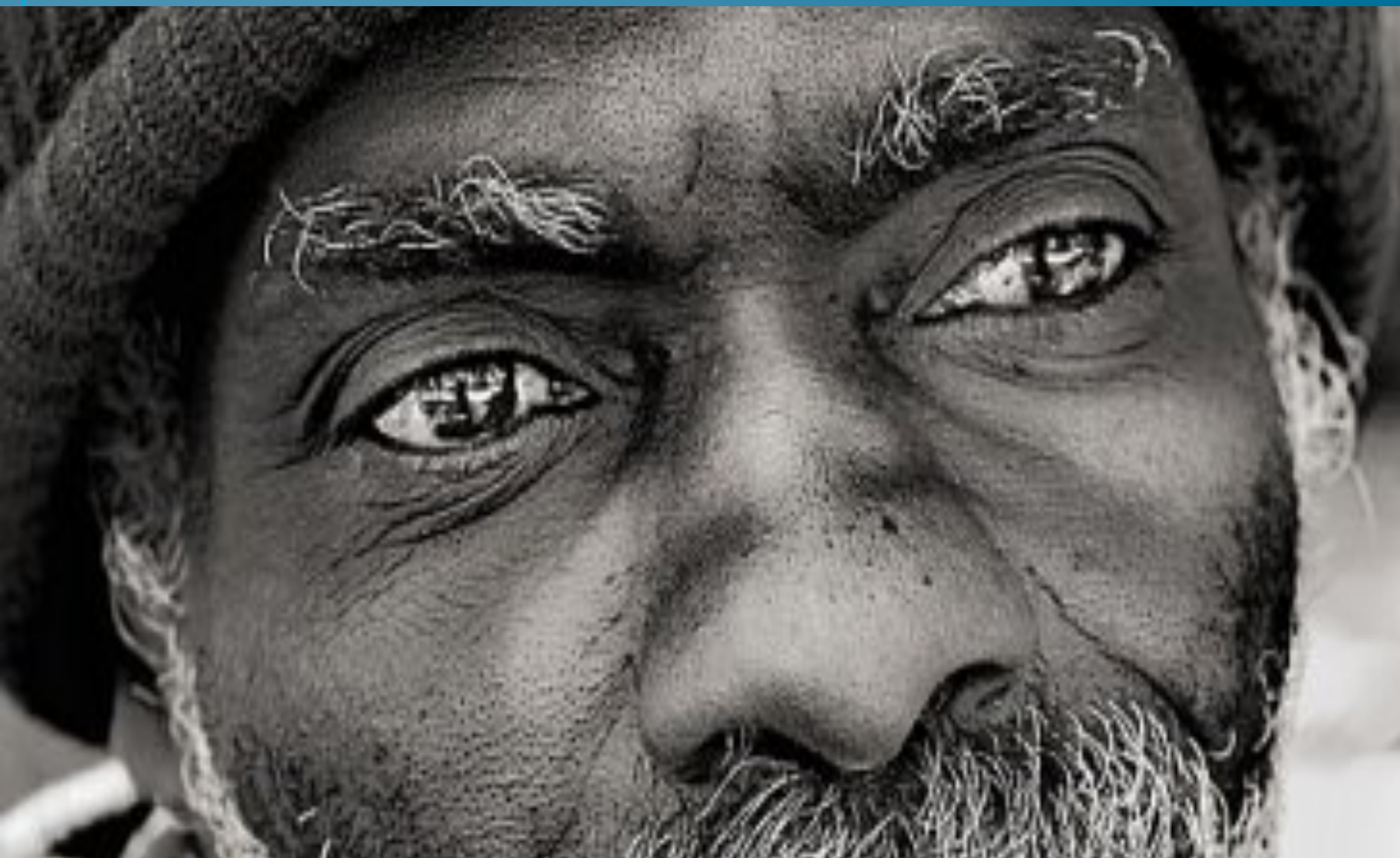


Homelessness in older adults: an emerging crisis

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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

Hahn JA, Kushel MB, Bangsberg DR, Riley E, Moss AR. BRIEF REPORT: the aging of the homeless population: fourteen-year trends in San Francisco. J Gen Intern Med. 2006 Jul;21(7):775-8. PubMed PMID: 16808781; PubMed Central PMCID: PMC1924700.

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

Dennis P. Culhane, Stephen Metraux, Thomas Byrne, Magdi Steno, Jay Bainbridge, and National Center on Homelessness among Veterans. "The Age Structure of Contemporary Homelessness: Evidence and Implications for Public Policy" *Analyses of Social Issues and Public Policy* 13.1 (2013): 1-17.

* Excluding homeless youth and homeless people living in families

Will the trend continue?

