



Center for
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Department of Medicine

Aging Among Homeless Populations: causes, consequences, solutions

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“I’m old and I’m tired and I got my disability...I can’t, I can’t do it no more...”

–55 year old woman experiencing homeless in HOPE HOME Study

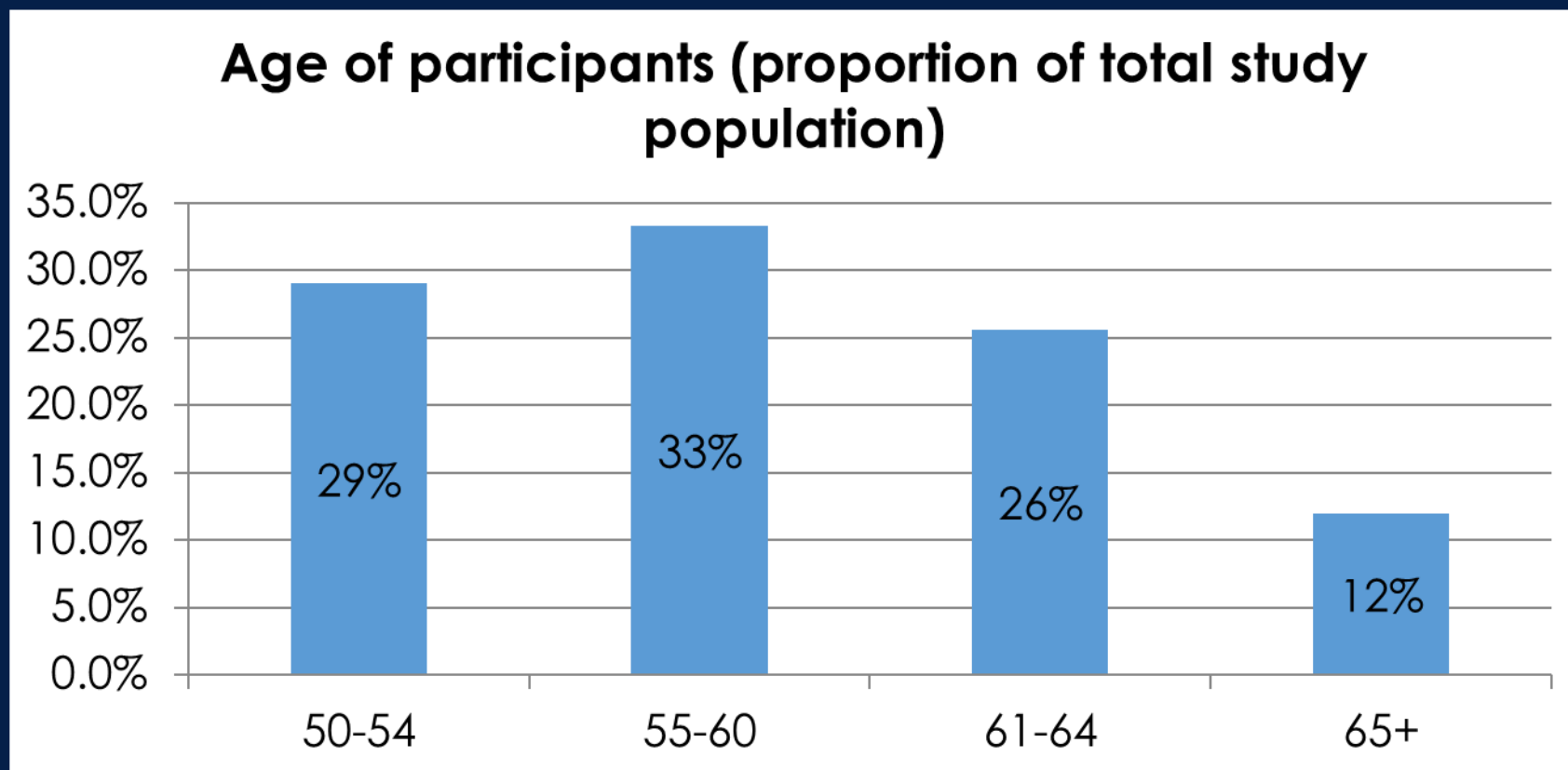
HOPE HOME Study

- Health Outcomes of People Experiencing Homelessness in Older Middle agE
 - Funded by National Institute on Aging (NIA)
 - Longitudinal cohort study in Oakland, CA
 - 350 participants enrolled July 2013 to June 2014, following participants every six months
 - Additional 100 participants 2017-2018

HOPE HOME Study

- Aged 50 and older
- English speaking
- Homeless by HEARTH Act definition at time of enrollment
 - Living outdoors, places not meant for human habitation
 - Emergency shelters
 - Losing housing within 14 days (eviction notice)
 - Fleeing domestic violence with no place to go

Two thirds are 60 and under, but 12% are older than 65 years at study entry: Median age 57

