



University of California
San Francisco

Homelessness in older adults: Results from HOPE HOME Study

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Overview

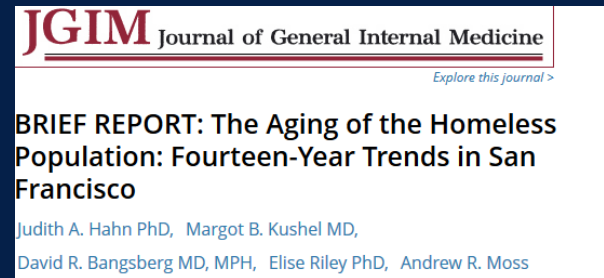
- Why is the homeless population aging?
- Introduction to HOPE HOME Study
- Demographics of older homeless in Oakland
- Access to healthcare prior to ACA
- How did things change post-ACA?
- ED utilization
 - Rates, patterns
 - Why do people use the ED
- Housing outcomes
 - Barriers

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The homeless population is aging

- In 1990, 11% of people experiencing homelessness in SF were over 50
- In 2003, 37% were over 50



S.F.'S HOMELESS AGING ON THE STREET / Chronic health problems on the rise as median age nears 50

By Kevin Fagan | August 4, 2006



Hahn J et al. The Aging of the Homeless Population
JGIM 2006

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

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.

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HOPE HOME Study

- Health outocomes 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
- Renewed for another five years

HOPE HOME Study

- Study activities take place at St Mary's Center
- Active Community Advisory Board
 - Local leaders (service providers, clinicians, policy experts, etc)
 - Three study participants (consumers)
- Study includes
 - Regular study interviews and exams
 - Qualitative interviews on topics of interest
 - Ability to add new questions/adapt study