- Housing affordability crisis acute for those 50 and over
- Median age of homeless individuals expected to rise

Baker K, Baldwin P, Donahue K, et al. Housing America's Older Adults – Meeting the Needs of an Aging Population. Joint Center for Housing Studies of Harvard University. 2014.

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
- Expect to be renewed for another five years

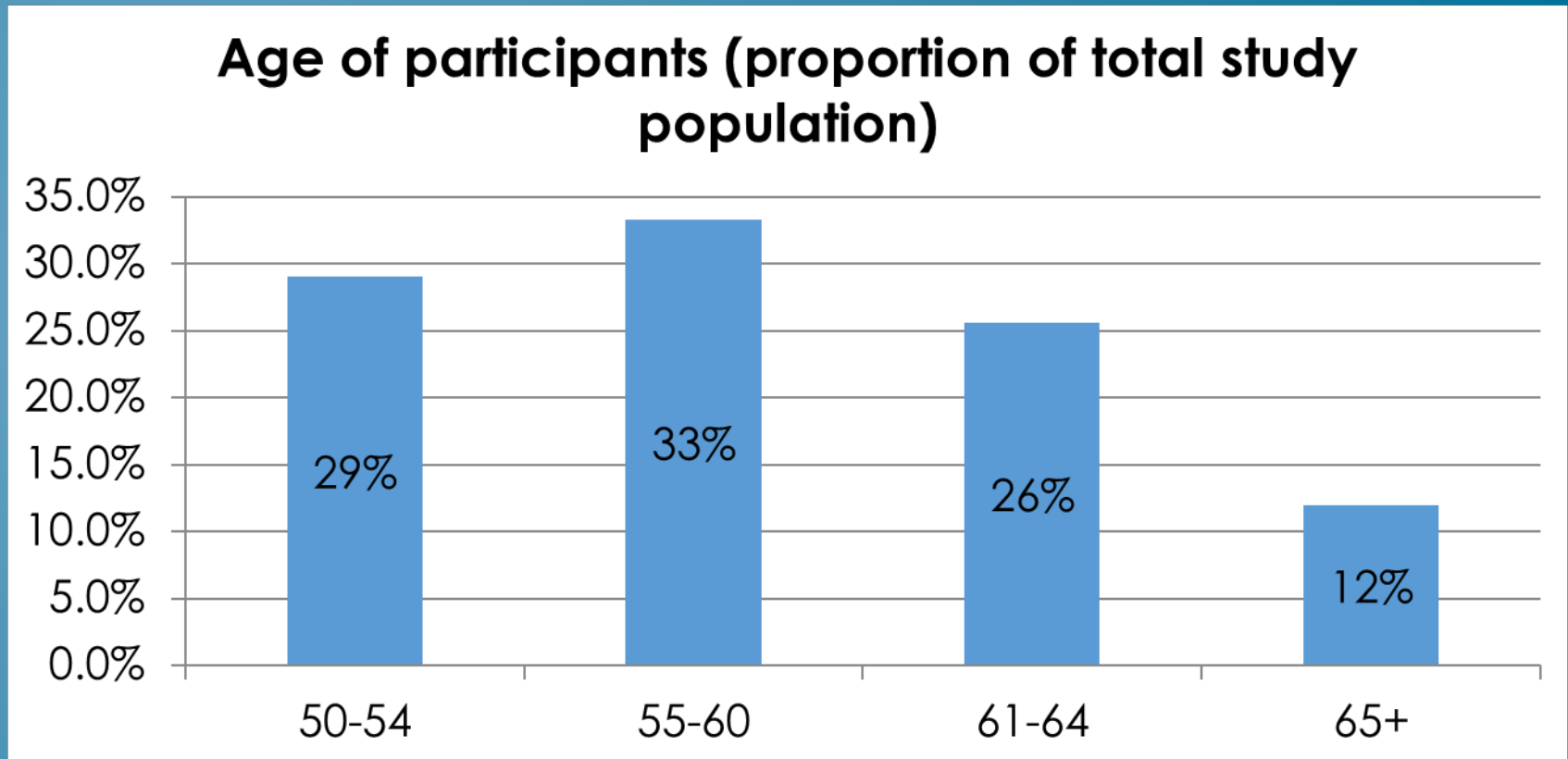
HOPE HOME Study

- 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

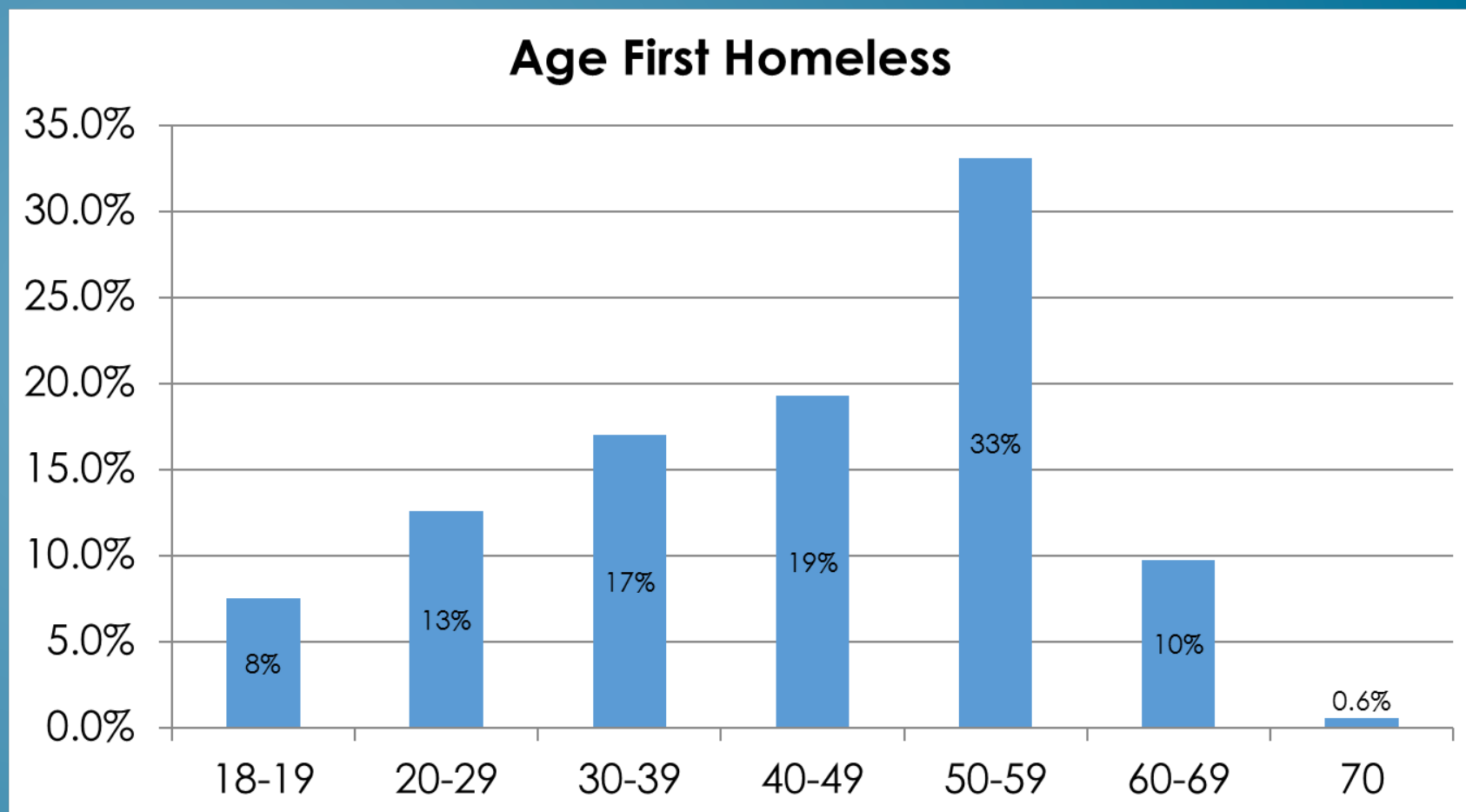
Two thirds are 60 and under, but 12% are older than 65 years at study entry



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

44% with first episode of homelessness after age 50



Different pathways for those with early versus late onset homelessness

- Early (<50) first homeless versus late onset:
 - 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):e0155065. doi: 10.1371/journal.pone.0155065. eCollection 2016. PubMed PMID: 27163478; PubMed Central PMCID: PMC4862628.

Late onset homelessness related to crisis

- Employment
- Health
- Spouse partner health/death
- Death of parent

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.

