



University of California
San Francisco

IHSS and older homelessness

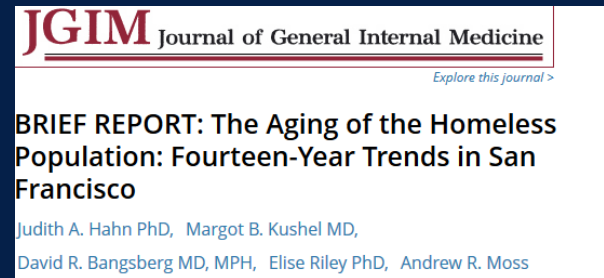
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7/7/2017

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

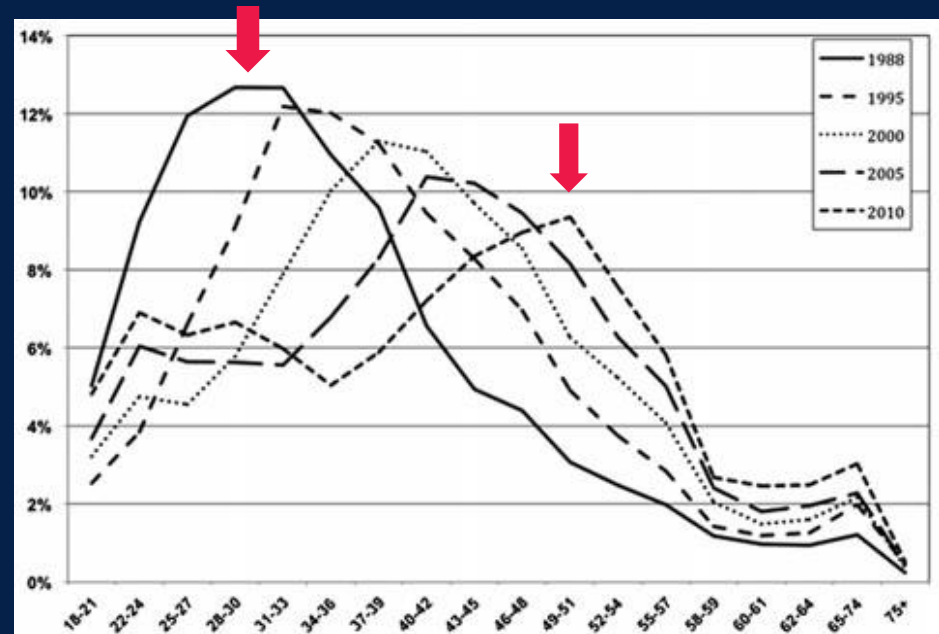
By Kevin Fagan | August 4, 2006



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

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



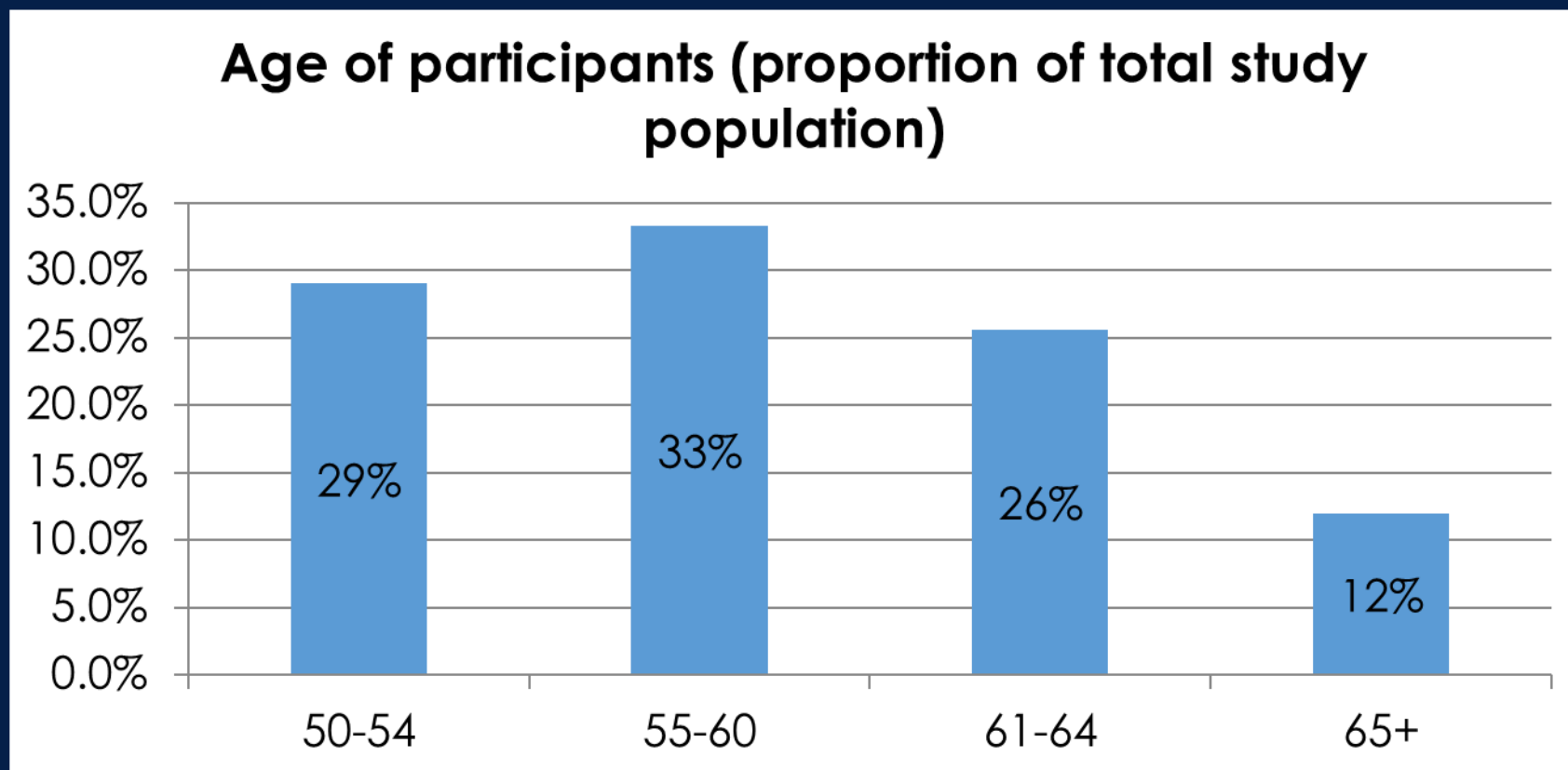
*doesn't include people living in homeless families or unaccompanied youth

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.

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
- Participants 50 and older and homeless when entered study

