Benioff Homelessness and Housing Initiative



University of California San Francisco

> Aging, Health, and Homelessness: Findings from CASPEH and HOPE HOME

Margot Kushel, MD Susan DeMarois DeForrest Hancock Marisa Espinoza, MPA



Agenda

- Opening Remarks and Framing
- Research Findings
- Policy Recommendations
- Panelist Q&A



Panelists



Margot Kushel, MD

BHHI Director



Susan DeMarois

Director, California

Department of Aging



DeForrest Hancock

Lived Expertise Advisory

Board Representative



Marisa Espinoza, MPA BHHI Policy Analyst

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The homeless population is aging

Proportion of single homeless adults who are ≥50



(The California Statewide Study of People Experiencing Homelessness, 2023; The Aging of the Homeless Population: Fourteen-year trends in San Francisco, 2006)



Toward a New Understanding

The California Statewide Study of People Experiencing Homelessness

June 2023

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HOPE HOME Study

Health Outcomes of People Experiencing Homelessness in Older Middle age

- Aged 50 and older
- Homeless at time of enrollment
- Started 2013 and ongoing
- Followed every six months, regardless of housing
- NIA



Photo: Barbara Ries



Median Age: 47

(range 18-89)

48% of single adults were 50+

41% of those 50+ first became homeless at 50 or older



Older Adults Who Were Homeless Before Age 50

- → More adverse life experiences
- → Low-income attainment in early adulthood
- → No spouse partner
- → Mental health problems
- → Alcohol use problems
- → Traumatic brain injury
- → Imprisonment



Photo: Barbara Ries

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.



Older Adults First Homeless After Age 50

- → Low wage work throughout life
- → Crisis
 - Job loss
 - Marital breakdown
 - Illness (participant, spouse)
 - Death (spouse, parent)
- → Lack of advocacy and social support



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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.





"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."

- HOPE HOME Participant



Pathways to Homelessness



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- Institutional settings: 19%
- Non-leaseholding arrangements: 46%
- Leaseholding arrangements: 35%



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- Among participants 50+
 - Median monthly household income: \$920
- Non-Leaseholders
- Median monthly household income: \$996
 - Proportion who didn't pay rent 42%
 - Median rent of those who pay rent: \$412
- Leaseholders
 - Median monthly household income: \$1100
 - Median monthly rent: \$659





"So, I've given my whole check up many times just to pay my rent. Yeah. I would prefer to go broke paying my rent than to go broke and not have nothing at all. Even if it costs me my whole SSI check, I don't care. As long as my rent gets paid, that's all I care. My bills, my lights, I don't care."

CASPEH Participant (54-year-old woman)



Experiences During Homelessness









"I tried many times on the streets to go to work, but it is almost impossible because you have to have the address, the mailing address to get your documentation. I just got my birth certificate and my social security, my ID. Um, all that stuff, you know, my income tax, my – all those records. I had just finally started getting back what I lost through my storage and being homeless, because those are important documentations that you need to get to work and get a loan and prove your history and that, yeah, that main thing. So, um, homelessness, you are just kind of lost and, um, you're just lost, that's what I say a lot, lost, right."

CASPEH Participant



Health



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Among those 50 and older

- 53% reported having fair/poor health
- 68% reported at least one chronic health condition



43% reported difficulty with one or more activities of daily living



23% 3 or more limitations



32% reported difficulty with mobility



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Where participants slept most in past 6 months

Sheltered

39% had one or more ADL limitation

Unsheltered Outdoors

44% had one or more ADL limitation

Unsheltered Vehicle

43% had one or more ADL limitation



26% had moderate-severe impairment on a screening test for global cognitive impairment

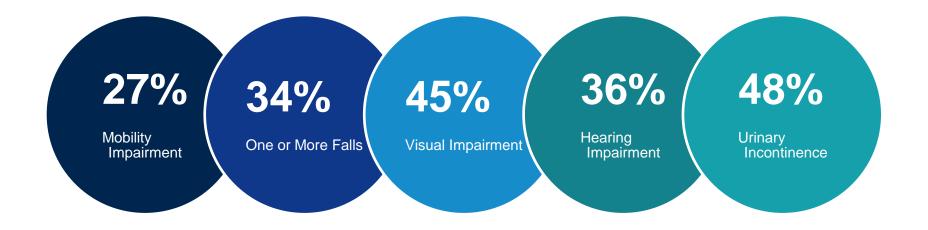
Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570. doi: 10.1016/j.drugalcdep.2017.06.002. PMID: 28738314; PMCID: PMC5568464.