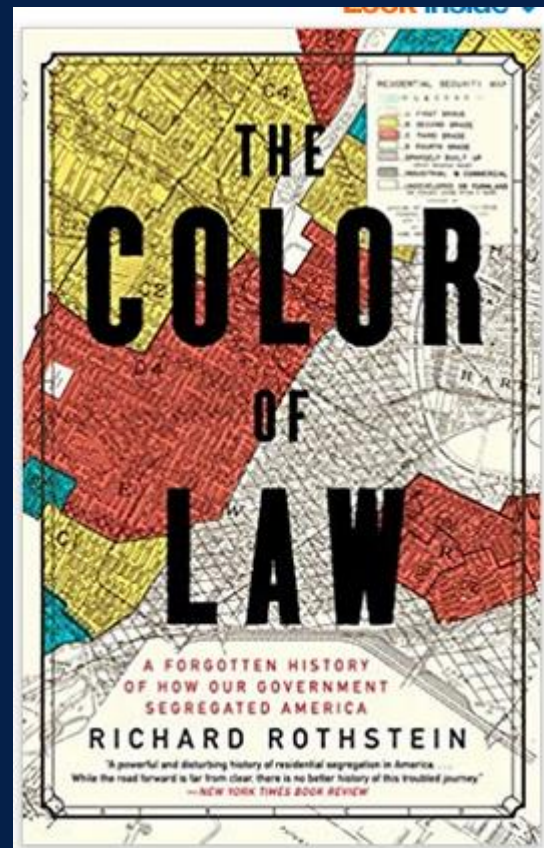


Study population

- 77% men
- 80% African American
- 13% currently work for pay
- 28% currently looking for work
- 90% income less than \$1150/month

Homelessness is a racial justice issue

- Housing primary means of wealth-building
- Discrimination in home ownership
 - Segregated neighborhoods
 - Redlining—restricted access to mortgages in segregated neighborhoods
 - Predatory lending
- Discrimination in rental market
- Criminal justice, employment and educational discrimination
- Black Americans at 3-4 fold increased risk of homelessness



How Homeownership Became the Engine of American Inequality

An enormous entitlement in the tax code props up home prices — and overwhelmingly benefits the wealthy and the upper middle class.

BY MATTHEW DESMOND MAY 9, 2017

Social Support: Not true that homelessness = disconnection from family/community

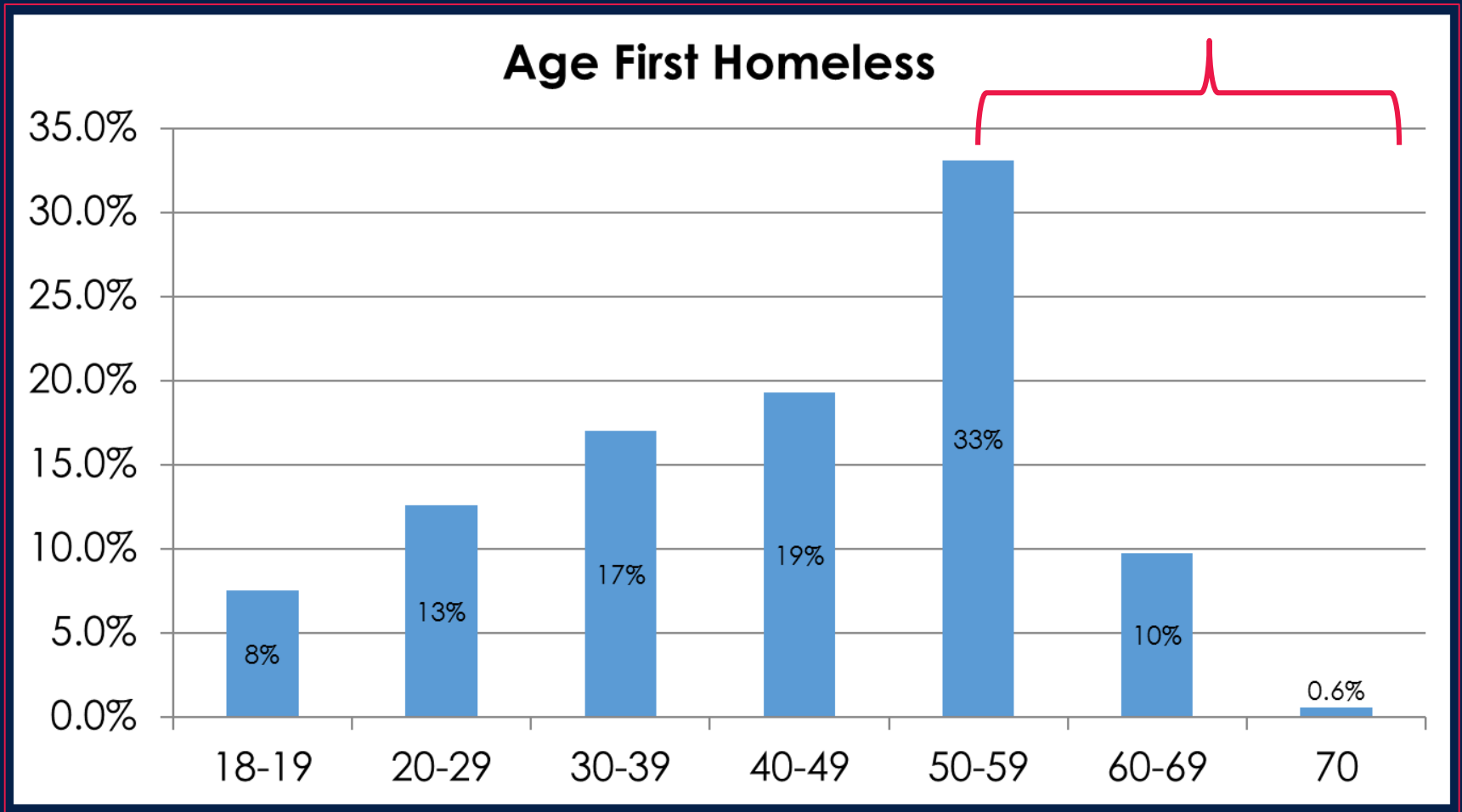
Partnership:

- 5% currently married/partnered
- 41% never married
- 11% widowed; 43% divorced or separated

But....