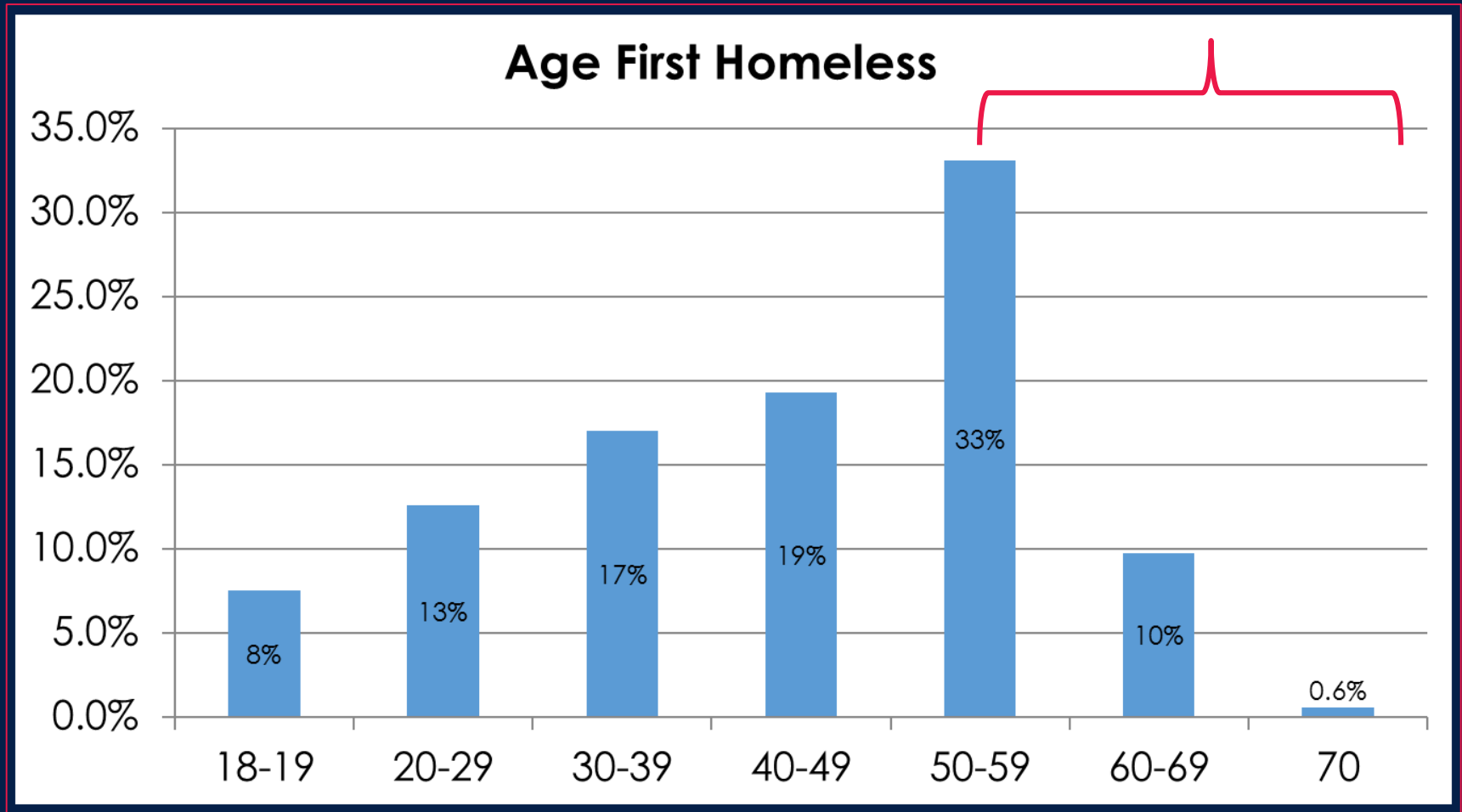
Two thirds are 60 and under, but 12% are older than 65 years at study entry: Median age 57



