Homelessness in older adults: an emerging crisis

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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 homeless woman in HOPE HOME Study
The homeless population is aging

• In 1990, 11% of people experiencing homelessness in SF were over 50

• In 2003, 37% were over 50

Generational effect

- Americans born in the second half of the baby boom (1954-1963) have had elevated risk of homelessness throughout lifetime
- 30-40% of homeless individuals* born 1954-1963
- Estimated that about half are aged 50 and over

* Excluding homeless youth and homeless people living in families

Will the trend continue?

- Housing affordability crisis acute for those 50 and over
- Among renters age 50 and over, 30% spend more than half their income in rent “severe housing burden”
- Median age of homeless individuals expected to rise

What are the implications of the aging of the homeless population?

- Different pathways to homelessness
- High prevalence of chronic and life-limiting diseases
- High prevalence of functional and cognitive impairment
- Substance use and mental health problems are prevalent, but may require treatment adjustments due to co-occurring functional and cognitive problems
- Implications for housing design, service design and service delivery
HOPE HOME Study

- **Health outcomes of people experiencing homelessness in older middle age**

- Funded by National Institute on Aging
- Longitudinal cohort study in Oakland CA
- 350 participants enrolled July 2013 to June 2014, following participants every six months
- Renewed for another five years
HOPE HOME Study

- Study activities take place at St Mary’s Center
- Active Community Advisory Board
  - Local experts
  - Two study participants
- Study includes
  - Regular study interviews and exams
  - Qualitative interviews on topics of interest
  - Ability to add new questions/adapt study
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.
Study population

- 77% men
- 80% African American
- 5% currently married/partnered; 11% widowed; 43% divorced or separated
- 13% currently work for pay
- 28% currently looking for work
- 90% income less than $1150/month
Almost a third of the sample lost stable housing* in the past year

<table>
<thead>
<tr>
<th>Years since last stable housing</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>3.4</td>
</tr>
<tr>
<td>&lt;6 months</td>
<td>14.3</td>
</tr>
<tr>
<td>6 mo to &lt;1 yr</td>
<td>15.1</td>
</tr>
<tr>
<td>1 yr to &lt;5 yrs</td>
<td>38.6</td>
</tr>
<tr>
<td>5 yrs to &lt;10 yrs</td>
<td>13.7</td>
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<tr>
<td>10+ years</td>
<td>14.9</td>
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</tbody>
</table>

*Defined as non-institutional place that you lived for a year of more
Where did you live when you last had stable housing?

- Hotel or Motel: 6%
- Rented apartment or house: 14%
- Paid friends/fam to live: 12%
- Lived with friends/fam for free: 5%
- Owned house/condo/apt: 11%
- Rented Room: 6%
- Other: 46%
Economic challenges and interpersonal conflict are most common reasons to have left last stable housing

<table>
<thead>
<tr>
<th>Reason</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't pay rent/mortgage</td>
<td>28</td>
</tr>
<tr>
<td>Rent increased</td>
<td>2</td>
</tr>
<tr>
<td>Lost job</td>
<td>7</td>
</tr>
<tr>
<td>Became sick/disabled</td>
<td>1</td>
</tr>
<tr>
<td>Other bills (not medical)</td>
<td>1</td>
</tr>
<tr>
<td>Someone else stopped paying rent/mortgage</td>
<td>15</td>
</tr>
<tr>
<td>Family abuse/violence</td>
<td>1</td>
</tr>
<tr>
<td>Kicked out (not related to money)</td>
<td>41</td>
</tr>
<tr>
<td>Didn’t get along/asked to leave</td>
<td>11</td>
</tr>
<tr>
<td>Drinking/doing drugs</td>
<td>4</td>
</tr>
<tr>
<td>Evicted</td>
<td>7</td>
</tr>
<tr>
<td>Housemates’ substance use/stealing</td>
<td>1</td>
</tr>
<tr>
<td>Building condemned/destroyed/foreclosed</td>
<td>6</td>
</tr>
<tr>
<td>Other reasons</td>
<td>21</td>
</tr>
<tr>
<td>Moved to new city/more desirable place</td>
<td>6</td>
</tr>
<tr>
<td>Hospital/treatment program</td>
<td>1</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>4</td>
</tr>
<tr>
<td>Conditions were poor</td>
<td>4</td>
</tr>
</tbody>
</table>
What proportion first became homeless after age 50?