- 80% of our sample was able to give us a contact
- 60% of participants reported family member as contact
- 67% say that they have “someone to confide in”
- 54% report attending house of worship or social club

44% with first episode of homelessness after age 50



Those with early homelessness (<50)

- More adverse life experiences
- Low income attainment in early adulthood
- No spouse partner
- Mental health problems
- Traumatic brain injury
- Imprisonment
- Alcohol use problem

Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS One. 2016 May 10;11(5)

(My father said): “Next time you, if you runaway, I’ll beat you with a car chain or I’m going to throw you out the window.”

Okay, so I, I was, I wouldn’t use the word ‘reasonable’ but I put things in perspective real quick and I would say, “Could I survive a car chain? Probably not.”

Then I looked out the window and said, and we lived on the 13th floor, I said, “I ain’t playing with this man.” He went to work, I had whatever I had on me, I was out the door.

Late onset homelessness

- Low wage work throughout life
- Crisis
 - Job loss
 - Marital breakdown
 - Illness (participant, spouse)
 - Death (spouse, parent)

Late onset homelessness

- Lack of advocacy
 - Evictions for reasons other than non-payment of rent
 - Not getting benefits
 - Multiple bureaucratic hurdles
- Low social support
 - Shame prevented them from accessing social support
- Less likely to have imprisonment/long incarceration, but housing hampered by one-time charges (i.e. one drug charge) or unexplained arrest

“It was a lot of different things but basically the new owners took over, we were being evicted.

My wife, she had just got out of the hospital, had the stroke and was blind....so, the daughter came up and said, ‘Don’t fight it, y’all can come stay with me for a couple months and save your money.’ So we said, ‘Okay’ ...[and didn’t fight the eviction].

After we moved out of the place, turned in the keys and everything we went over to her house and she said, ‘Y’all can’t stay here.’ And I said, ‘I got \$9 in my pocket,’

I said, ‘At least let your mother spend the night because we don’t have enough money to get a motel room.’ She said, ‘No.’ So that was the beginning.”

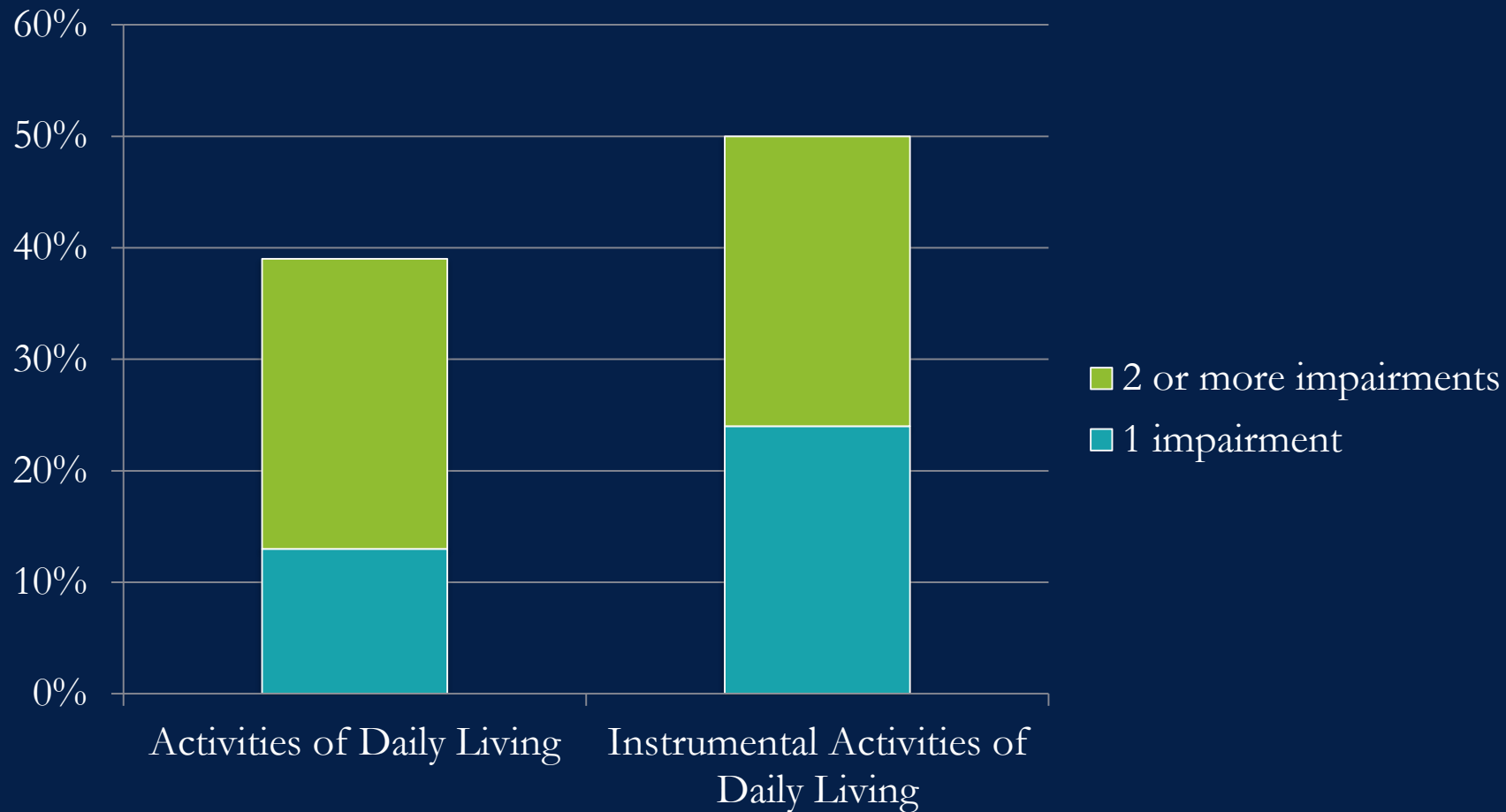
“...When they bought the company out they cut our hours back and they would bring in temp workers and they would give them all the hours and they weren't giving us our hours, which caused me to lose my place I was staying in because I couldn't afford to pay the rent, because, you know, from, you're going from almost 80-100 (hours) a week down to 20 hours a week, it's kind of hard to pay bills.”