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



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

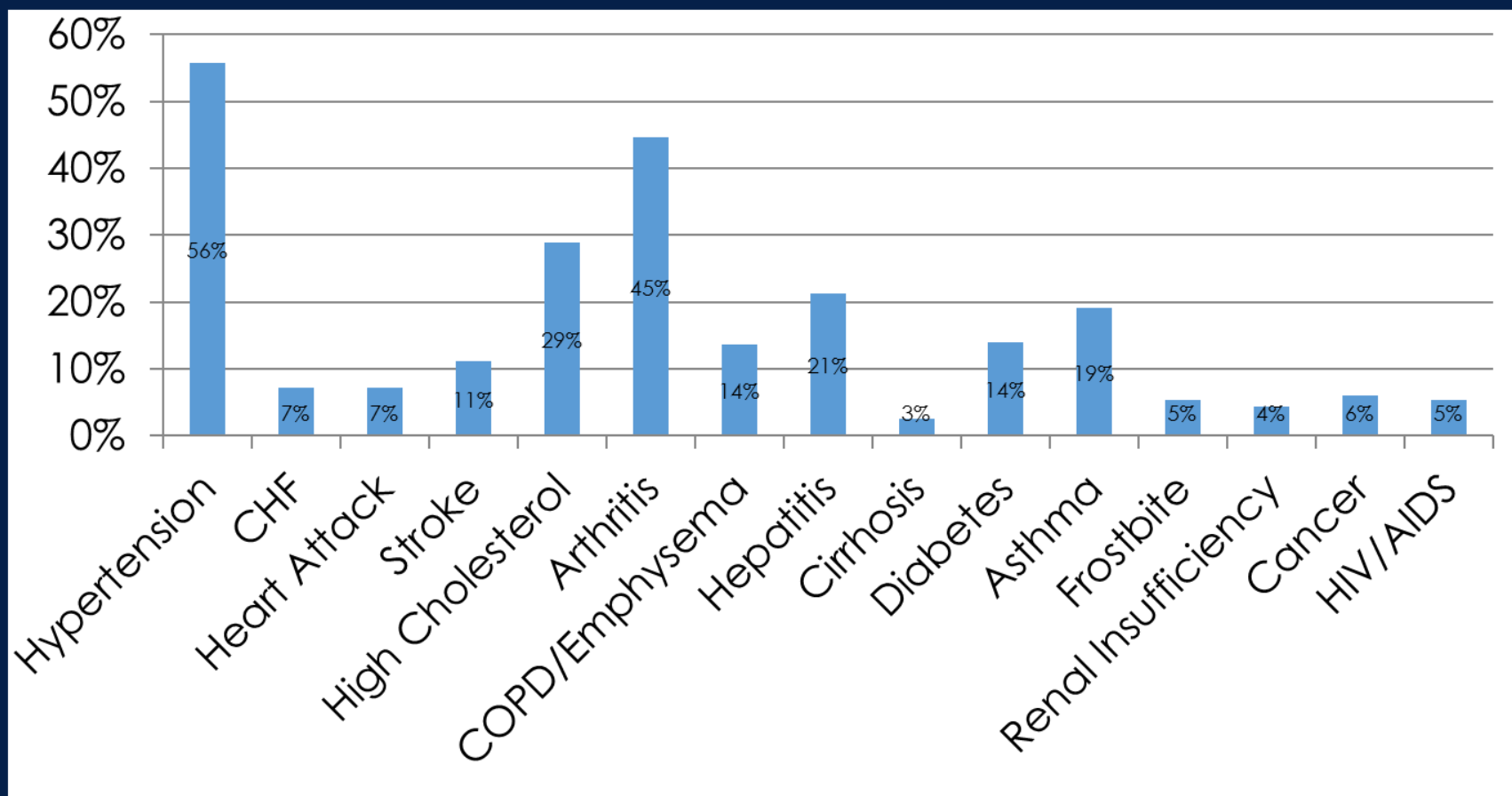
Other Sources:

- 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

Poor health in every measure

56% report health as fair or poor

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



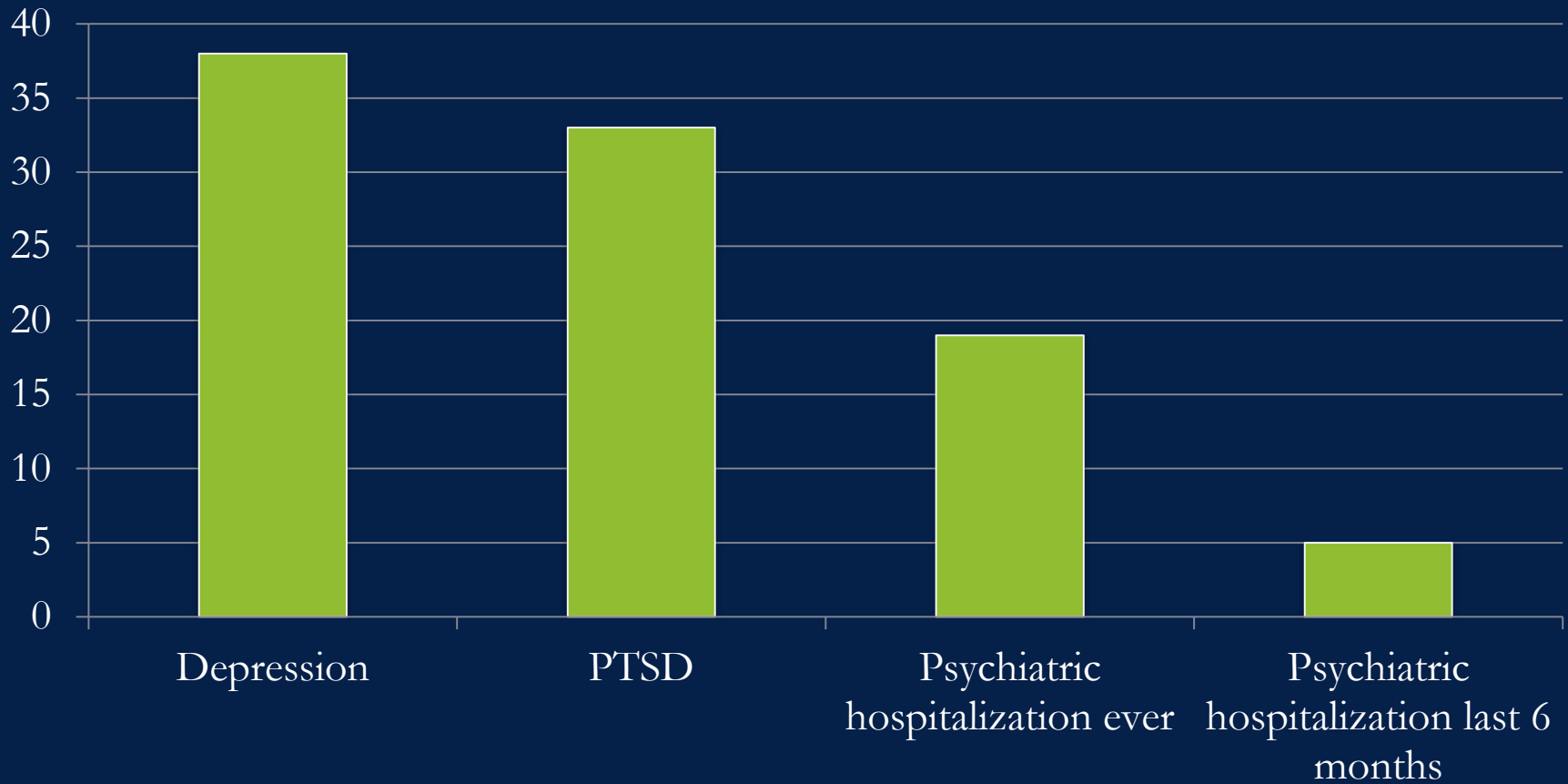
Alcohol and Drug use problems common

- 65% with moderate or greater severity of drug use symptoms
 - 15% severe symptoms
