Homelessness in older adults: Causes, consequences, & prevention

Margot Kushel, MD
Professor of Medicine, UCSF
Director, UCSF Center for Vulnerable Populations at ZSFG

@m Kushel
T is a 56-year-old man with lifelong developmental delay. T was living in a low-cost apartment paid for by disability benefits by virtue of his developmental delay. He had no family, but met many people at his church.

There, he met someone who offered to be his “payee.” The “payee” told T he would help him manage his budget if T gave him his disability checks. Additionally, the “payee” insisted that T come every day to pick up small amounts of money.

This trip required T to take several buses; the money T picked up each day hardly covered the bus fare. The “payee” never paid T’s rent. Because of this, T fell behind in his rent and was evicted.

With no family or social support, T became homeless and resorted to sleeping on an AC transit bus. His health declined precipitously and he lost contact with those who may have been able to help.
J moved in with his daughter in Oakland when his kidneys began to fail. His daughter took his money and then told him that he could not stay with her – so he became homeless.

Three days a week, he went to dialysis. Each night, he slept on the bus, carrying all of his belongs with him. After months of sleeping on the bus, he obtained temporary shelter in a winter homeless shelter.

After months, he gained temporary housing in transitional housing, but died before he could obtain permanent housing.
Overview

- Why is the homeless population aging?
- Introduction to HOPE HOME Study
- Demographics of older homeless in Oakland
- Pathways into homelessness
- Health status
- Health care utilization
- Housing outcomes
- Victimization
- Interventions/Solutions
Overview

- **Why is the homeless population aging?**
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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 (1954 - 1963) have had elevated risk of homelessness throughout their lifetime
  - 30-40% of homeless individuals* born 1954-1963
  - Estimated that about half are aged 50 and over

Housing assistance stagnant as compared to other federal outlays for low income individuals

HUD funding to California decreasing

HUD Program Allocations to California 2003-2015 (adjusted for inflation in 2015 dollars)

Source: HUD Formula Program Allocations by State: 2003-15. Graphic and inflation adjustment by HCD. California Department of Housing and Community Development, California’s Housing Future: Challenges and Opportunities
Loss of funding preceded homelessness rise

ELIMINATION OF REDEVELOPMENT & LOSS OF STATE BOND FUNDING FOR HOUSING FOreshadowed a 14% RISE IN HOMELESSNESS IN 2016-17

Source: CHPC analysis of 2006-2011 Annual California Departments of Housing and Community Development (HCD) Redevelopment Housing Activities Report; 2006-2016 annual HCD Financial Assistant Programs Reports. Housing and Urban Development (HUD). PIT and HIC Data Since 2007. Note fiscal years are indicated by second half of fiscal year (e.g. FY 2006 -2007 is presented as 2007).
Three out of four at-risk renters don’t get rental assistance.

Most Low Income Renters are Without Federal Rental Assistance

- Other households: 9% with assistance, 91% without assistance
- Families with children: 23% with assistance, 77% without assistance
- Elderly without children: 40% with assistance, 60% without assistance
- Disabled without children: 47% with assistance, 53% without assistance

Notes: Low income households have income at or less than 80 percent of area median income.
California has 21 units available for every 100 extremely low income households.
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

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
- African 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
  - NIH funded study of 350 participants enrolled July 2013 to June 2014, following participants every six months
  - Aged 50 and older
  - Homeless by HEARTH Act definition at time of enrollment
  - Active Community Advisory Board
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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: 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 participants reported family member as contact
- 67% say that they have “someone to confide in”
- 54% report attending house of worship or social club
High prevalence of food insecurity

- Over half (55.4%) met criteria for food insecurity
  - 24.3% reported very low food security
- Half (51.7%) reported receiving monetary food assistance
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>
</table>
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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.”
“Yeah, because, all my friends, I’m going to say like 80% of them or 90% of them, they were all working people like me…I was just too ashamed…These were the people who cared….but I, I didn’t look at it that way. I should have.”
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

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%

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

- 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% high-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): 36%
- PTSD: 30%
- Psychiatric hospitalization ever: 15%
- Psychiatric hospitalization last 6 months: 5%
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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

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

- Those with later life first time homelessness at MORE risk of death in our cohort
  - >15% of those first homeless ≥50 have died
  - >7% of those first homeless <50 have died

- Multiple diagnoses of metastatic cancer, strokes, heart attacks, kidney failure, etc.

- Several living in nursing homes
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**Housing outcomes**

- Victimization
- Interventions/Solutions
Majority obtain housing by 18 month follow-up

![Graph showing proportion unhoused over follow-up months, with data points indicating 100% at 0 months, decreasing to 43% at 36 months. The graph also shows the proportion met HEARTH Criteria at Follow Up.]

Met HEARTH Criteria at Follow Up
Housing Status (June 2018)

- Housed: 150 (43%)
- Homeless: 123 (35%)
- Unknown: 22 (6%)
- Deceased: 37 (11%)
- Institution: 18 (5%)

Total: 350
Housing Status (June 2018)

- Housed: Alone n=125
- Housed: Friends n=8
- Housed: Family n=17
- Homeless n=123
- Unknown n=22
- Deceased n=37
- Institution n=18

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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Victimization is common

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<thead>
<tr>
<th></th>
<th>Past 6 months at baseline, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Abuse</strong></td>
<td>35 (10%)</td>
</tr>
<tr>
<td><strong>Sexual Abuse</strong></td>
<td>6 (2%)</td>
</tr>
<tr>
<td><strong>Physical or Sexual Abuse</strong></td>
<td>37 (11%)</td>
</tr>
</tbody>
</table>
Those who remain homeless have higher prevalence of victimization.