While late onset homeless individuals tend to have fewer vulnerabilities, many had significant health challenges related to their homelessness.

Poor health in every measure

56% report health as fair or poor

High proportion with functional impairments



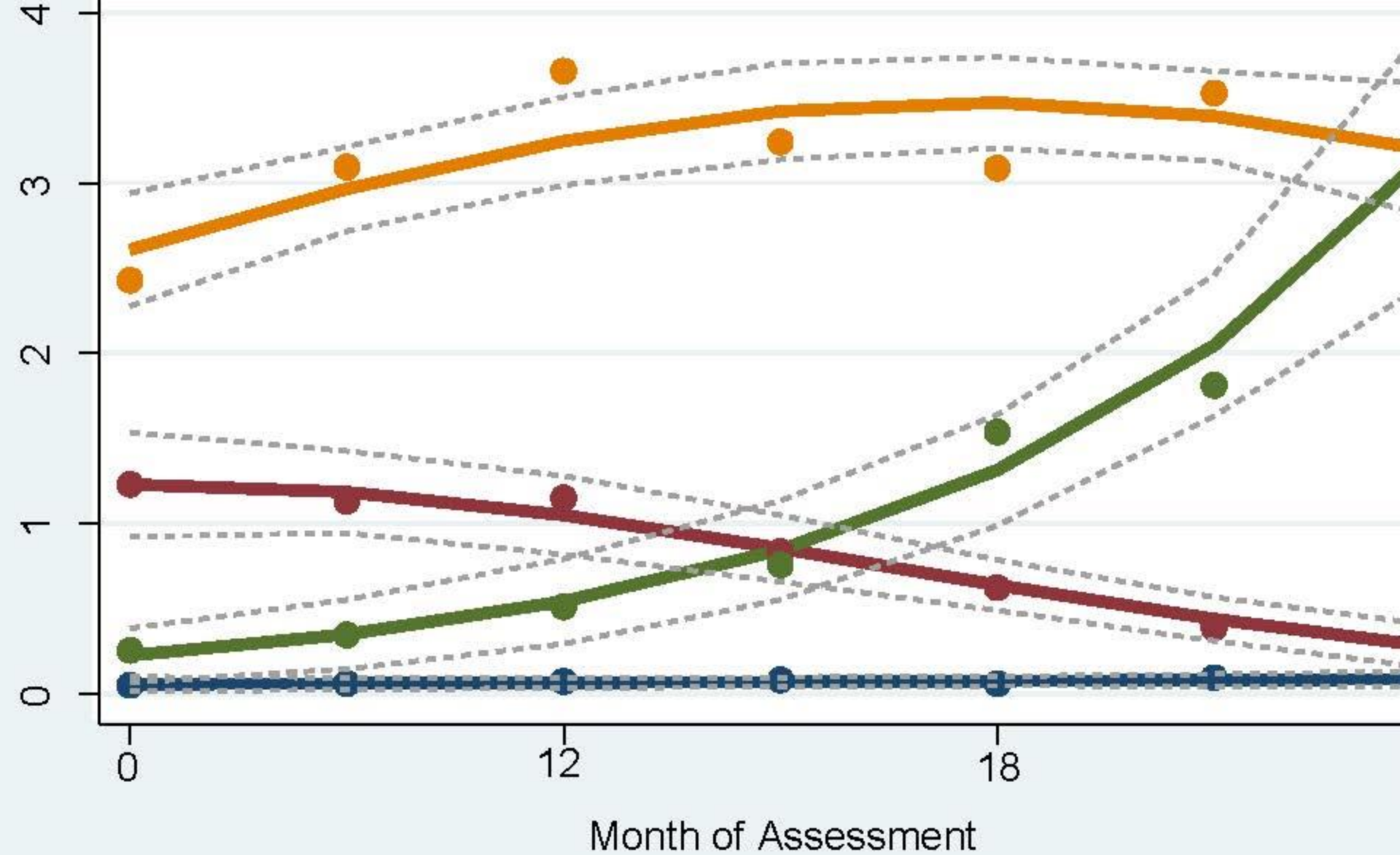
Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *Gerontologist*. 2016 Feb 26. pii: gnw011. PubMed PMID: 26920935

Functional trajectories similar to older adults

- Among 319 people with follow-up:
 - 43% had minimal impairment throughout
 - 23% had functional improvement (deficits improved)
 - 25% persistent impairment (started w deficits which remained)
 - 9% had functional decline (started w/o impairment but declined)