35% had moderate-severe impairment on a screening test for 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. doi: 10.1016/j.drugalcdep.2017.06.002. PMID: 28738314; PMCID: PMC5568464.





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50 is the new 75



38% wanted shelter but were unable to access it

Among those with 3 or more ADL limitations,

53% wanted shelter but were unable to access it



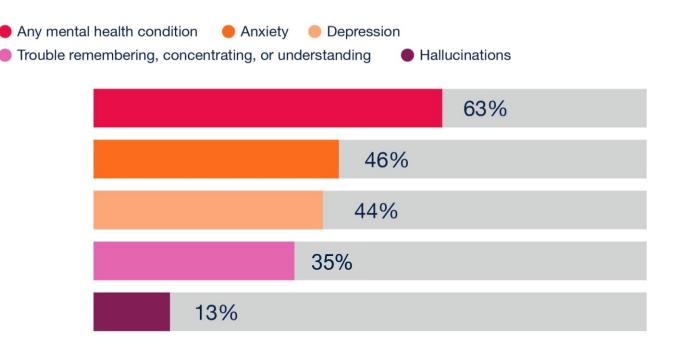


"A lot of shelters, they don't have – they're not equipped for disabilities, for handicapped, disabled. You know? They don't have handrails in the showers. They don't have a ramp, you know... the disability can be a problem. They don't accept us in a lot of shelters."

CASPEH Participant

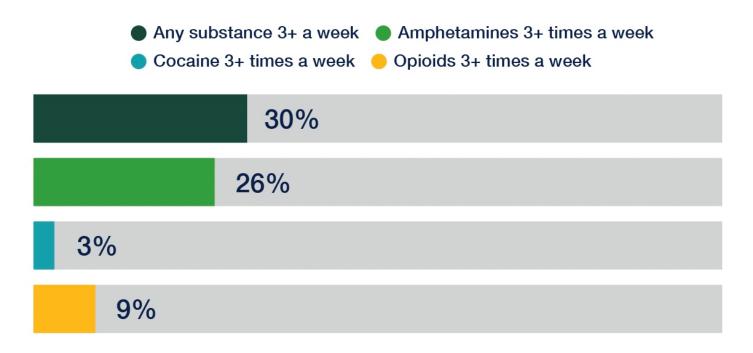


Mental health symptoms experienced in the past 30 days for those 50+





Adults Ages 50 and Older





8% reported current heavy episodic alcohol use weekly



42% reported a complex behavioral need EITHER

- Current regular illicit drug use (30%)
- Heavy episodic alcohol use (weekly) (8%)
- Current hallucinations (13%) OR
- Recent mental health hospitalization (5%)



22% reported a complex behavioral health need

AND one or more ADL limitation



In the prior six months,

37% reported an ED visit

25% reported a physical health care hospitalization

5% reported a mental health hospitalization



Among HOPE HOME participants

148 confirmed deaths

Mortality Rates are

3.1x greater

than general population for men

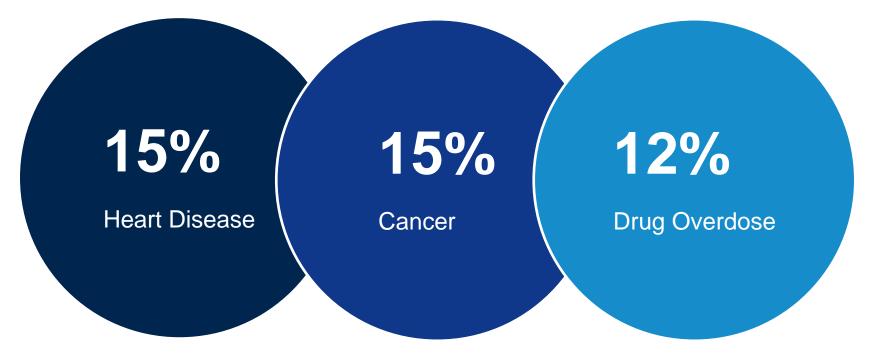
5.2x greater

than general population for women

Brown RT, Evans JL, Valle K, Guzman D, Chen YH, Kushel MB. Factors Associated With Mortality Among Homeless Older Adults in California: The HOPE HOME Study. JAMA Intern Med. 2022; doi: 10.1001/jamainternmed.2022.3697



Top causes of death among HOPE HOME participants



^{*}Based on 117 deaths.