- While late onset homeless tends to have fewer vulnerabilities, still many had significant health challenges related to their homelessness

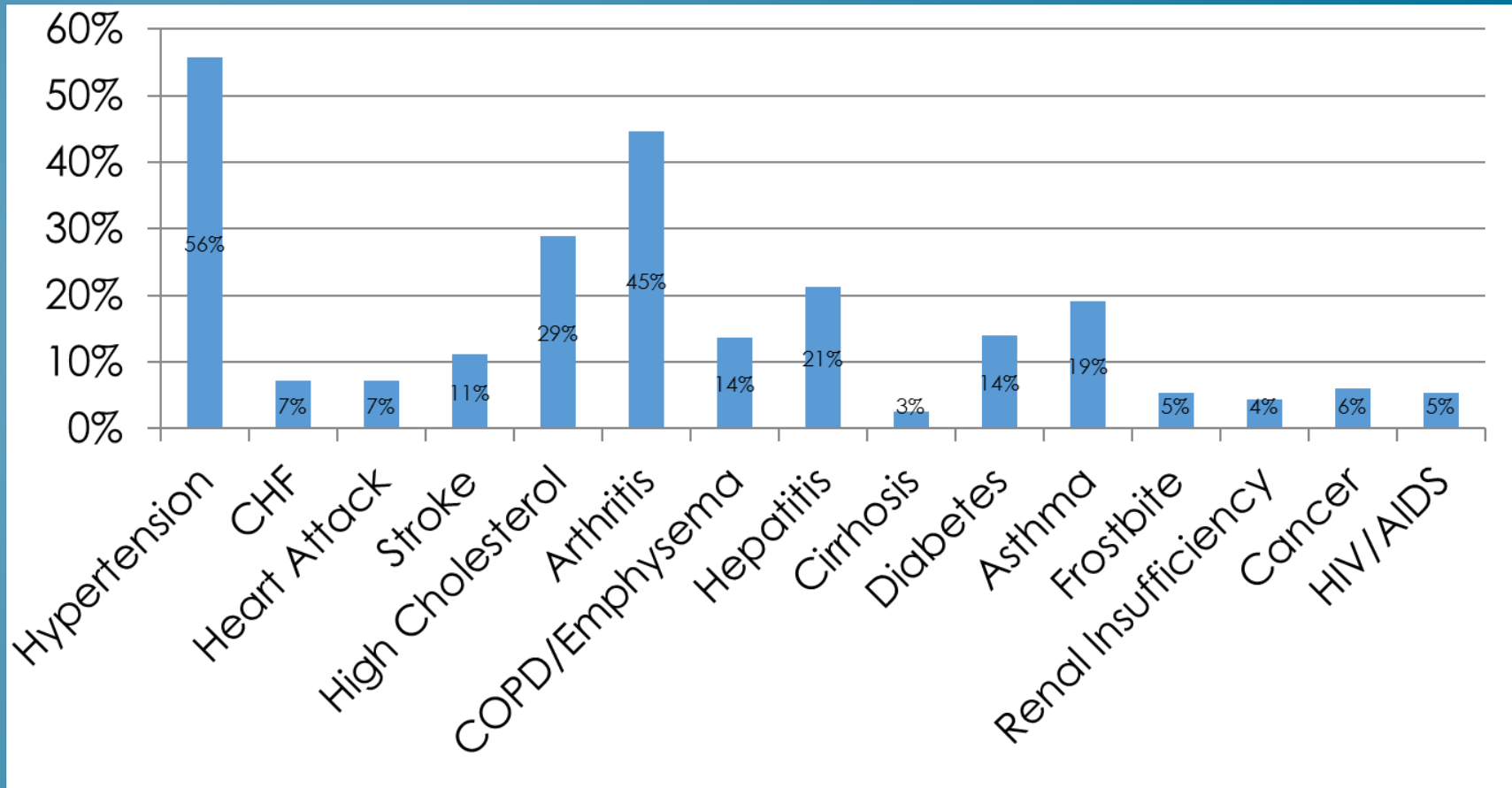
Most participants have a contact; the most common contacts are family

Emergency Contacts Listed by Aging Homeless Participants	% of cohort
Any contact	80.6
Family member	61.4
Sibling	28.9
Child	18.6
Parent	10.9
Spouse	5.4
Other Family Member (e.g. aunt, cousin)	11.7