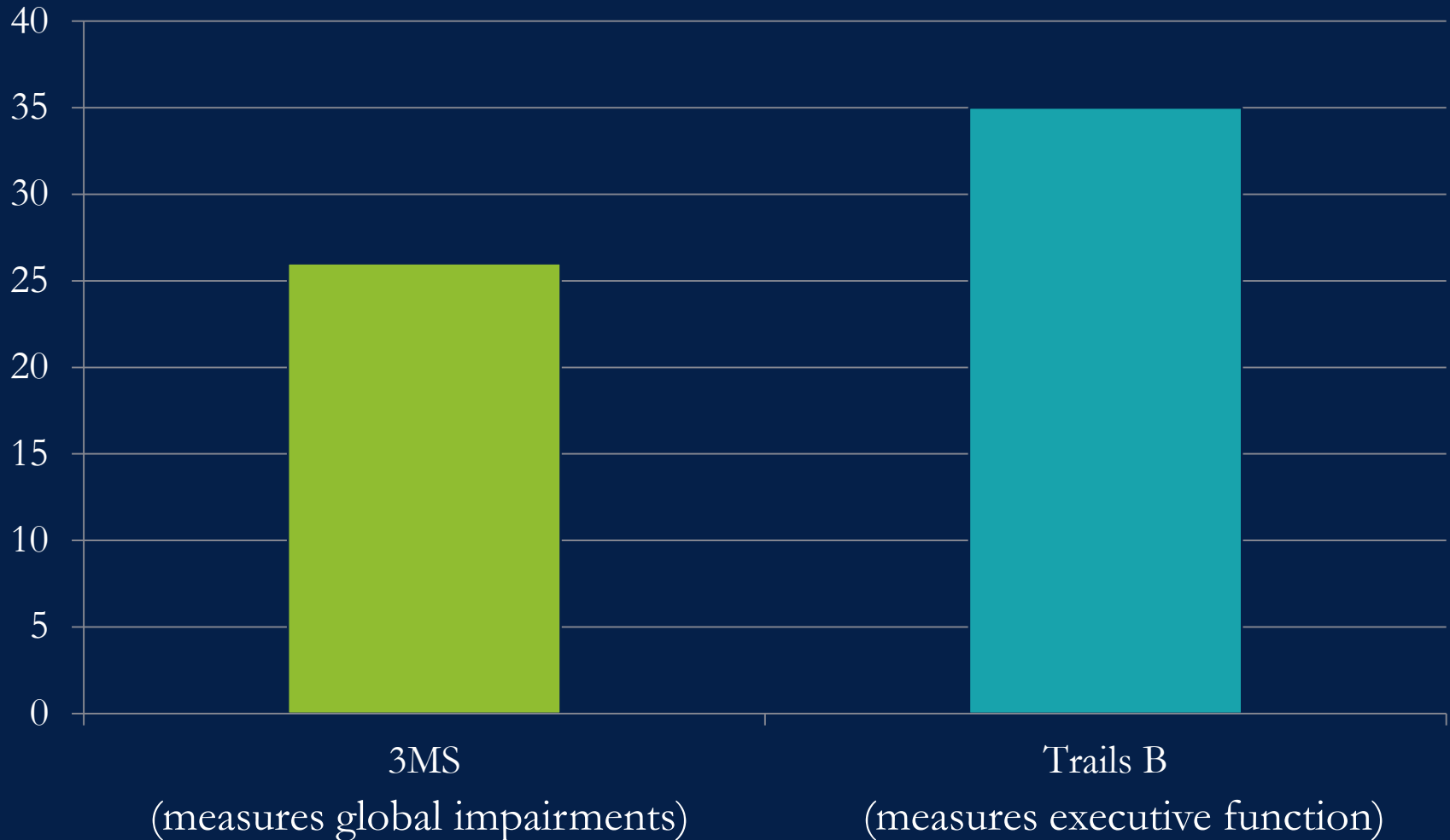
34% having declines or persistent impairment is similar/worse to older adults (70s-80s) rather than middle aged adults

Brown et al forthcoming



- Minimal Impairment (n=136)
- Functional Decline (n=28)
- Partial Improvement (n=74)
- Persistent Impairment (n=81)

High prevalence of cognitive impairment



Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. *Drug Alcohol Depend.* 2017 Sep 1;178:562-570.

High prevalence of all geriatric conditions

▪ Mobility impairment	27%
▪ One or more falls (6 months)	34%
▪ Visual impairment	45%
▪ Hearing impairment	36%
▪ Urinary incontinence	48%

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *Gerontologist*. 2016 Feb 26. pii: gnw011. [Epub ahead of print] PubMed PMID: 26920935.

Overall poor functional status:

“50 is the new 75”

