarcerated, new immigrants, and refugees, face challenges obtaining and retaining employment and housing due to both stigma and employer confusion and bias surrounding legal requirements.

## **Breaking Cycles**

Living independently is the lynchpin for many individuals wishing to break a cycle in their lives. Incarcerated individuals that have been asked about their post-release plans typically say that getting a job is crucial to their ability to stay crime free (Baer et al., 2006), and individuals who earn above minimum wage (Visher, Debus, & Yahner, 2008) for an extended period of time (Sampson & Laub, 1993) are less likely to recidivate. Women attempting to remove themselves from a domestic violence situation are most likely to have continued contact with their ex-partners if they attempt to negotiate for financial assets from the relationship (Fluery, Sullivan, & Bybee, 2000), and 30% of women leaving a domestic violence situation forgo child support even when their financial stability is contingent on such support (Shalansky, Ericksen, & Henderson, 1999). For individuals that struggle with severe mental illness, social participation and employment are both considered protective factors against poor mental health and negative outcomes such as suicide, violence, and relapse (Wait & Harding, 2006). Similarly, abstinence, addiction and work may be conceived of as dependent variables for individuals overcoming chemical dependency – meaning each activity appears to directly impact the others (Vaillant, 1988).

## **Decrease Costs to Society**

Preventing relapse and keeping vulnerable populations in their own homes directly reduces public expenses. Aging in place – keeping seniors in their own home – has been calculated to save an average of \$43,947 per participant per year in public money (Kitchener, Ng, Miller, & Harrington, 2010). Each case of recidivism has been calculated at \$118,000 in public money (SPAC, 2015), and treatment for chemical addiction can range from \$1,000 for detox up to \$60,000 for inpatient rehab – the cost of which will be borne by public funds if an individual cannot afford to pay (“Cost of Drug and Alcohol Rehab,” 2017). Domestic violence is estimated to cost the US \$8.3 billion in expenses annually – a combination of higher medical costs (\$5.8 billion) and low productivity (\$2.5 billion)<sup>1</sup> (Gerberding, Binder, Hammond, & Arias, 2003). Successful recovery, reintegration, and housing stabilization of individuals from vulnerable populations not only results in improved outcomes for the individual, it has the potential to free up public money to be invested elsewhere in the community.

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<sup>1</sup> Estimated in 1995 at \$5.8 billion, \$8.3 billion is a currently-used estimate created by updating the 1995 figure to 2003 dollars. In 2017 dollars, this would be roughly \$11.3 billion if domestic violence continues at the 1995 rate, with similar severity, outcomes, and associated costs.

## **Disrupt Attitudinal Barriers and Increase Social Cohesion**

**Attitudinal barriers** is a phrase borrowed from the disability rights movement. In general, it involves focusing on an individual's disability rather than their abilities, and results in the widely-shared misconception that people with disabilities are not expected to perform up to standard ("Attitudinal Barriers for People with Disabilities," 2015).

The concept of attitudinal barriers can be expanded to include any number of individuals facing complex barriers to independent living. Individuals facing such barriers may face additional barriers when seeking housing or employment that would enable them to become self-sufficient – individuals with refugee status be denied employment because the employer does not understand their work status; individuals with criminal records may face institutional and individual stigma when seeking housing or employment; and individuals recovering from mental illness or substance abuse may risk their livelihood or housing if they disclose their lived experience.

One of the most effective ways for an individual to overcome the attitudinal barriers they hold is by encountering someone who does not fit their previously-held stereotypes. Employing individuals from visible minorities – such as refugees or individuals with disabilities – in positions that require interaction with a large number of people may be one way to decrease attitudinal barriers within a community and encourage other employers to consider hiring from these applicant pools. Similarly, having high-profile and public individuals talk about their lived experience with mental illness or substance abuse can help decrease the taboo of talking about these barriers and can help contribute to the perception that individuals with these lived experiences can contribute productively to society. Decreasing attitudinal barriers in the long term can promote a more inclusive and cohesive community.

## **Instrumental Activities of Daily Living (IADL)**

For some individuals, specific barriers outside of employment and housing exist to independent living. IADL is a term used in healthcare to refer to an individual's ability to care for themselves in a community setting. Typically, the term is used with regards to seniors and individuals with disabilities, but many vulnerable populations face barriers to completing one or more of these activities. The instrumental activities of daily living include:

- Cleaning and maintaining the house
- Managing money
- Moving within the community

- Preparing meals
- Shopping for groceries and necessities
- Taking prescribed medications
- Using the telephone or other form of communication

Programs that work with clients to perform IADLs, or which provide interventions that provide the specific IADL in question, can increase the amount of time an individual can live independently in the community, or facilitate integration or re-integration into the community.

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