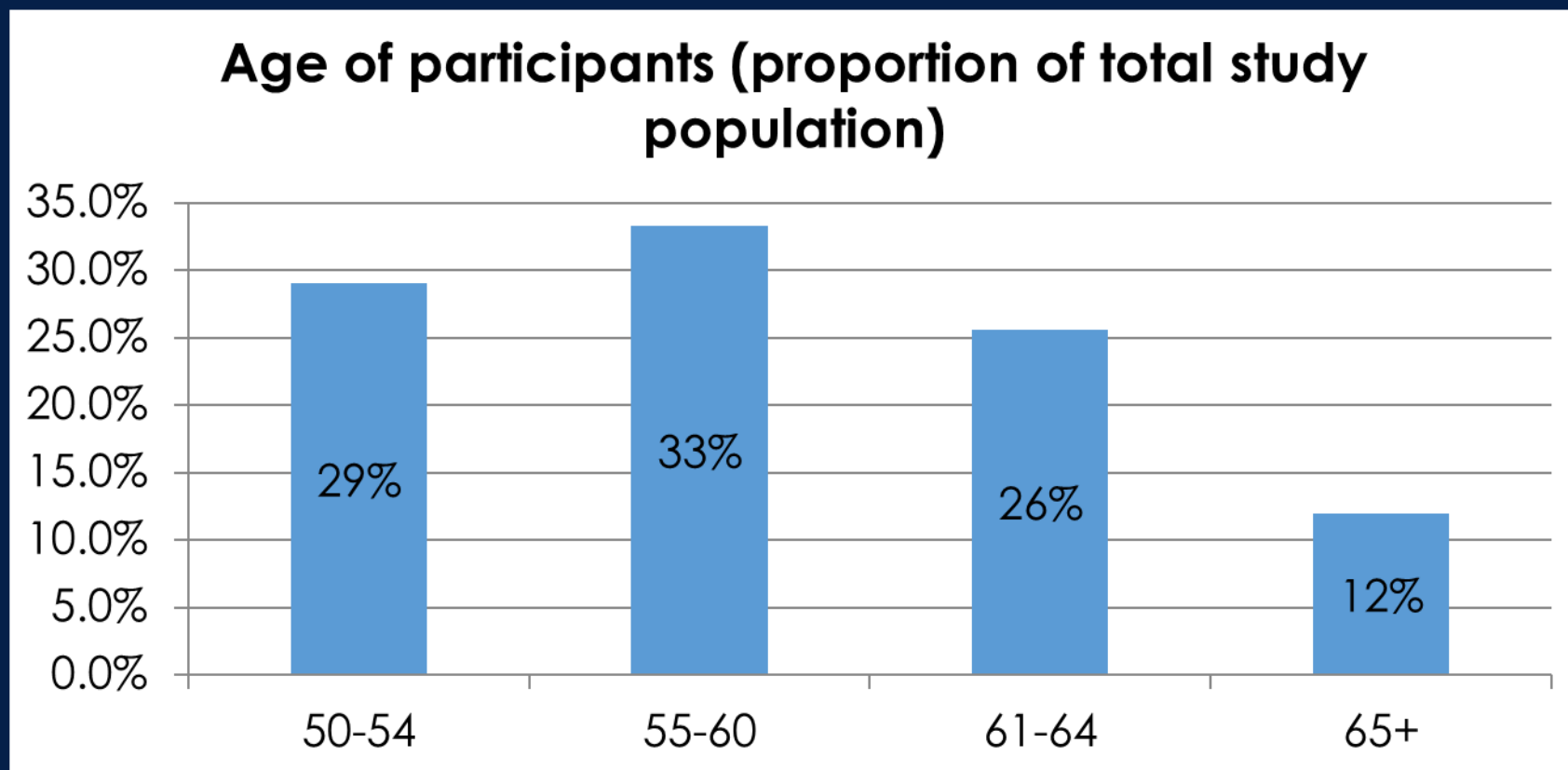
HOPE HOME Study

- 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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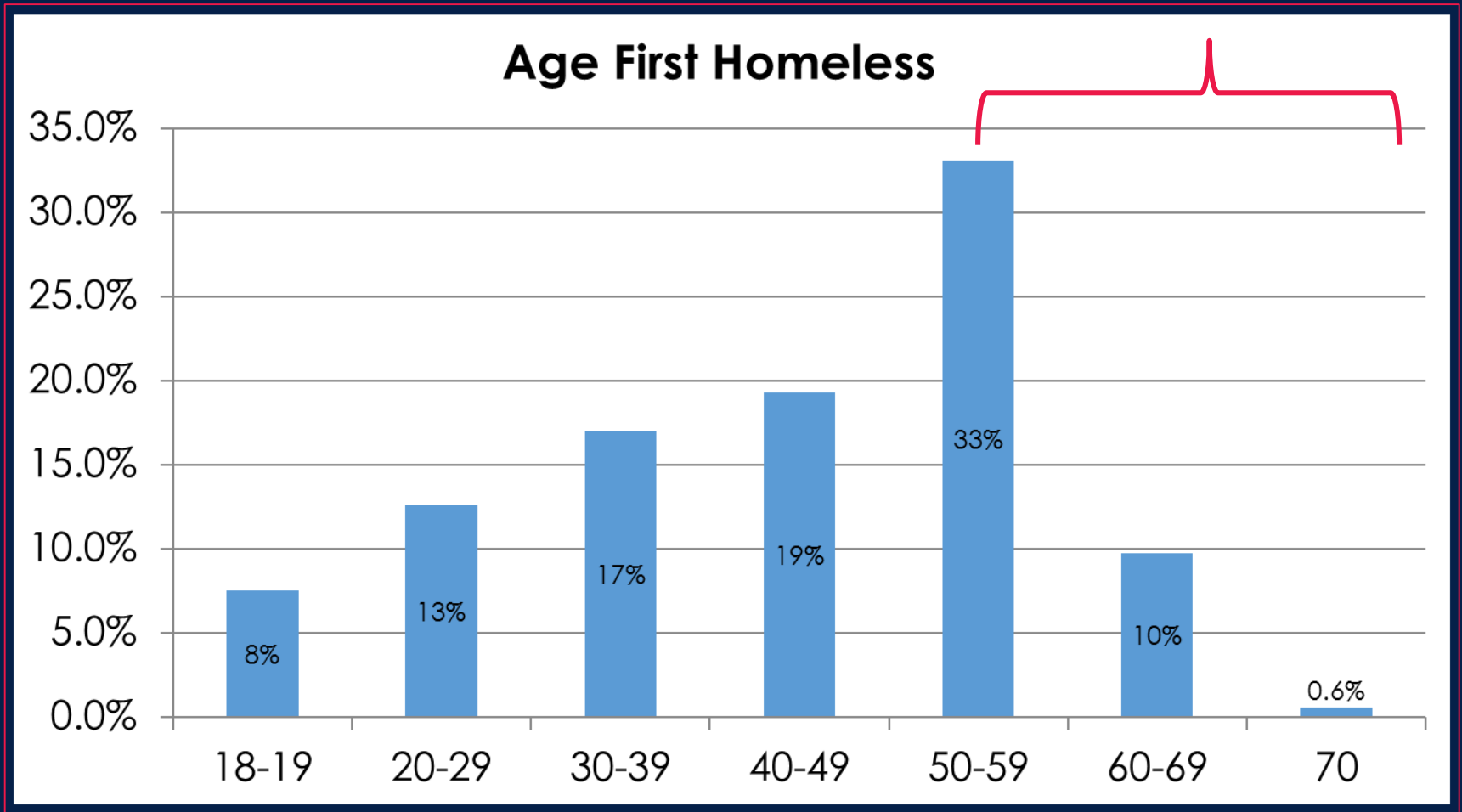
Two thirds are 60 and under, but 12% are older than 65 years at study entry: Median age 57