Median age of sample: 57

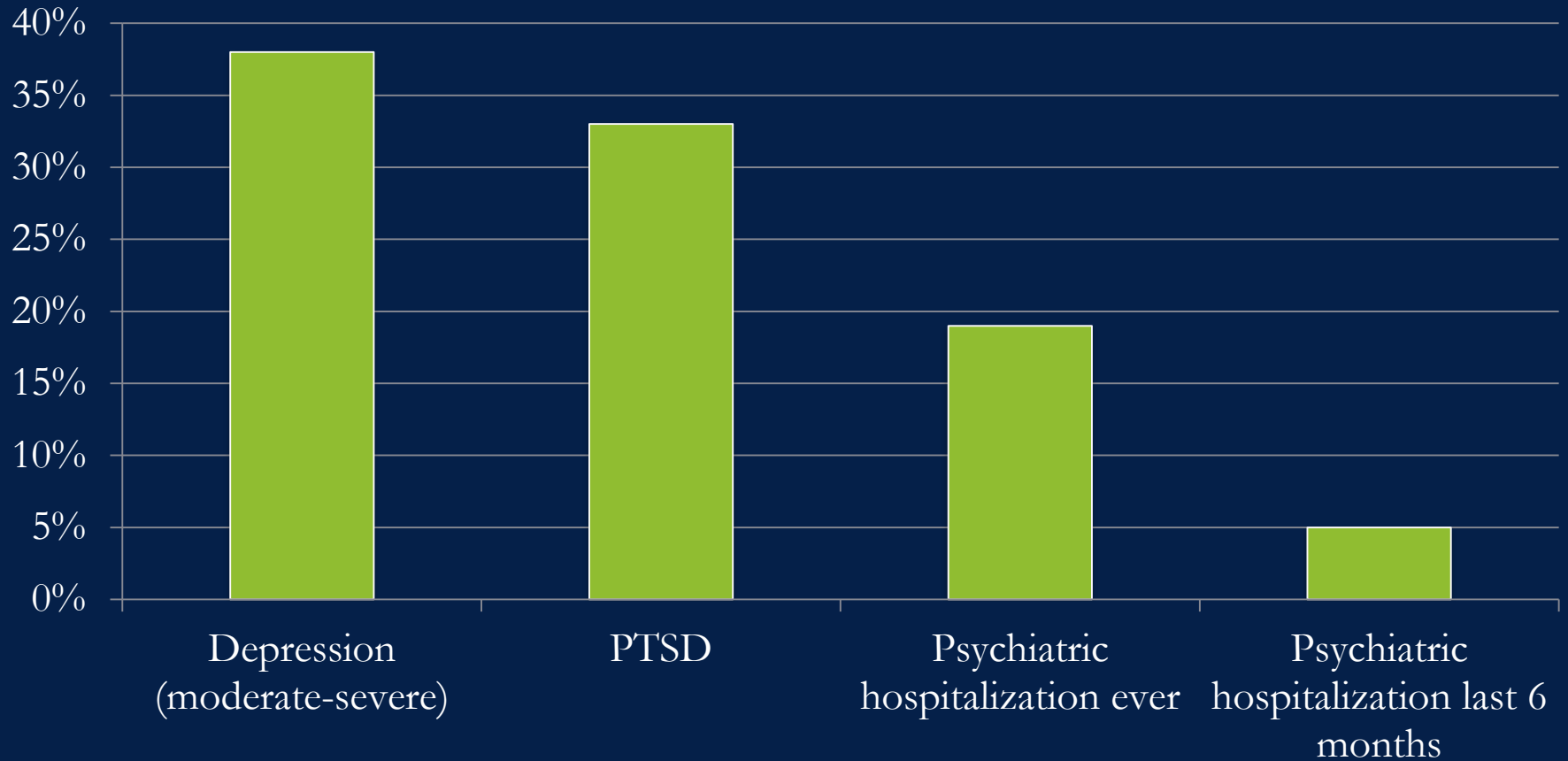
Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s

Alcohol and drug use problems common

- 65% with moderate or greater severity of drug use symptoms
 - Cocaine (43%), cannabis (39%), and opioids (13%) moderate or severe use symptoms
- 26% moderate or greater severity alcohol use symptoms
 - 15% severe symptoms

Prevalence of illicit drug and alcohol use problems lower than samples of younger homeless adults, but higher than age-matched (and dramatically higher than those of general population ages 70s and 80s).

Mental Health Problems are common



High rates of acute healthcare utilization

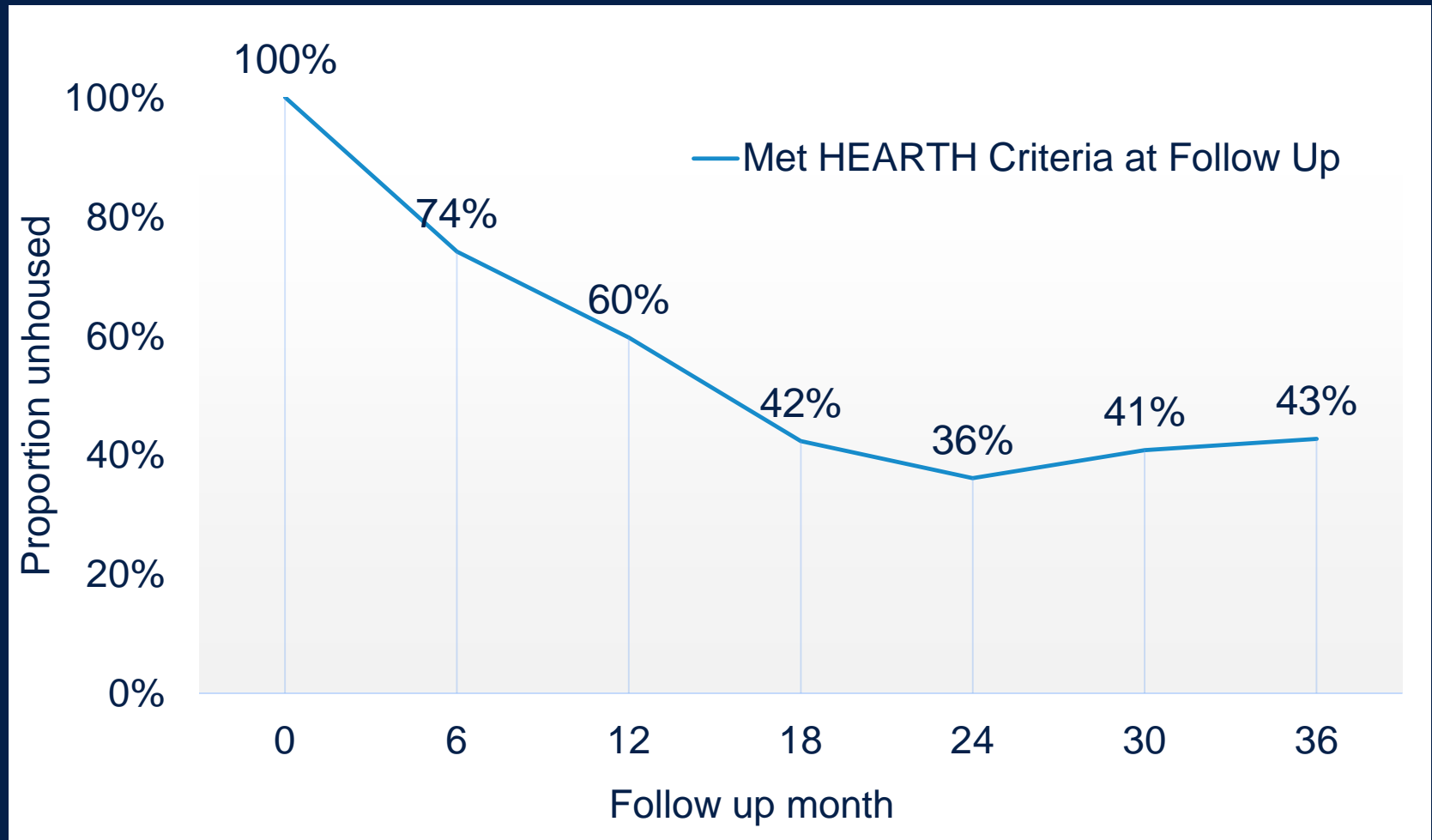
- **72%** had a non-ED source for care
- **53%** reported a PCP
- **Half** of all participants had visited an ED (confirmed) in the prior **six months**
- **<7%** of participants accounted for **half** of all ED visits
- **24%** of visits for worsening of chronic illness
- **10%** were hospitalized for physical condition in prior **six** months