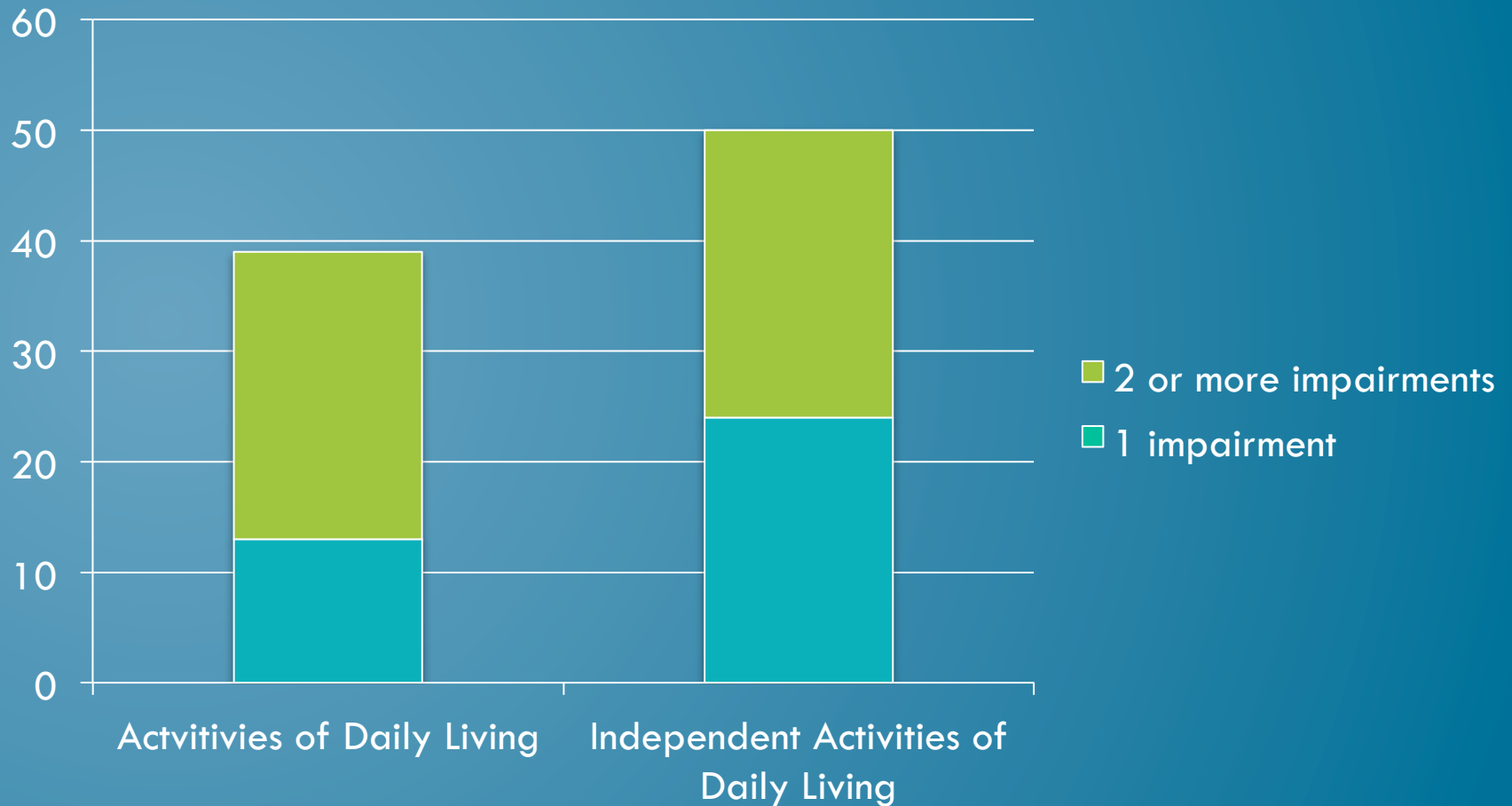
Poor health in every measure

56% report health as fair or poor

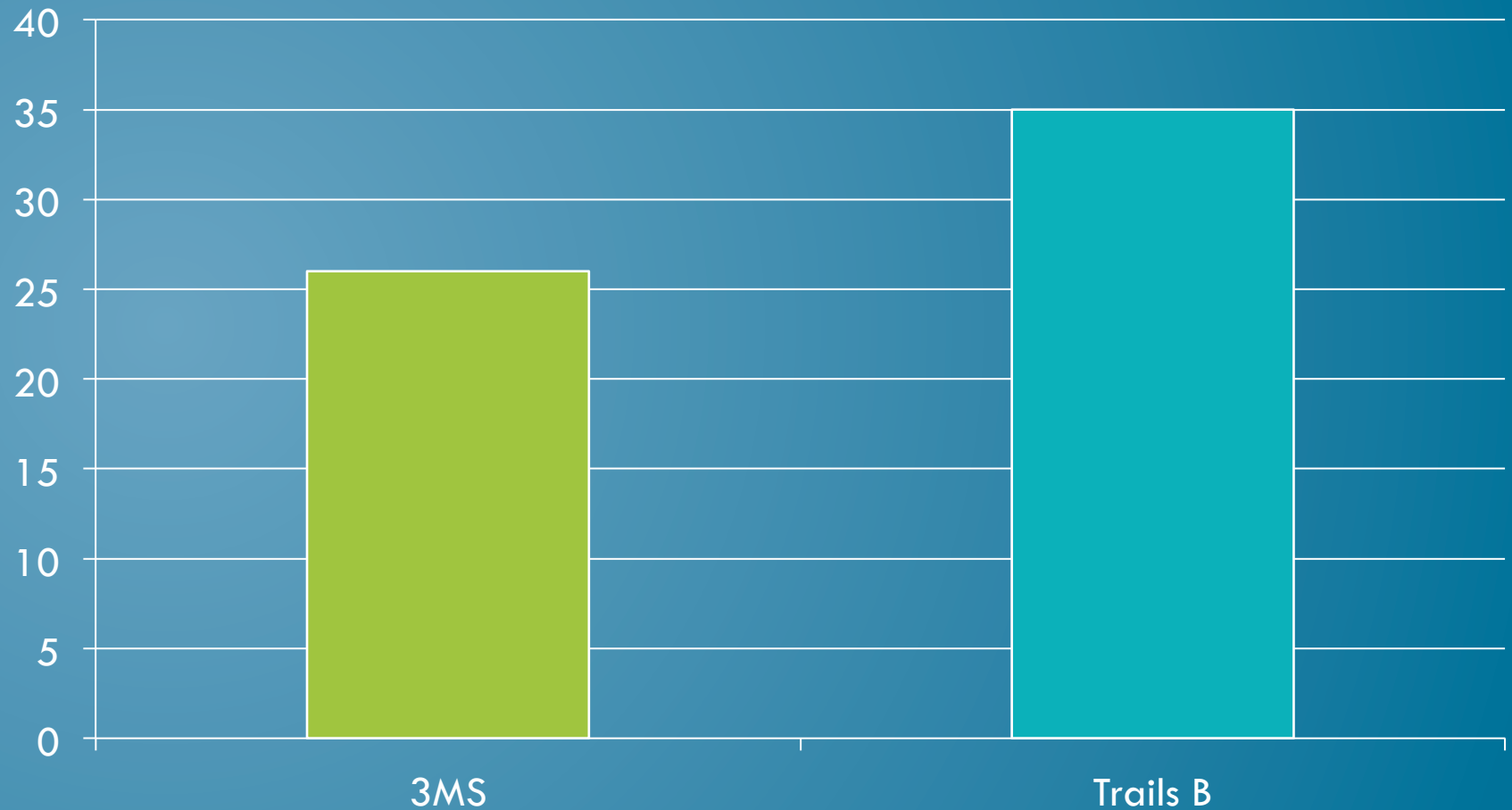
Self-reported chronic diseases are common: but may be underreported



High Proportion with functional impairments



High prevalence of cognitive impairment
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%