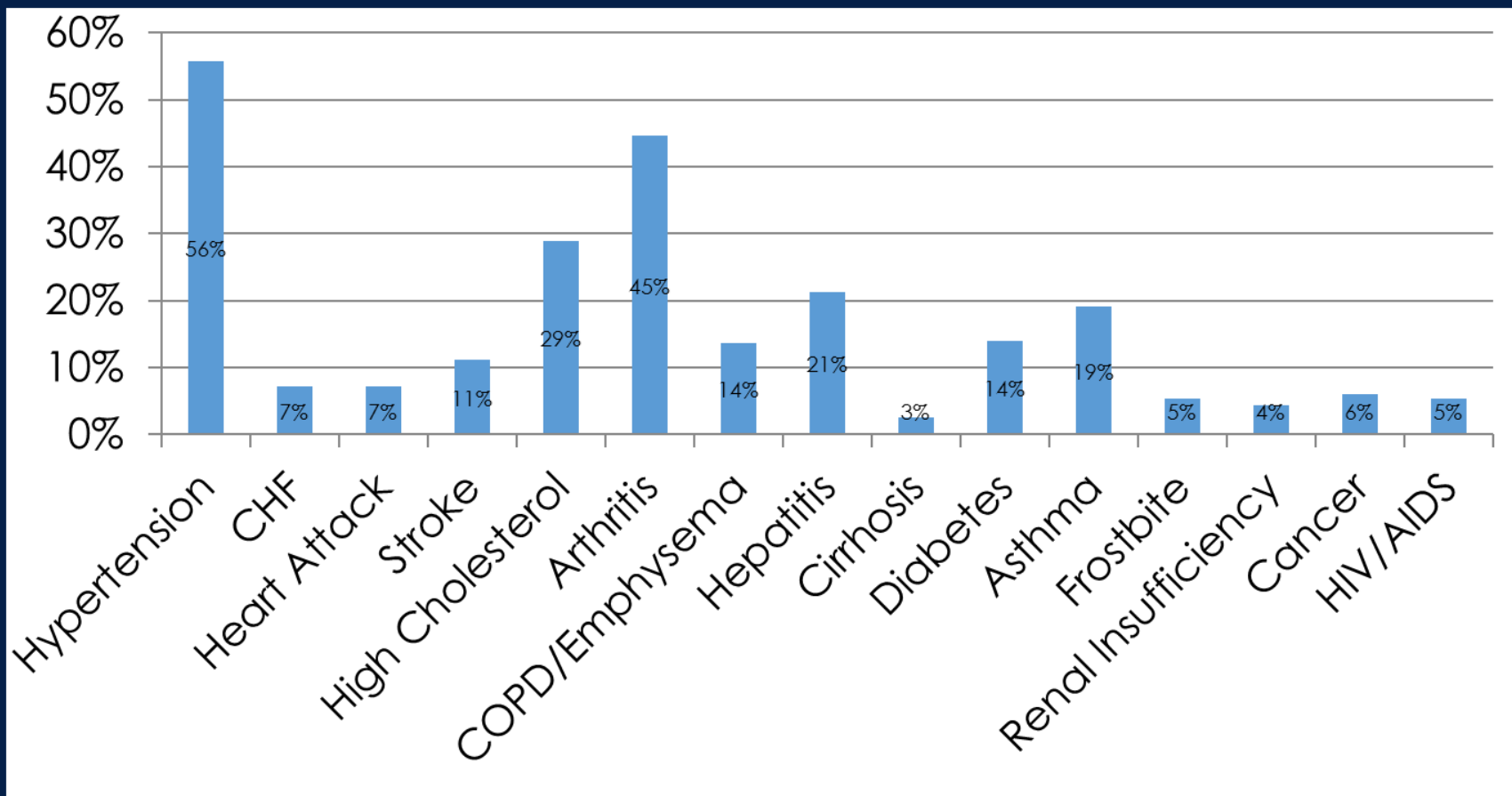
Study population

- 77% men
- 80% African American
- 13% currently work for pay
- 28% currently looking for work
- 90% income less than \$1150/month