High mortality rate and institutional care

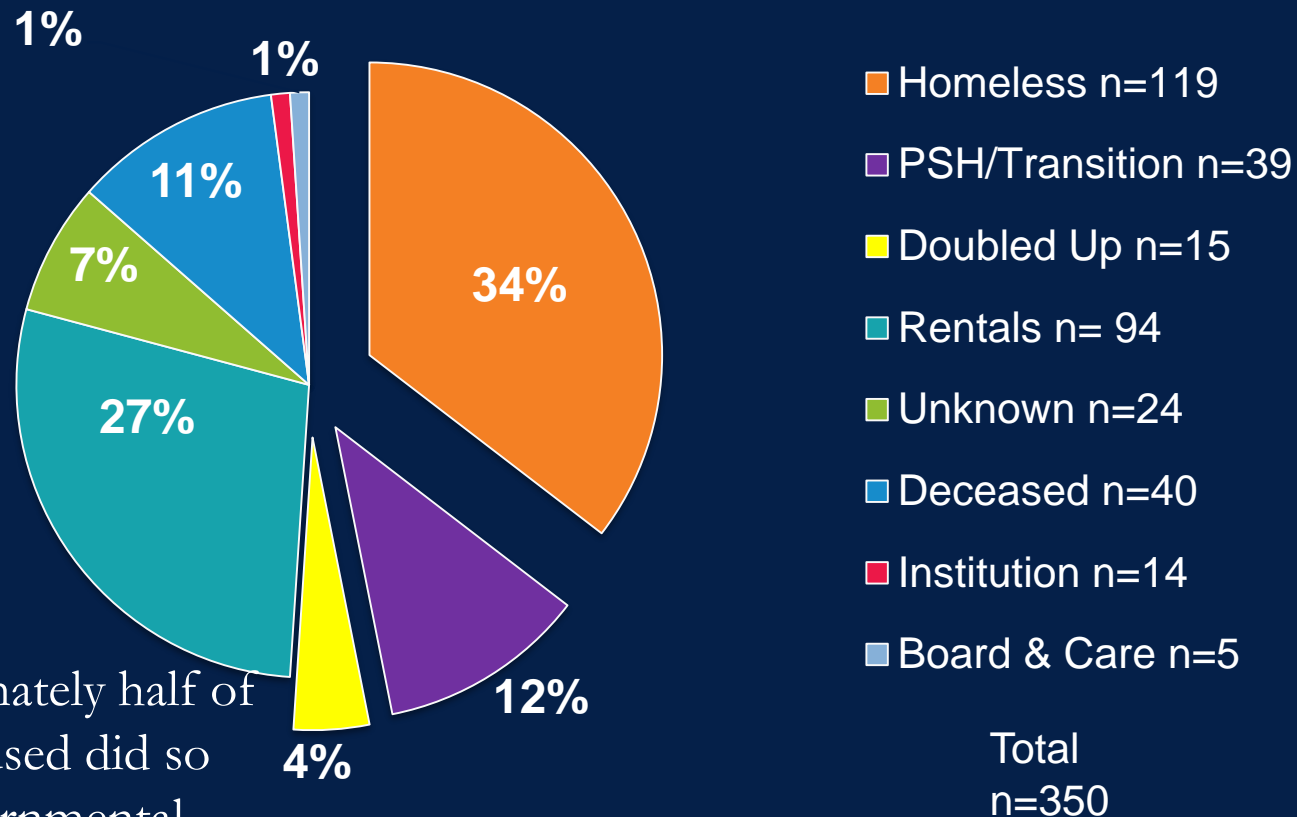
- 44 confirmed deaths out of 350 participants in HOPE HOME since cohort began (July 2013-June 2014)
- (6 additional deaths among 100 recruited last year)
- 15% of those of those first homeless ≥ 50 have died (compared to 5% of those first homeless < 50)

