



## Older Adults Experiencing Homelessness

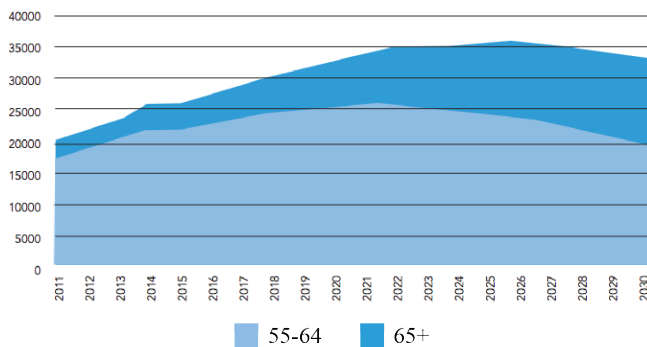
### Background

According to the 2018 Greater Los Angeles Homeless Count, there are 12,698 older adults (aged 55 and older) experiencing homelessness in the Los Angeles Continuum of Care (LAHSA, 2018). This older adult age group makes up over a quarter of the total homeless population in Los Angeles County (LAHSA, 2018). Research has found that, nationally, the share of homeless adults that are 55 and older is increasing and projected to continue growing, suggesting a “cohort effect” where homeless baby boomers are getting older and shifting the age distribution of the single adult homeless population (Culhane et al., 2018). This shift will increasingly strain homeless services and healthcare providers since older adults experiencing homelessness face a higher likelihood of adverse health outcomes than housed older adults and younger people experiencing homelessness (Culhane et al., 2018). This literature review explores research on the characteristics and unique needs of older adults experiencing homelessness and highlights potential interventions and strategies for addressing those needs, including permanent supportive housing.

### Population Projections for Older Adults Experiencing Homelessness in LA County

Figure 1:

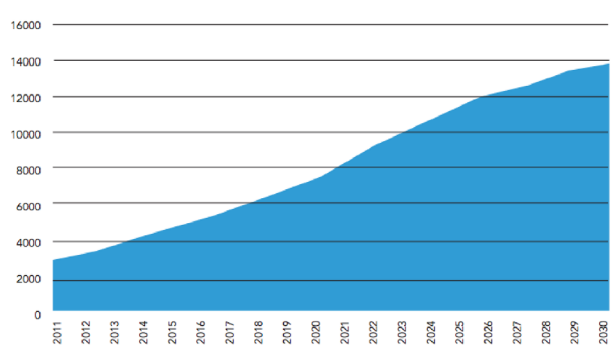
Population of Older Adults Experiencing Homelessness in Los Angeles County 2011-2030



Source: Culhane et al., 2018

Figure 2:

Population of Older Adults (65+) Experiencing Homelessness in Los Angeles County 2011-2030



Source: Culhane et al., 2018

### Key Takeaways:

- Adults experiencing homelessness are aging, increasing the share of the homeless population that is 55 and older.
- Older adults experiencing homelessness are more likely to be chronically homeless than other age groups.
- In Los Angeles County, 85% of older adults experiencing homelessness are unsheltered.
- Older adults experiencing homelessness face a range of adverse health outcomes and rely heavily on inpatient and emergency health services, which will become increasingly costly for providers as their numbers grow.
- Evidence shows that obtaining housing, especially permanent supportive housing, improves health outcomes and reduces days spent in justice system settings for older adults experiencing homelessness.
- Permanent supportive housing providers need to account for the unique needs of older adults experiencing homelessness and anticipate an increased demand from older adults as they age.