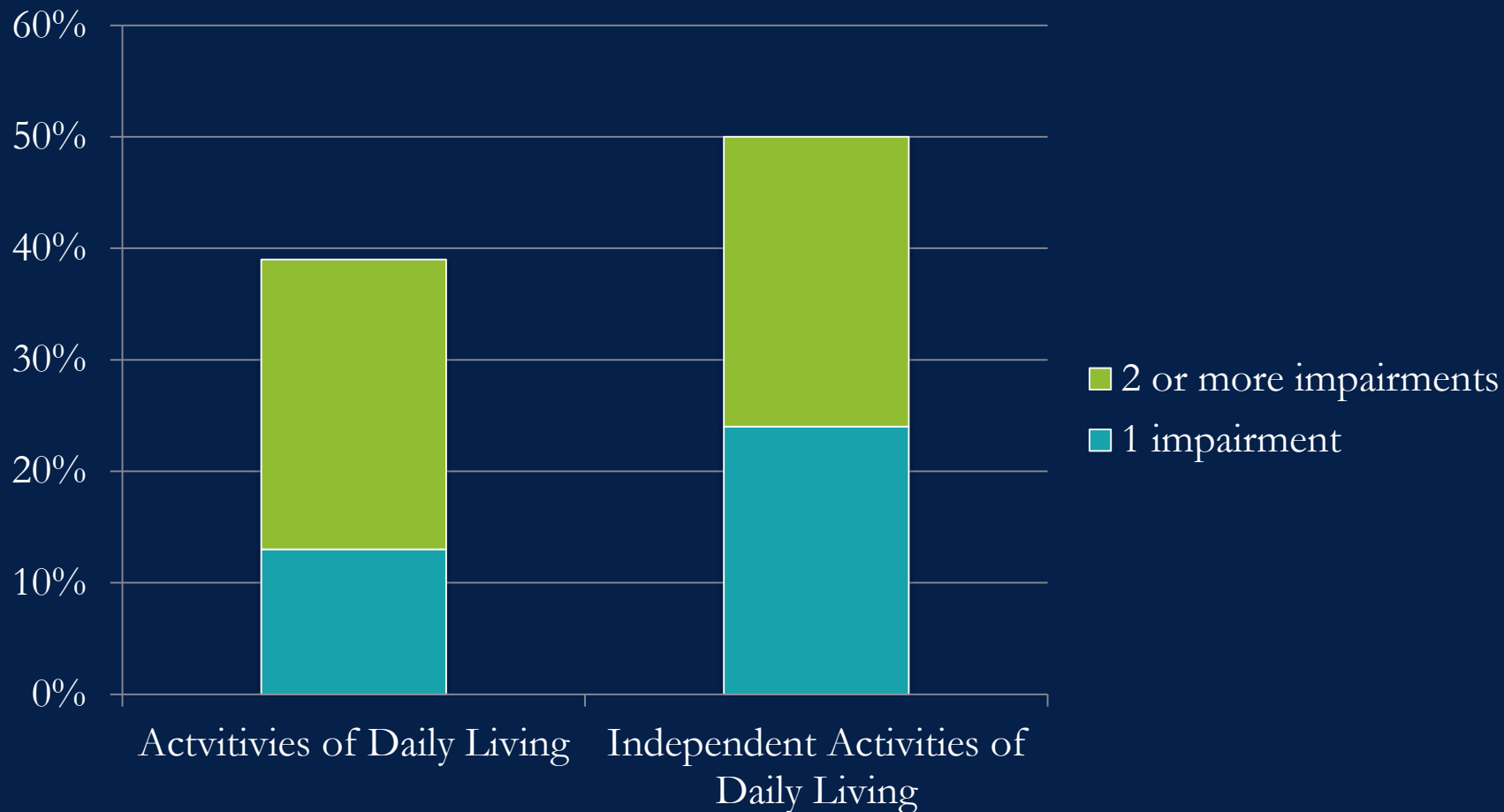
44% with first episode of homelessness after age 50