- 39 confirmed nursing home stays

Majority obtain housing by 18 month follow-up

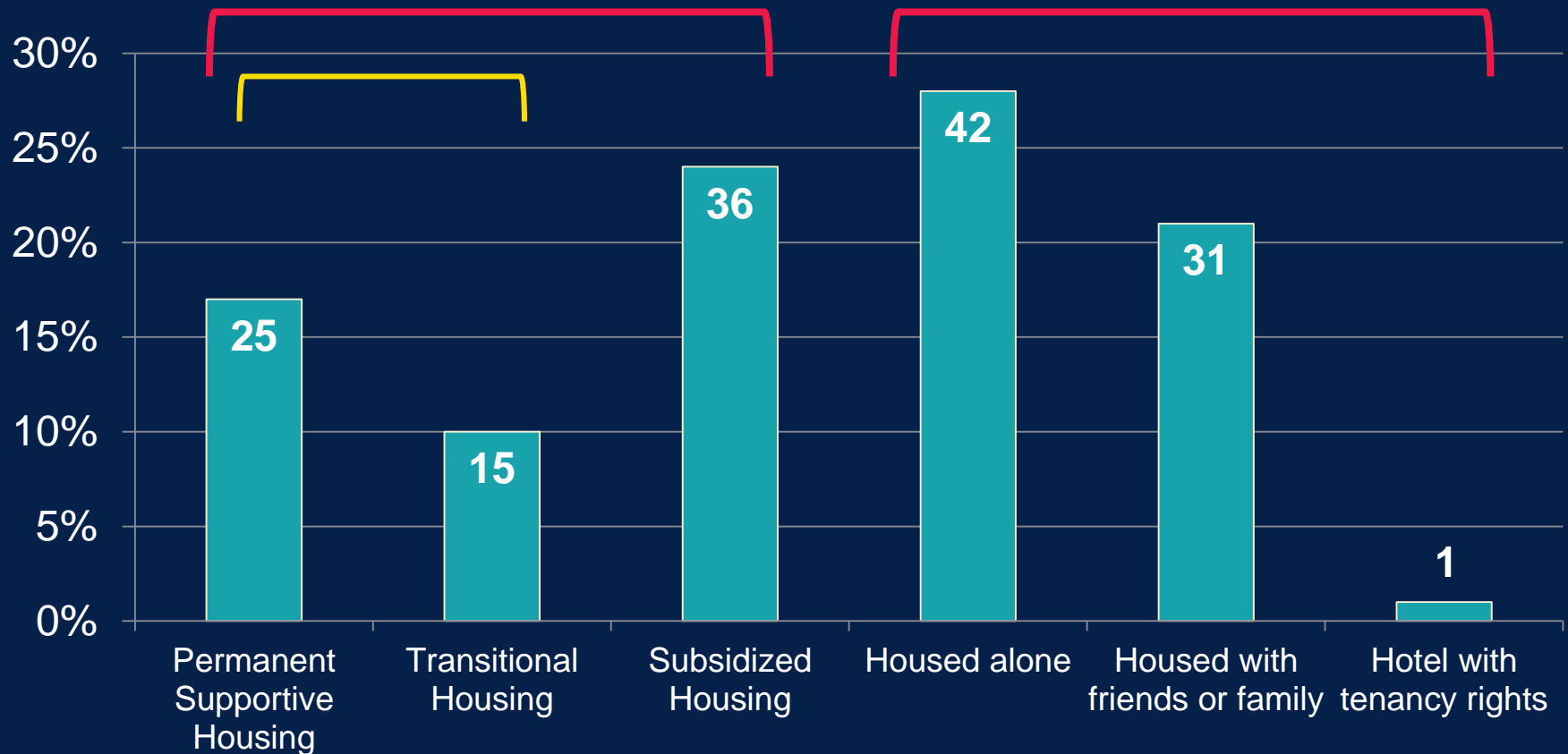


Housing Status Five Years after Study Entry



Approximately half of those housed did so w/o governmental assistance

Where were individuals housed? n=150



Challenges

- Difficulty identifying who would benefit from nursing home care versus residential care facilities versus enhanced PSH
 - Need more effective ways to model level of service necessary
 - We know that many in NH can be cared for successfully in PSH
 - With coordinated entry and focus on serving most in need, concern that some entering PSH would in fact need higher level of care

Challenges

- Adapting housing solutions (and shelter) for needs of older adults
 - Personal Care
 - In US, high proportion caregiving unpaid (family etc)
 - Medicaid can pay via HCBS
 - Most states, client responsible to hire/manage etc
 - Depleted social networks complicate this
 - Very difficult for those with cognitive and behavioral health impairments
 - CANNOT use HCBS if not housed

Challenges

- Need for housing/shelter that is accessible and appropriate for aging population
- Need to have support services (in addition to personal care) appropriate for those with cognitive, functional, and sensory impairments
- Lack of behavioral health practitioners with appropriate training for older adults
- Need to address advance care planning and end of life care in population with multiple vulnerabilities

Challenges: *Aging population*

- Loss of residential care facilities throughout US “Board and Care”

Potential Solutions

- For personal care:
 - Contract based models with building based personal care workers
 - PACE programs aligned with PSH
 - Training ppl w lived experience to become paid caregivers
- Enhancing family members ability to bring homeless family members into their home
- For aging in place
 - CAPABLE program in PSH
 - Progressive care (independent to assisted to SNF)

Potential Solutions

- Refining assessments to better predict need for higher levels of care
- Retraining staff to care for older adults
 - Cognitive and functional impairments, advance care planning, EOL

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HOPE HOME papers currently available

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