- 12%
- 24%
- 44%
- 68%
44% with first episode of homelessness after age 50
PATHWAYS TO HOMELESSNESS
Those with early homeless (<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)
I only did like **5-6 months in YA [juvenile justice] when I was 13**, but then after that I started getting violations over the years, that’s where the four years [in juvenile justice system] came in at, going back and forth.... Yeah, when I got to be 17 then they took me off.... When **I got 21**, that’s when I started using drugs...At that time I was doing burglaries and all kind of petty thefts and ...I don’t know, back then it was like **every ninety days I end up back in San Quentin**. It wasn’t like, “Oh, I can’t wait until I go get high,” or nothing like that, but eventually I got high. Then that one time led to one another and a thousand other too many. So I was in that mentality, trapped in that **mentality for over forty years**.
(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
- Job loss in late life
- Marital breakdown
- Illness (participant, spouse)
- Death (spouse, parent)
- Lack of advocacy
  - Evictions for reasons other than non-payment of rent
  - Not getting benefits
  - Multiple bureaucratic hurdles
- Low social support from families/friends
“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.
She [participant’s niece, who lived in Section 8 housing] was helping me out, I was getting my little GA [General Assistance], helping her out…Then I had to leave for a while, then come back. That’s the way she was staying on top of the rules.

And what would have happened if you had stayed there longer than a week?

I don’t really know but she didn’t want to break her rules [about not having extra people staying with her] and find out, and so I had, I had to leave. In other words, I had to get kicked out. But she didn’t kick me out, though. And I was staying in the one-night shelters, bouncing around and with her.
“Yeah, well, you know, I had lost my job and just could not be able to find another one. Yeah, so in that 27 years, you know, I worked, you know, paid bills, and, you know, pretty much tried to enjoy…the things that life gives you when you go out and earn. And, but when I became homeless it was like a little, it was like a little shock at the time…”
While late onset homeless individuals tend to have fewer vulnerabilities, many had significant health challenges related to their homelessness.
SOCIAL SUPPORT
What proportion of older homeless adults report having someone to confide in?

- 10%
- 33%
- 50%
- 67%
Social Support: few are currently married, but there are other sources of social support

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

**Other Sources:**
- 80% of our sample was able to give us a contact
  - 60% of time that contact was a family member
- 67% say that they have “someone to confide in”
- 54% report attending house of worship or social club
Most participants have a contact; the most common contacts are family

<table>
<thead>
<tr>
<th>Emergency Contacts Listed by Aging Homeless Participants</th>
<th>% of cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any contact</td>
<td>80.6</td>
</tr>
<tr>
<td>Family member</td>
<td>61.4</td>
</tr>
<tr>
<td>Sibling</td>
<td>28.9</td>
</tr>
<tr>
<td>Child</td>
<td>18.6</td>
</tr>
<tr>
<td>Parent</td>
<td>10.9</td>
</tr>
<tr>
<td>Spouse</td>
<td>5.4</td>
</tr>
<tr>
<td>Other Family Member (e.g. aunt, cousin)</td>
<td>11.7</td>
</tr>
</tbody>
</table>
While many have family, loneliness is common

40% of participants meet criteria for “loneliness”

One of the things that gets me is when I say hello to somebody, and they don’t say hello back. That hurts. That’s one of the mix ups of this culture that I am, that level of being untouchable…and that hurts. I mean psychologically is devastating.
HEALTH
Poor health in every measure

56% report health as fair or poor
Self-reported chronic diseases are common: but may be underreported

% of Homeless Adults with Selected Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>56%</td>
</tr>
<tr>
<td>CHF</td>
<td>7%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>7%</td>
</tr>
<tr>
<td>Stroke</td>
<td>11%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>29%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>45%</td>
</tr>
<tr>
<td>COPD/Emphysema</td>
<td>14%</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>21%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14%</td>
</tr>
<tr>
<td>Asthma</td>
<td>19%</td>
</tr>
<tr>
<td>Frostbite</td>
<td>5%</td>
</tr>
<tr>
<td>Renal Insufficiency</td>
<td>4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>6%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5%</td>
</tr>
</tbody>
</table>
What proportion of older homeless adults have a limitation in Activity of Daily Living?