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



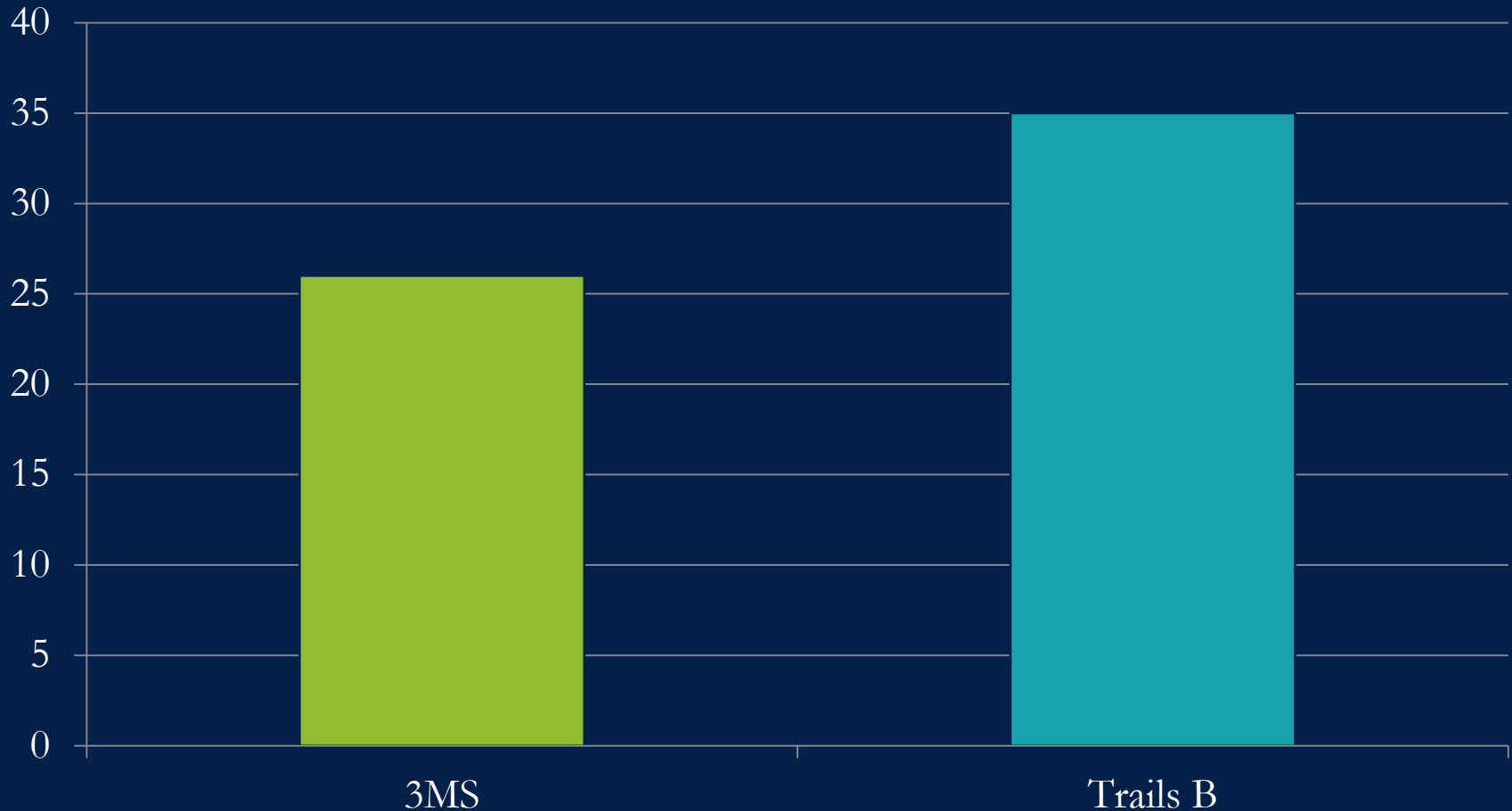
High Proportion with functional impairments



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. PubMed PMID: 26920935

High prevalence of cognitive impairment

3MS measures global impairments;
Trails B measures executive function



Hurstak et al Drug and Alcohol Dependence, in press

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

“50 is the new 75”

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Affordable Healthcare Act

- Starting in 2014, expanded access to Medicaid in states that accepted expansion
 - California an expansion state
- Changed Medicaid from categorical benefit
 - Low income (below 138% poverty) required, but not sufficient
 - Seniors and people with disabilities
- After expansion, for those who were
 - Documented and in country over 5 years
 - Income <138% poverty and no insurance became only requirement

HOPE HOME timing

- Recruited for 11 months---from July 2013-June 2014
- ACA related Medicaid expansion started January 2014
 - About half of our baseline sample recruited after ACA expansion began
 - Some may have already benefited prior to enrollment in study
 - Although full efforts took a few months....

At baseline: Fewer than half had Medicaid

- 19.7% NO insurance or plan
- 48.3% of participants had Medicaid***
 - 18.0% Medicare/Medicaid
- 17.1% County plan (not insurance, but coverage)
- 12% VA insurance
- 1.7% employer insurance

- ****May reflect some post-ACA Medicaid expansion

Access to primary care and dental care at baseline

- 72% had a non-ED source for care
- 53% reported a PCP

- Dental care:
 - 72.6%--no visits in prior year
 - 40.3%--none in prior five years
 - 80.2% unable to obtain needed dental care

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How did things change post-ACA