- Proportion victimized in total sample
- Victimized and met HEARTH criteria (homeless)
- Victimized and did not meet HEARTH criteria (housed)
Continued homelessness increases odds of victimization

<table>
<thead>
<tr>
<th>Variable</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>2.1 (1.5 – 3.1)</td>
</tr>
<tr>
<td>Women</td>
<td>1.3 (0.9 – 2.1)</td>
</tr>
<tr>
<td>Childhood victimization</td>
<td>1.7 (1.2 – 2.5)</td>
</tr>
<tr>
<td>Functional impairment (difficulty performing ≥ 1 ADL)</td>
<td>1.6 (1.3 – 2.3)</td>
</tr>
<tr>
<td>Moderate-severe alcohol use problems</td>
<td>1.5 (1.0 – 2.1)</td>
</tr>
<tr>
<td>Moderate-severe drug use problems</td>
<td>1.2 (1.2 – 2.4)</td>
</tr>
<tr>
<td>Depressive symptomatology</td>
<td>1.7 (1.2 – 2.5)</td>
</tr>
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What are possible prevention strategies?

- Preventing new homelessness is critical
- Large proportion of older homeless adults first become homeless in late-middle age or late life
- Newly homeless older adults:
  - Socially isolated
  - Had period of time before homelessness occurred where prevention interventions could have been tried
  - Did not affirmatively reach out for help due to shame/stigma
  - Many had warning signs for risk for homelessness
  - NO good screening tools to predict homelessness (ongoing area of work)
Potential warning signs of risk of homelessness

Without reliable screening tool, people who work with vulnerable older adults should be aware of risk factors/signs

- Death of family member
- Family breakdown (divorce)
- Health crisis or loss of job (self, partner, household member)
- Falling behind rent/mortgage/utilities
- Self-neglect
- Abuse (physical, emotional, financial)
- Conflict with household members
- Landlord/tenant issues
  - Poor condition housing, hoarding, conflict
  - Eviction notice!
Assess whether at risk--

- Behind on rent/mortgage/utilities
- Ask whether worried that they will lose housing?
- Assess how long they can stay where they are staying
- Assess safety
In determining intervention

- Assess whether short-term aid likely to help
  - Do they have ongoing resources/income
  - Social support
  - Do they have significant impairments that would require more intensive/ongoing assistance
Preventing Homelessness: Eviction Prevention

- LEGAL representation in housing court
  - NYC, SF offering legal counsel in housing court
    - Other similar initiatives throughout country

- Assisting people at risk in getting caught up on late rent/utilities

- Mediating tenant/landlord disputes/disputes with household members
Emergency Housing Assistance

- Families who called when housing assistance available 76% less likely to enter shelter at six months
- One time payments up to $1500
- Average cost per caller referred $720

The impact of homelessness prevention programs on homelessness

William N. Evans, James X. Sullivan, Melanie Wallskog
+ See all authors and affiliations
Emergency Housing Assistance

- Relatively small amounts of money may interrupt pathway to homelessness
  - These have been difficult to target
  - Access to these funds for people identified as imminent risk may be highly effective
  - Most likely to be helpful in those who have ongoing source of income/social support or other resource to help out when immediate crisis over
Preventing Homelessness: Accessing benefits

- Many of newly homeless individuals were eligible for benefits, but did not receive them
- Advocacy to obtain these may have interrupted homelessness
- If ongoing benefits, could provide protection over time
Preventing Homelessness

- Employment advocacy
  - Advocacy for employment rights
  - If able, assistance with ongoing employment/re-entering job market
If recently homeless, shift efforts to rapidly regaining housing

- New onset homelessness – focus on rehousing quickly
  - Housing navigation
    - First and last month rent
  - Rental subsidies – permanent, if needed
  - Family assistance to increase likelihood of familial support
    - NYC offering family payments
  - Benefit eligibility
Overall prevention (not specific to person)

- Increase supply of deeply affordable housing
- Affordable to those <30% AMI
For people with chronic homelessness and disabling conditions

- PERMANENT SUPPORTIVE HOUSING

- Subsidized housing with on-site or closely linked supportive services (voluntary)

- **Housing First** model – start with the housing

- Services voluntary and not a precondition

- Shown to be effective at keeping people housed
  - Adapt for needs of older adults
Final thoughts

- Homelessness reaching crisis proportions
- Aging population increases urgency
- Older adults at high risk of NEW homelessness
- Need to recognize risk factors and intervene
  - Legal help, advocacy, timely financial resources
  - May need ongoing subsidies (particularly if no source of income)
- Different population than those with long term homelessness
  - (chronic homeless with disabling conditions require more intensive interventions)
Thanks to….

- Claudia Ponath
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**Community Advisory Board**
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- Community Partner: St Mary’s Center
- Allen Temple
- East Bay Community Recovery Center
margot.kushel@ucsf.edu

@mkushel
HOPE HOME papers currently available or in press


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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.