- 10%
- 25%
- 40%
- 75%
High Proportion with functional impairments

- Activities of Daily Living
- Independent Activities of Daily Living

- 2 or more impairments
- 1 impairment

Homelessness in older adults: an emerging crisis
High prevalence of cognitive impairment
3MS measures global impairments;
Trails B measures executive function
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%

PubMed PMID: 26920935.
Overall poor functional status

- Median age of sample 57
- Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s
“I’m starting to forget stuff. … that day I came down here I had lost a day, …now I write down everything … I used to be an organized person … I thought that I was really down here on a Wednesday and it was a Thursday. And that kind of bothered me.”

-HOPE HOME Study participant
I’m tired, but…I’ll be 79 in a month. I think it’s just old age, but I walk two or three blocks, and sit for five to 15 minutes depending on how tired I am. This is why it takes me seven hours to get about three miles down to the clinic and then back.
DRUGS AND ALCOHOL
Illicit drug and alcohol use common

<table>
<thead>
<tr>
<th>Substance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>26%</td>
</tr>
<tr>
<td>Any illicit drug past 6 months</td>
<td>63%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>39%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>43%</td>
</tr>
<tr>
<td>Opioid</td>
<td>13%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>8%</td>
</tr>
</tbody>
</table>
Alcohol and Drug use problems common

- 65% with moderate or greater severity of drug use symptoms
  - 15% severe 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)
“Because I’m more mature and I don’t use drugs and my mind’s not like it was.”

-63 year old man explaining why he no longer uses drugs, which he has used since he was a teenager
MENTAL HEALTH PROBLEMS
Mental Health Problems are common

- Depression
- PTSD
- Psychiatric hospitalization ever
- Psychiatric hospitalization last 6 months
Mental health and Substance use co-morbidity common

- Among the 38% with moderate to severe depressive symptoms, 78% had moderate to severe substance use problems.
- Among the 15% with both severe PTSD symptoms AND a history of experiencing violence, 77% had co-morbid moderate-severe substance use.
HEALTH CARE UTILIZATION
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

- 33-45 months after study entry, 26 confirmed deaths
- Multiple diagnoses of metastatic cancer, strokes, heart attacks, kidney failure, etc.
- Several under conservatorship
- Several living in nursing homes
HOUSING OUTCOMES
What proportion were housed 2 years after study entry?

- 10%
- 30%
- 55%
- 80%
Housing Status at 24 months n=286

Housing Status at 24 months

- Homeless n=110
- Housed n=157
- Institution n=19

Not included:
- Deceased n=17
- Dropped out or unable to ascertain n=47
Where were individuals housed at 24 months? n=286

Housing status

- Permanent Supportive Housing: 37%
- Transitional Housing: 12%
- Subsidized Housing: 8%
- Housed alone: 14%
- Housed with friends or family: 10%
- Hotel with tenancy rights: 2%
At 24 months, approximately half still homeless or living in institutional settings

- Of those housed, about half received any institutional support
  - About half of those within system for homelessness and half mainstream vouchers

- Assistance from family and friends crucial
CONCLUDING THOUGHTS
What are possible solutions?

- Preventing new homelessness
  - Affordable housing
  - Eviction prevention
    - Legal protection
    - Short term subsidies
- For those with new onset homelessness, focus on rehousing quickly
  - Rental subsidies
  - Focus on family as potential source of support
  - Assess eligibility for benefits
- For those with long-term homelessness and disabling conditions
  - Permanent supportive housing
    - Adapt for needs of older adults
Implications

- Homeless population will continue to grow older
- High needs population
  - continued behavioral health challenges
  - High prevalence of chronic diseases, life limiting diseases, functional and cognitive deficits
- Housing interventions will need to be:
  - Fully accessible for people with mobility and sensory impairments
  - Accessible to those who require personal care assistance
  - Understanding that older population may have important connections to other family members that need to be supported
Implications

- Housing processes and service delivery
  - Need to be usable by individuals with significant cognitive and sensory impairments
    - Executive function impairments create unique challenges
    - Behaviors may be result of cognitive deficits
- Providers need to be ready to support clients and staff through end of life care
  - Helping clients express their preferences
  - Palliative/hospice care outside of hospital settings