 - Cocaine (43%), cannabis (39%) and opioids (13%) moderate or severe use symptoms
- 26% moderate or greater severity alcohol use symptoms
 - 15% severe symptoms

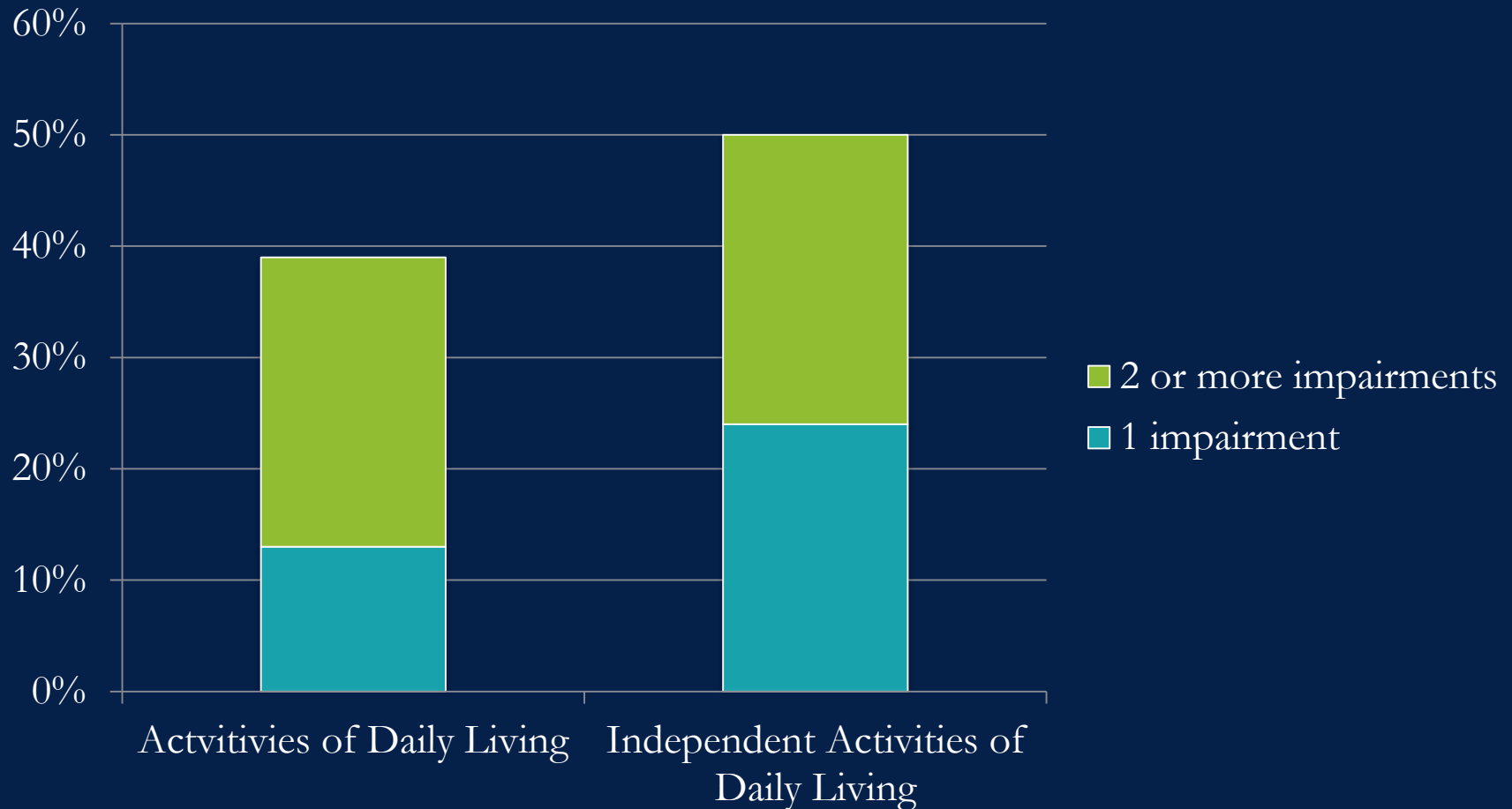
Spinelli et al. Factors associated with substance use in older homeless adults: Results from the HOPE HOME study. *Substance Abuse* 2017; 38(1): 88-94.