- We compared 244 people who answered our 30 month questionnaire to the SAME 240 people from baseline
 - 29 deaths so far, 22 prior to 30 month interview
 - About 30 people dropped out
 - About 80% respond to any given interview

Comparisons baseline to 30 month interview

- Have any health insurance?
 - Baseline: 80.7%
 - Follow-up: 93.9%

- Had insurance at baseline, but none at follow-up
 - 2.9%

- Had insurance at follow-up, but none at baseline
 - 16.0%

Changes from baseline to follow-up: Medicaid

- Reported Medicaid
 - Baseline 50.0%
 - 30 months 75.8%

- Had Medicaid at baseline, lost at follow-up
 - 7.8%

- Didn't have Medicaid at baseline, had it at follow-up
 - 33.6%

Regular place for healthcare

- No change between baseline and follow-up on who reports having a regular place for healthcare
 - 75.6% at baseline, 73.5% at follow-up
- With robust safety net in Alameda County CA, having Medicaid did not determine ability to have a regular place for care

Regular Health Care Provider

- Do you have a regular health care provider?
 - Baseline: 54.4%
 - Follow up: 67.5%
- Had at baseline, but not follow-up: 8.4%
- Didn't have at baseline, but had at follow-up: 21.5%

Could be due to other things, but possible that ACA expansion and emphasis on primary care medical home may have spur this change

One of things that ACA changed was access to dental care

- Prior to ACA expansion,
 - Medicaid didn't cover non-emergent dental care in California
- After expansion:
 - ACA brought more people onto Medicaid
 - Added back dental benefit

Dental Care

- Saw a dentist in prior six months
 - Baseline: 16.0%
 - Follow-up: 23.1%

Unable to get needed dental care?

- Another way to measure access “Have you needed dental care, but couldn’t get it?”
 - At baseline, 53.1%
 - At follow-up, 25.5%
- Strongly suggestive that ACA expansion helped with dental access
- Not perfect, but cut proportion who had difficulty with access in half

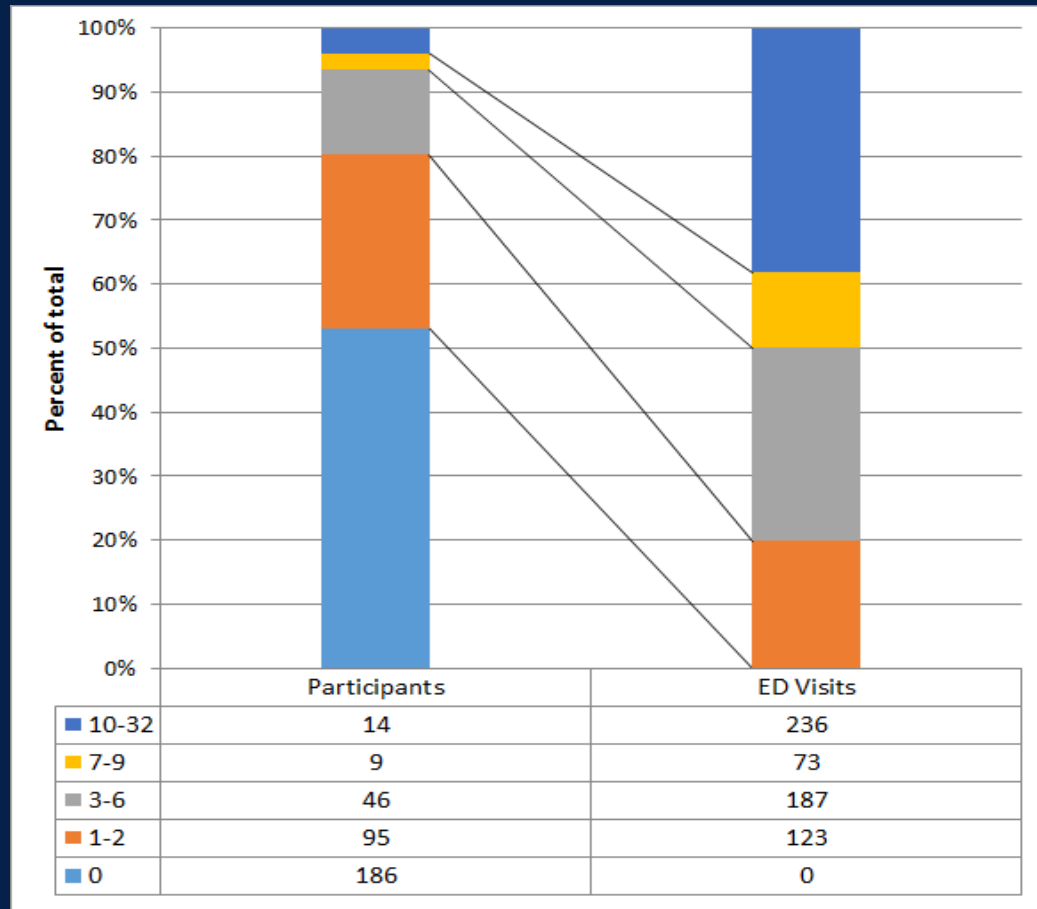
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Emergency Department Use