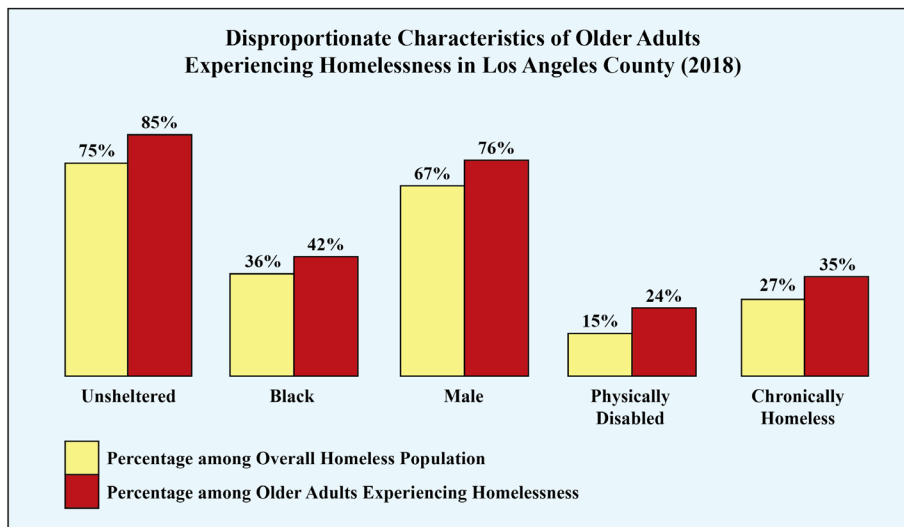


## Literature Review & Data Analysis

### Background and Research Motivation

The 2018 Greater Los Angeles Homeless Count revealed that certain demographics within the population of older adults experiencing homelessness in the Los Angeles Continuum of Care are overrepresented when compared with the overall homeless population. Older adults experiencing homelessness are disproportionately unsheltered, chronically homeless, physically disabled, black, and male (LAHSA, 2018) (See Figure 3).

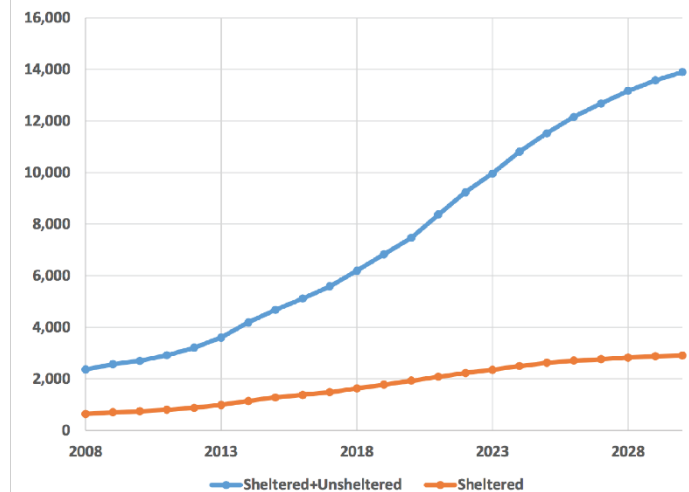
**Figure 3:**



Source: LAHSA, 2018

**Figure 4:**

Forecast Growth in Total and Sheltered Homeless Population (65+) in Los Angeles County 2008-2030



Consistent with national trends, in 2018 Los Angeles County saw a 21% increase in people aged 62 and older experiencing homelessness (LAHSA, 2018). Researchers have projected that by 2030, Los Angeles will see a 5% increase in the number of older adults experiencing homelessness and a 103% increase among those 65 and older (Culhane et al., 2018). Unsheltered homelessness among older adults is also expected to increase rapidly over the next decade (See Figure 4) (Culhane et al., 2018). This dramatic projected growth in older adults experiencing homelessness warrants special attention from policymakers, researchers, and homeless service providers.



Research on older adults experiencing homelessness generally focuses on 1) characterizing this subpopulation's distinguishing attributes, 2) the negative health outcomes that this age group faces, and 3) the impact and cost-effectiveness of permanent supportive housing and other interventions for this group.

### **Health Outcomes**

Older adults in general are naturally more susceptible to illness and disease, mental health problems, physical injury, and disability than younger people (World Health Organization, 2019). Experiencing homelessness also puts people of all ages at higher risk of negative health outcomes than if they were housed (Stafford & Wood, 2017).

#### *Life expectancy and mortality*

Unsurprisingly, the interaction between ageing and homelessness produces compounded health challenges. On average, older single adults experiencing homelessness have a life expectancy of approximately 64 years for men and 69 years for women (Metraux et al., 2011), as compared to national average life expectancies of approximately 76 years for men and 81 years for women (Centers for Disease Control and Prevention, 2018). Among older veterans, those who are experiencing homelessness have a substantially higher mortality risk and tend to be younger at their time of death than those who are housed (Schinka et al., 2016; Schinka & Byrne, 2019).

#### *Geriatric conditions*

Evidence also suggests that older adults experiencing homelessness develop geriatric conditions associated with ageing much earlier than housed older adults. Brown et al. (2016) found that the prevalence of geriatric conditions including frailty, cognitive impairment, vision impairment, and urinary incontinence among a sample of older adults experiencing homelessness was higher than rates for the same conditions among housed adults 20 years older. Older adults experiencing homelessness are also more likely to injure themselves in falls and develop major depression than housed adults of similar age groups (Brown et al., 2011). While these geriatric conditions are associated with higher use of acute healthcare services, disability, and mortality, they are also generally treatable conditions, if detected (Brown et al., 2011). A Canadian study of older adults experiencing homelessness in Toronto also found high rates of arthritis, dental complications, and back problems (McDonald et al., 2004).

