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
Overview

- Why is the homeless population aging?
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- Housing outcomes
- Interventions/Solutions
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The homeless population is aging

Proportion of single homeless adults ≥50 in San Francisco

- 1990  11%
- 2003  37%
- Today  approximately 50%
- Median age increased 0.66 years for every calendar year between 1990-2003

Generational effect

- Americans born in the second half of the baby boom (1955-1965) have had elevated risk of homelessness throughout their lifetime

“The Emerging Crisis of Aged Homelessness” Culhane, Treglia, Byrne, Metraux, Kuhn, Doran, Johns, Schretzman
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

Fewer than ¼ low-income at risk households receive rental assistance; 1/3 of elderly (low income, at risk) households do.
California has 22 units available for every 100 extremely low income households.

The Gap: A Shortage of Affordable Homes NLIHC
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
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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

- Study activities take place at site in West Oakland, St Mary’s Center and Allen Temple

- Active Community Advisory Board
  - Local leaders (service providers, clinicians, policy experts, etc.)
  - Three 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
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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
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
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>&lt;6 months</td>
<td>18</td>
</tr>
<tr>
<td>6 mo to &lt;1 yr</td>
<td>15</td>
</tr>
<tr>
<td>1 yr to &lt;5 yrs</td>
<td>39</td>
</tr>
<tr>
<td>5 yrs to &lt;10 yrs</td>
<td>14</td>
</tr>
<tr>
<td>10+ years</td>
<td>15</td>
</tr>
</tbody>
</table>

*Defined as non-institutional place that you lived for a year of more
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>
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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.
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Poor health in every measure

56% report health as fair or poor
Self-reported chronic diseases are common but may be underreported
High proportion with functional impairments

Trajectories of recovery similar to those of people in their 70s and 80s

Brown and Kushel PLOS ONE 2019
High prevalence of cognitive impairment

3MS (measures global impairments)  Trails B (measures executive function)

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%

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

- Depression (moderate-severe): 40%
- PTSD: 30%
- Psychiatric hospitalization ever: 20%
- Psychiatric hospitalization last 6 months: 5%
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- Victimization
- Interventions/Solutions
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

- 49 confirmed deaths out of 350 participants in HOPE HOME since cohort began (July 2013-June 2014)

- (7 additional deaths among 100 recruited last year)

- Those first homeless >50 3x as likely to have died as those with earlier onset homelessness

- >40 confirmed nursing home stays
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- **Housing outcomes**
- Interventions/Solutions
Majority obtain housing by 18 month follow-up

Proportion unhoused vs. Follow up month

- Met HEARTH Criteria at Follow Up

- Follow up month: 0, 6, 12, 18, 24, 30, 36

- Proportion unhoused: 100%, 74%, 60%, 42%, 36%, 41%, 43%
Housing Status Five Years after Study Entry

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

- Homeless n=119
- PSH/Transition n=39
- Doubled Up n=15
- Rentals n= 94
- Unknown n=24
- Deceased n=40
- Institution n=14
- Board & Care n=5

Total n=350
Where were individuals housed? n=150

- Permanent Supportive Housing: 25%
- Transitional Housing: 15%
- Subsidized Housing: 36%
- Housed alone: 42%
- Housed with friends or family: 31%
- Hotel with tenancy rights: 1%
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Deeply Affordable Housing

• Expand and preserve affordable housing
• Affordable housing: target towards those who make <30% AMI
  – Cutbacks in HUD threaten development
  – Good sources of information for national legislative efforts:
    ▪ National Low Income Housing Coalition
  – State:
    – November 2018 affordable housing bond
      ▪ New budget items for affordable housing, homelessness services and prevention
PREVENTION

- Not enough effort on preventing homelessness
- Prevention efforts need to be both EFFICIENT and EFFECTIVE
- Some increased action on eviction protection
- Individuals without a lease are at highest risk
  - HOME BASE in NY
- HOME SAFE
  - Targeting prevention funds for APS involved older adults in CA
- Most benefit is to target those at highest risk!
To be efficient—target those at highest risk