- 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

A small proportion of participants accounted for most of ED visits



Reasons for ED use

Reason for ED Visit	No.	Percentage
Chronic Illness	83	23.9
New Illness	75	21.6
Pain	67	19.2
Injury	57	16.4
Needed Pain Meds	29	8.3
Mental Health Problem	20	5.8
Other*	17	4.9

Factors associated with increased risk of ED visits

- Severe pain! AOR 1.8 (Ref: no pain)
- History of Psychiatric Hospitalization AOR 1.8
- Unsheltered (vs recently homeless) AOR 2.3
- Multiple Institution users AOR 2.2

- We are in process of reviewing ED records to get more details about what ED used for!

I'm tired, but...I'll be 79 in a month. I think it's just old age, but I walk two or three blocks, and sit for five to 15 minutes depending on how tired I am. This is why it takes me seven hours to get about three miles down to the clinic and then back.

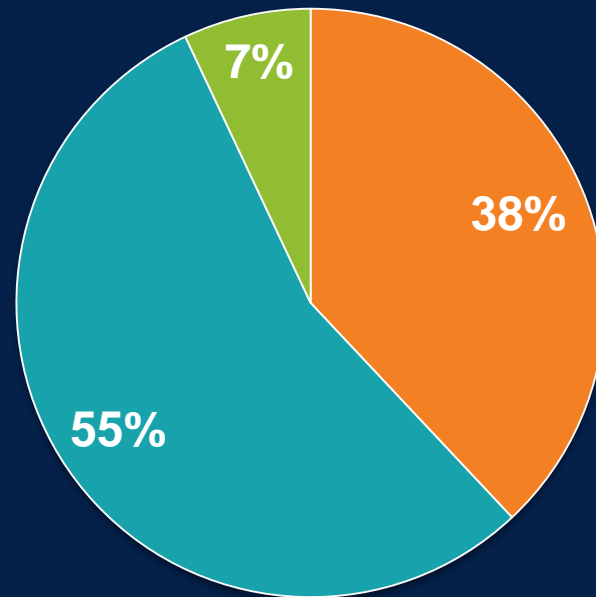
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High mortality rate and institutional care

- 36-47 months after study entry, 29 confirmed deaths
- Multiple diagnoses of metastatic cancer, strokes, heart attacks, kidney failure, etc.
- Several living in nursing homes