#### *Mental health*

Mental health challenges are also common among older adults experiencing homelessness; a recent study of older adults in permanent supportive housing found that 56% of respondents reported having at least two chronic mental health conditions (Henwood et al., 2017). Another study, sampling men experiencing homelessness in Canada age 55 and older, reported a mental illness rate of 74%, with the most prevalent diagnoses being schizophrenia and depression (Joyce & Limbos, 2009). Schinka et al. (2012) also found that suicidal behavior is prevalent among older veterans experiencing homelessness and is associated with a history of psychiatric disorder and substance abuse.



### *Substance use*

Substance abuse, especially alcohol abuse, is common among older adults experiencing homelessness and mortality due to alcohol is more likely for them when compared to younger people experiencing homelessness (Spinelli et al., 2017). Among older adults experiencing homelessness, males are more likely to have substance abuse problems than females (Dietz, 2008), which is particularly relevant in the Los Angeles context where 76% of older adults experiencing homelessness are male (LAHSA, 2018).

### **Chronic Homelessness**

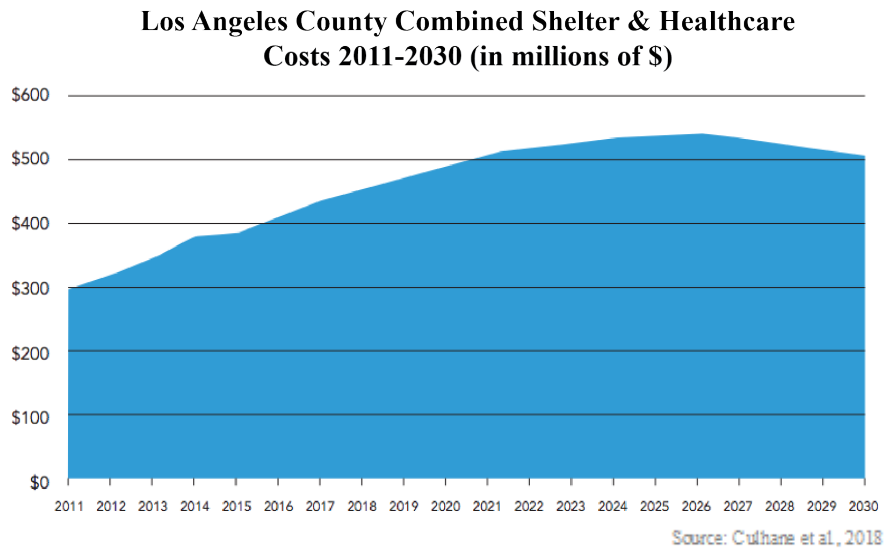
The U.S. Department of Housing and Urban Development (HUD) identifies a person as being chronically homeless if they have a disability as defined by McKinney-Vento Homeless Assistance Act and have experienced homelessness continuously for at least a year or on at least four occasions totaling at least a year over the past three years (HUD, 2007). Research has found that older adults experiencing homelessness tend to be chronically homeless and often become homeless as younger adults and remain homeless into older age (Brown et al., 2013). Adults who experience homelessness later in life and those who have more co-occurring health conditions are more likely to become chronically homeless than those who are younger when they become homeless and have fewer or no co-occurring conditions (Kushel, 2012). Chronically homeless older adults have a higher risk of institutionalization, which means they often end up in nursing homes or psychiatric hospitals paid for by Medicaid due to scarcity of other adequate housing options (Goldberg et al., 2016). With high rates of chronic homelessness among Los Angeles' older adult homeless population, interventions targeted at chronic homelessness should prioritize this age group.