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



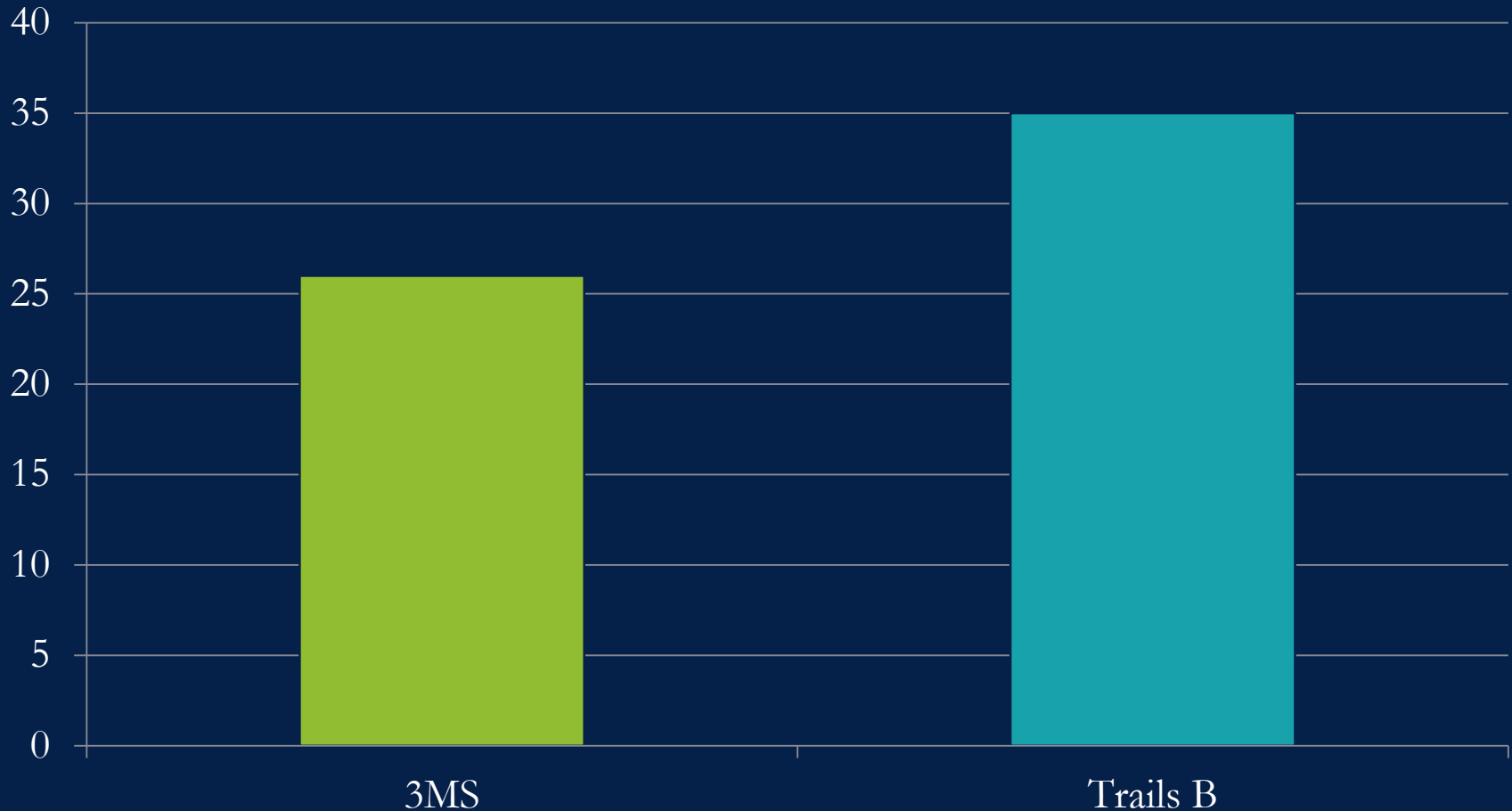
High Proportion with functional impairments