Housing Status at 24 months n=286



■ Homeless n=110

■ Housed n=157

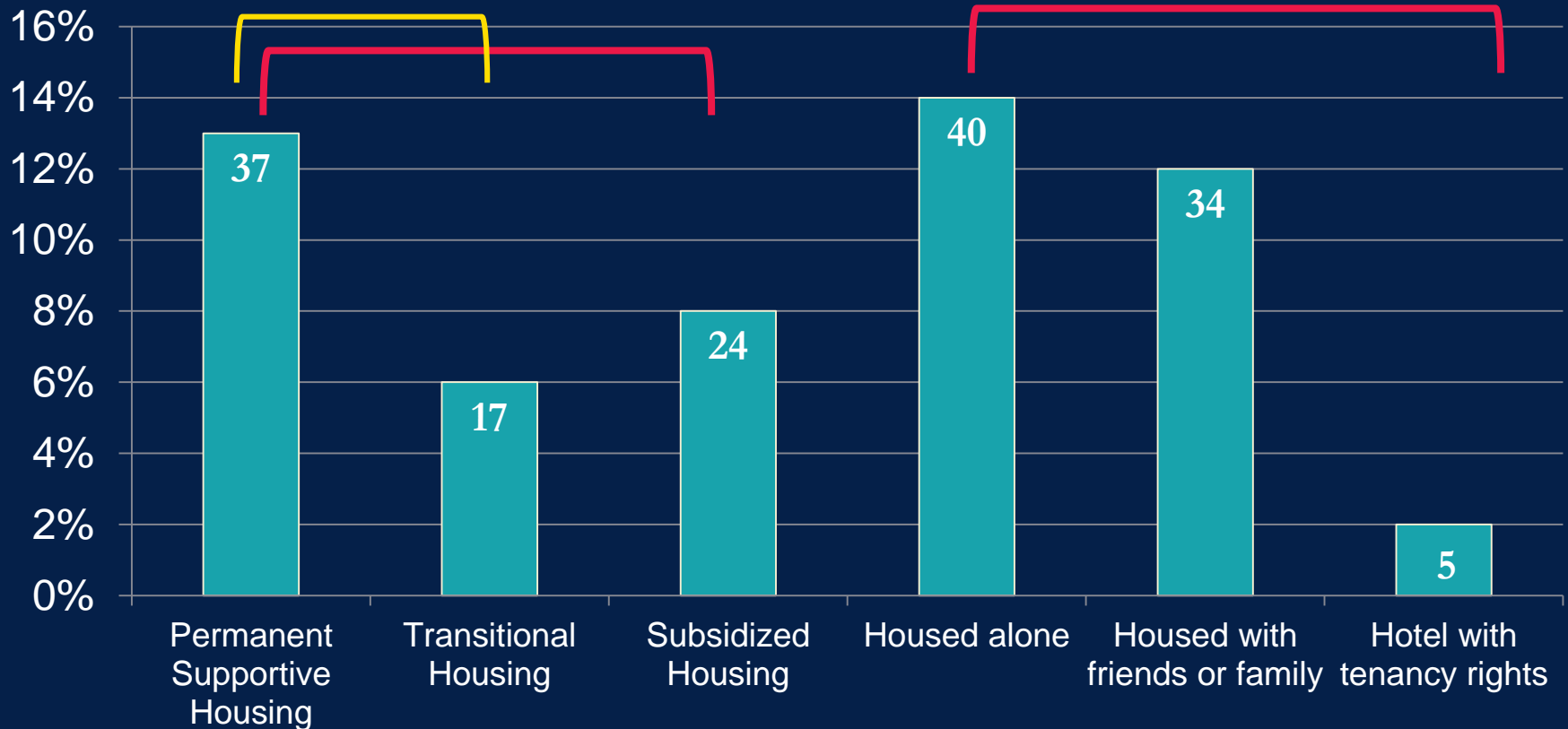
■ Institution n=19

Not included:

Deceased n=17

Dropped out or unable to ascertain n=47

Where were individuals housed at 24 months? n=286



Barriers to housing

- First and foremost—shortage of housing!
- As many rehoused without any subsidies as those with....
 - What would have happened if more subsidies
- Many moving out of community in which they have lived for whole life
 - Moving to inland areas with lower cost of housing
- Family is major source of housing
 - About as many as moved into PSH

Barriers to living with family for those with family.....

- For some, interpersonal conflicts
 - Not an option
- But for others—barriers that may be able to overcome
 - Lose eligibility for permanent housing subsidies if living with family and no longer homeless
 - Lack of shallow subsidy
 - Don't want to come empty handed
 - Family struggling as well

Barriers to housing with family

- Lease restrictions
 - In private housing, concerned about landlords not approving
 - In subsidized housing
 - Can only stay if added to lease
 - If added to lease
 - May need bigger unit to meet requirements
 - May be viewed as risky to host

Conclusions

- Homeless population is aging
- Older adults experiencing homelessness
 - Multiple chronic conditions
 - Poor functional status
- Medicaid Expansion secondary to ACA had strongly beneficial effects
 - Even in system with robust safety net prior to ACA Medicaid expansion
 - Effects on dental care significant

Conclusions

- ED use common
 - Pain, worsening of chronic diseases frequent reasons
- About half housed at 24 months
 - Half of those with subsidies, half without
 - Of those with subsidies
 - Half in homeless specific housing services half in general subsidies
 - Families a key source of housing support
 - But face barriers

Thanks to....



- Claudia Ponath
- Pamela Olsen
- Angela Allen (in memory)
- John Weeks
- Jakki Carillo
- Tauni Marin
- 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
- Irene Yen PhD
- Elise Riley PhD
- Louise Walter MD
- Eric Vittinghoff PhD
- Margaret Handley MPH PhD
- Julene Johnson PhD
- Chris Weyer Jamora PhD
- Community Partner: St Mary's Center

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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*. 2017 Feb;25(2):107-117. doi: 10.1016/j.jagp.2016.07.019. Epub 2016 Aug 17. PubMed PMID: 27544890; PubMed Central PMCID: PMC5253307.

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HOPE HOME papers currently available

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.

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Landefeld JC, Miaskowski C, Tieu L, Ponath C, Lee CT, Guzman D, Kushel M. Characteristics and Factors Associated with Pain in Older Homeless Individuals: Results from the HOPE HOME Study. *J Pain.* 2017 Apr 12. pii:S1526-5900(17)30535-7. doi: 10.1016/j.jpain.2017.03.011. [Epub ahead of print] PubMed PMID: 28412229.