Brown RT, Evans JL, Valle K, Guzman D, Chen YH, Kushel MB. Factors Associated With Mortality Among Homeless Older Adults in California: The HOPE HOME Study. JAMA Intern Med. 2022; doi: 10.1001/jamainternmed.2022.3697



Barriers and Facilitators of Returns to Housing



12/20/2023



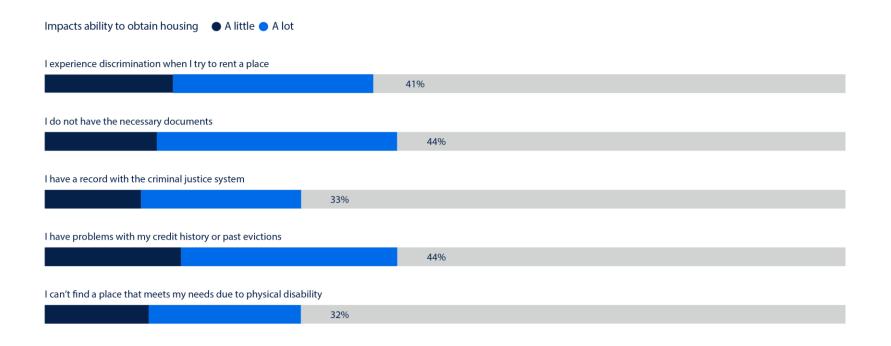


Impacts ability to obtain housing

A littleA lot



Barriers in Housing Among those 50 and Older







"Most buildings that I have been in or been to have stairs – a lot of stairs. A lot of these apartment buildings don't have accessibility for a wheelchair or for a left leg amputee. So that's one of the major – and the money. [laughs] I don't receive enough money each month to live on my own in an apartment. Mm-hmm. I don't have enough income."

CASPEH Participant



Conclusions

- → The population experiencing homelessness is aging
- → Many entering homelessness in late middle age
- → Early onset of geriatric conditions including cognitive, functional, and mobility impairment
- → Experience of homelessness is harrowing and filled with despair
- Homelessness systems need to be responsive to needs of aging population
- → Ending homelessness will require sustained efforts to address root causes, particularly the severe shortage of deeply affordable housing

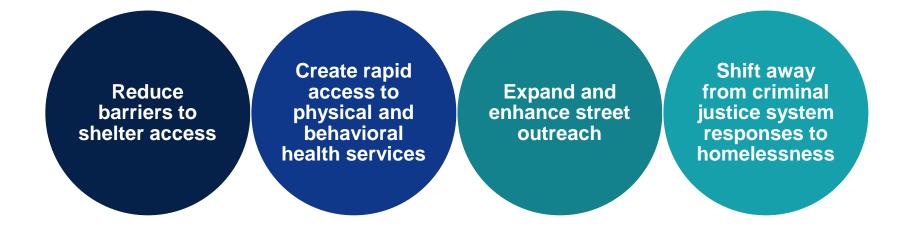


Policy Recommendation Areas

- Responding to Homelessness
- Housing Connection
- Prevention
- Equity
- Housing Supports



Responding to Homelessness





Housing Connection

Enhance Eliminate **Expand supply** homeless barriers to **Improve** of deeply services implementation access affordable capacity to available of Cal AIM housing meet needs of housing older adults



Prevention

Strengthen eviction protections

Target older adults with high vulnerability and risk for homelessness

Improve access to public benefits & expand income supports

Embed homelessness prevention into existing senior programs Increase availability of targeted homelessness prevention Disrupt returns to homelessness from institutional stays



Equity

Remove systemic housing barriers that perpetuate racial disparities

Combat ongoing discrimination in housing systems

Address racial disparities in homelessness systems

Prioritize equity in Coordinated Entry systems



Housing Supports

Prioritize high quality support services in permanent housing

Implement coordinated service strategies to promote health and stability in housing

Support ongoing functional, mobility, and cognitive needs of older adults