Shinn et al 2013
Eviction Prevention

• Eviction prevention
  – Just cause evictions
    ▪ SF, Oakland, and San Jose now have just cause evictions
    ▪ Legal protection for tenants
    ▪ AB 1482 combined state-wide just cause laws with limits on large rental increases
Emergency Housing Assistance

- Families who called when housing assistance available 76% less likely to enter shelter at six months
  - Absolute decrease 1.6%
- One time payments up to $1500
- Average cost per caller referred $720; cost of homeless spell averted $10,300
- Limiting to very low-income callers reduce cost per episode averted to $6800

The impact of homelessness prevention programs on homelessness

William N. Evans¹,²,³, James X. Sullivan¹,³,*, Melanie Wallskog⁴
+ See all authors and affiliations
Rapid Re-Housing

• Connects families and individuals to permanent housing via tailored package of assistance. Can serve as bridge to longer-term support (i.e. rental vouchers)
  – Time-limited rental assistance
  – Targeted supportive services
    ▪ Housing identification
    ▪ Rent and move-in assistance (typically 6 months or less)
    ▪ Case management and services
Permanent Supportive Housing

- Permanent supportive housing for those with chronic homelessness/disabling conditions
  - Subsidized housing
  - Linked supportive services that are voluntary
  - **Housing First** model – start with the housing
  - Shown to be highly effective at keeping people housed
  - Need to adapt for needs of older adults
Challenges: Affordable Housing and Prevention

- Enormous shortage of deeply affordable housing
  - Difficult to build for those most at risk
- Need to stop in-flow into homelessness
  - Difficult to target resources
Challenges: Aging population

- Loss of residential care facilities throughout CA
  - “Board and Care”
- PSH faced with providing services for aging population
  - Provision of personal care
    - Homebridge
    - ?PACE programs aligned with PSH
  - Advance Care Planning
  - Dementia Care
Final thoughts

- Homelessness reaching crisis proportions
- Aging population increases urgency
- Suffering is immense
- Use of healthcare system can be chaotic
- While mental health and substance use disorders are common, underlying causes are structural
- Solutions will not be easy, but are doable
- Must match solution to the problem
Thanks to....

- Claudia Ponath
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- Tauni Marin
- Stephen King
- Kenneth Perez
- Marina Rosenberg
- David Guzman
- Lina Tieu

**Community Advisory Board**
- Carol Johnson
- Carol Wilkins
- Elaine deColigny
- Brenda Goldstein
- David Modersbach
- Barb Wismer MD
- Maria H
- Kym C
- Robin M

- Rebecca Brown MD
- Maria Raven MD MPH
- Emily Hurstak MD MPH
- Christopher Lee MD MPH
- Matthew Spinelli MD
- Kelly Knight PhD
- Maya Vijayaraghavan MD MAS
- Chuan-Mei Lee MD
- Daniel (DJ) Freitas MD
- Kaveh Hemati MD
- Leah Goodman MD
- Sandeepa Sriram MD
- Maria Patanwala
- Adam Bazari
- John Landefeld MD
- Michelle Tong
- Isabel Arellano Cuervo
- Dereck Paul
- Eric Vittinghoff PhD

- Louise Walter MD
- Irene Yen PhD
- Elise Riley PhD
- Margaret Handley MPH PhD
- Julene Johnson PhD
- Chris Weyer Jamora PhD
- Community Partner: St Mary’s Center
- Allen Temple
- East Bay Community Recovery Center
HOPE HOME papers currently available


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Sudore RL, Cuervo IA, Tieu L, Guzman D, Kaplan LM, Kushel M. Advance Care Planning for Older Homeless-Experienced Adults: Results from the Health Outcomes of People Experiencing Homelessness in Older Middle Age Study. J Am Geriatr Soc. 2018 May 09. PMID: 29741765.
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Raven MC, Kaplan LM, Rosenberg M, Tieu L, Guzman D, Kushel M. Mobile Phone, Computer, and Internet Use Among Older Homeless Adults: Results from the HOPEHOME Cohort Study. JMIR Mhealth Uhealth. 2018 Dec 10;6(12):e10049. doi:10.2196/10049. PubMed PMID: 30530464; PubMed Central PMCID: PMC6305882.