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

- 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 participant

Illicit drug and alcohol use common

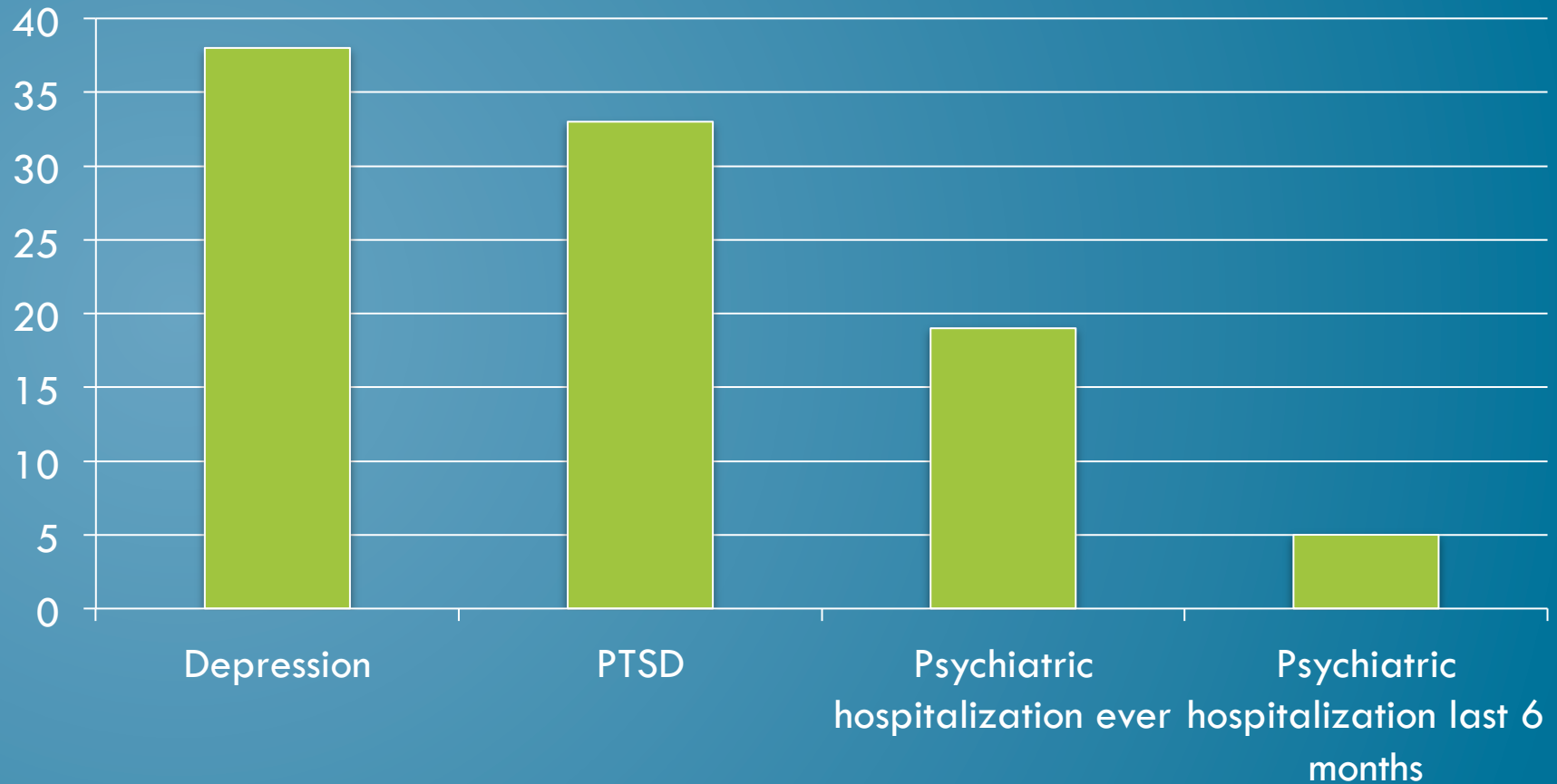
Substance	%
Alcohol	26%
Any illicit drug	65%
Cannabis	39%
Cocaine	43%
Opioid	13%
Amphetamine	8%

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 are common



High rates of acute healthcare utilization

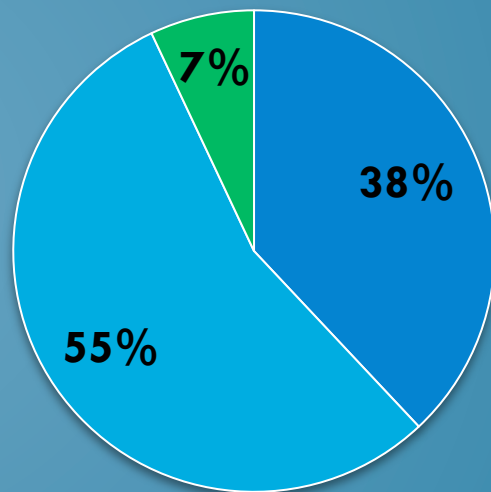
- 72% had a non-ED source for care
- 53% reported a PCP
- Half of all participants had visited an ED (confirmed) in the prior six months
- <7% of participants accounted for half of all ED visits
- 24% of visits for worsening of chronic illness
- 10% were hospitalized for physical condition in prior six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

High mortality rate and institutional care

- 27-38 months after study entry, 20 confirmed deaths
- Multiple diagnoses of metastatic cancer, strokes, heart attacks, kidney failure etc
- Several under conservatorship
- Several living in nursing homes