### **Healthcare Costs**

Older adults experiencing homelessness rely on nursing homes, inpatient health facilities, and emergency rooms not just for healthcare but also for temporary housing. In Los Angeles, Culhane et al. (2018) found that, as they age, older individuals experiencing homelessness incur increasingly greater costs associated with using healthcare services like nursing homes and inpatient facilities. The same study showed an exponentially positive relationship between age and nursing home usage for older adults experiencing homelessness (Culhane et al., 2018). For low-income individuals in general, healthcare costs account for a larger percentage of older adult expenses than younger adult expenses, which effectively reduces the amount of money older adults have available for housing and makes them particularly vulnerable to homelessness (Goldberg et al., 2016). And while Medicare extends healthcare to adults over the age of 65, it generally does not cover services for dental, hearing, and vision impairments, which are common among older adults (Goldberg et al., 2016). Furthermore, according to the 2018 Greater Los Angeles Homeless Count, unsheltered adults over the age of 65 are far less likely to be enrolled in Medicare despite being eligible—in Los Angeles County, only 10% of unsheltered adults over 65 reported having Medicare, compared to 96% of individuals in that age range nationwide (Henwood et al., 2019). As the population of older adults experiencing homelessness ages further, the costs associated with their healthcare needs is projected to increase. Figure 5 illustrates projected combined shelter and healthcare costs over the next decade as the share of older adults experiencing homelessness increases.



**Figure 5:**



**Housing Solutions**

Multiple studies have shown that obtaining housing not only improves health outcomes for older adults experiencing homelessness but also prevents spending on the expensive healthcare services discussed above. Brown et al. (2013) tracked a sample of older adults experiencing homelessness and found that those who ultimately obtained housing showed lower rates of depressive symptoms and reduced acute care utilization than those who remained homeless. Metraux et al. (2011) surveyed older adults experiencing homelessness in New York City’s shelter system and found that exiting the shelter system into stable housing was associated with reduced mortality hazard for both men and women.

Stable housing is also a way to reduce costs; in Los Angeles, evidence suggests that the savings from reduced healthcare service use would offset the costs of building housing options for older people experiencing homelessness (Culhane et al., 2018). Bamberger & Dobbins (2015) compared healthcare costs of a sample of seniors experiencing homelessness at a nursing home facility to their costs a year later after they had been placed in permanent supportive housing and found that obtaining housing resulted in a combined savings of \$1.46 million. The group also exhibited lower rates of hospitalization after obtaining housing than prior to their housing placement (Bamberger & Dobbins, 2015). Evidence also suggests that obtaining housing decreases days spent homeless and in justice system settings for older adults with histories of homelessness (Henwood et al., 2014).

While “obtaining housing” could mean a number of things, practitioners and researchers generally agree that a specific model of housing - permanent supportive housing - is a particularly effective intervention for chronically homeless individuals. In general, permanent supportive housing refers to the combination of affordable, long-term, and stable housing with a variety of support services for chronically homeless individuals across demographic backgrounds. Evidence suggests that for chronically homeless individuals of all ages, permanent supportive housing increases housing stability for patients with serious mental illness (Pearson et al., 2009), improves outcomes for HIV-positive patients (Buchanan et al., 2011), improves educational achievement for children



experiencing homelessness (Hong & Piescher, 2012), and reduces the use of acute health services by homeless adults (Martinez & Burt, 2006).

However, permanent supportive housing does not necessarily address the specific needs of older adults experiencing homelessness. As this population grows and continues to age, housing and service providers will need to adapt to better serve older adults experiencing homelessness. One such provider, the Corporation for Supportive Housing, identified a number of specialized services targeted at older adults in supportive housing including 24-hour crisis response, geriatric healthcare, transportation and mobility assistance, and community building activities to prevent isolation (Caraviello et al., 2017). These services should be tenant-centered, voluntary, and offered on-site or nearby while anticipating that the physical and mental health status of older adults in supportive housing will likely decline as they continue to age (Caraviello et al., 2017).

Hearth, a non-profit permanent supportive housing provider in Boston, has developed a model aimed specifically at serving adults over the age of 50 that not only helps them obtain stable, affordable, long-term housing but also maintain that housing. The Hearth model utilizes a multidisciplinary team of staff members comprised of site directors, clinical social workers, registered nurses, resident assistants, and personal care homemakers to offer residents optional yet tailored services. Services at Hearth facilities include physical and mental health assessments, treatment planning, crisis management, medication and care coordination, wellness promotion, financial management, personal care, homemaking services, and group activities that promote social engagement (Brown et al., 2013).

Housing providers in Los Angeles and elsewhere have adopted practices from the Hearth model. Some service providers in the Los Angeles area have also begun to incorporate additional innovative programs targeted specifically at older adults in supportive housing, including the Downtown Women Center's fall prevention program, PATH's memory workshops, Western Senior Housing's Medi-Cal funding arrangement, and Affordable Living for the Aging's senior housing site featuring 100% universal design (Caraviello et al., 2017).

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