Housing Status at 24 months n=286

Housing Status at 24 months



□ Homeless n=110

□ Housed n=157

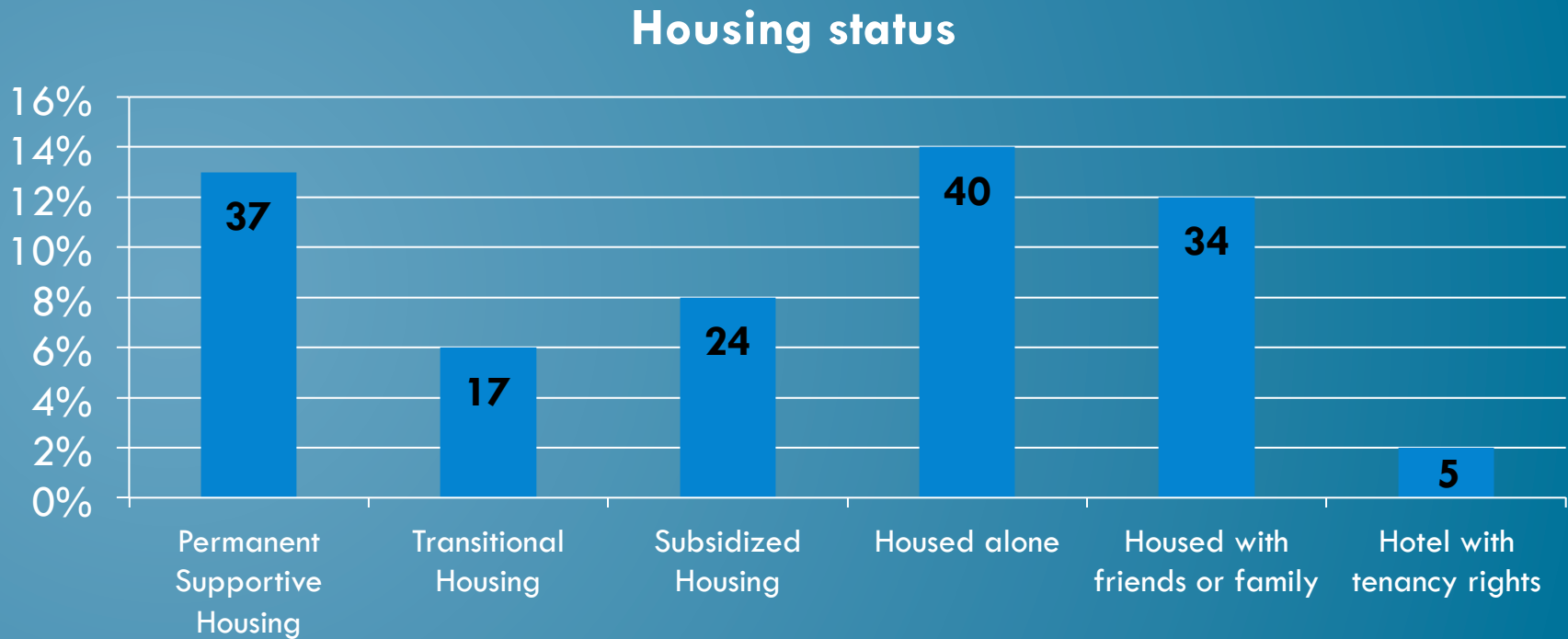
□ Institution n=19

Not included:

Deceased n=17

Dropped out or unable to ascertain n=47

Where were individuals housed at 24 months? n=286



- At 24 months, approximately half still homeless or living in institutional settings

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

- *“My partner of 14 years isn’t allowed to live with me (in my senior affordable housing building). He is younger than I am and helps me, but he can only stay overnight 4 times a month, so he lives in a transitional shelter. We can’t risk my being evicted by breaking the rules.”* **63 year old HOPE HOME participant and Community Advisory Board member**

- *“How do you bring personal care aid services into a shelter setting, where you may have adults who can’t get in and out of the bed in the shelter, or can’t shower by themselves? And then does that service make it more possible for supportive housing providers to house a person who otherwise can’t bathe or toilet or take care of basic needs on their own?”* **Homelessness Policy Advisor, Community Advisory Board member**

- Margot.kushel@ucsf.edu

HOPE HOME Papers currently available

Lee CM, Mangurian C, Tieu L, Ponath C, Guzman D, Kushel M. Childhood Adversities Associated with Poor Adult Mental Health Outcomes in Older Homeless Adults: Results From the HOPE HOME Study. *Am J Geriatr Psychiatry*. 2016 Aug 17. pii: S1064-7481(16)30197-X. doi: 10.1016/j.jagp.2016.07.019. [Epub ahead of print] PubMed PMID: 27544890.

Raven MC, Tieu L, Lee CT, Ponath C, Guzman D, Kushel M. Emergency Department Use in a Cohort of Older Homeless Adults: Results from the HOPE HOME Study. *Acad Emerg Med*. 2016 Aug 13. doi: 10.1111/acem.13070. [Epub ahead of print] PubMed PMID: 27520382.

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):e0155065. doi: 10.1371/journal.pone.0155065. eCollection 2016. PubMed PMID: 27163478; PubMed Central PMCID: PMC4862628.

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Vijayaraghavan M, Tieu L, Ponath C, Guzman D, Kushel M. Tobacco Cessation Behaviors Among Older Homeless Adults: Results From the HOPE HOME Study. *Nicotine Tob Res*. 2016 Aug;18(8):1733-9. doi: 10.1093/ntr/ntw040. Epub 2016 Feb 26. PubMed PMID: 26920648; PubMed Central PMCID: PMC4941600.

Lee CT, Guzman D, Ponath C, Tieu L, Riley E, Kushel M. Residential patterns in older homeless adults: Results of a cluster analysis. *Soc Sci Med*. 2016

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