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”

Despite many meeting basic qualification for IHSS, few have it

- Out of a sample of 194 HOPE HOME participants who have completed a recent interview (thus far),
- 130 (67%) participants have a current ADL, IADL need OR cognitive impairment
 - Of those 16 (12.3%) report having a paid caregiver AND
 - 13 (10%) report having a family or friend caring for them without any payment

We found that many participants were:

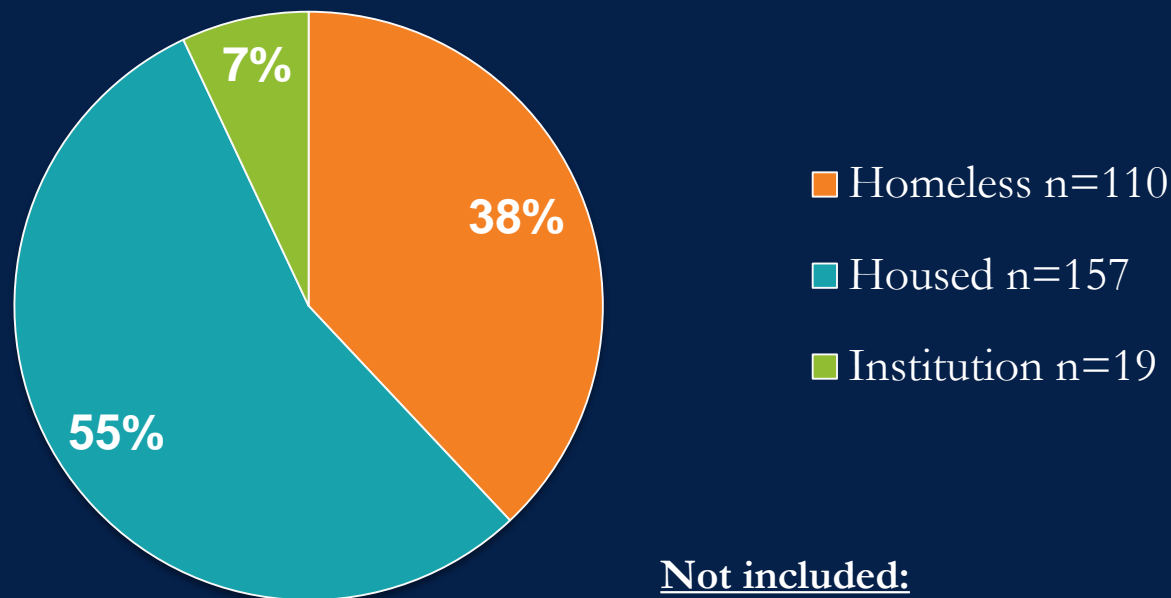
moving in with family/friends as exit from homelessness

OR

staying intermittently with family or friends, but not making it permanent

Homelessness is state and not a trait!

Housing Status at 24 months n=286

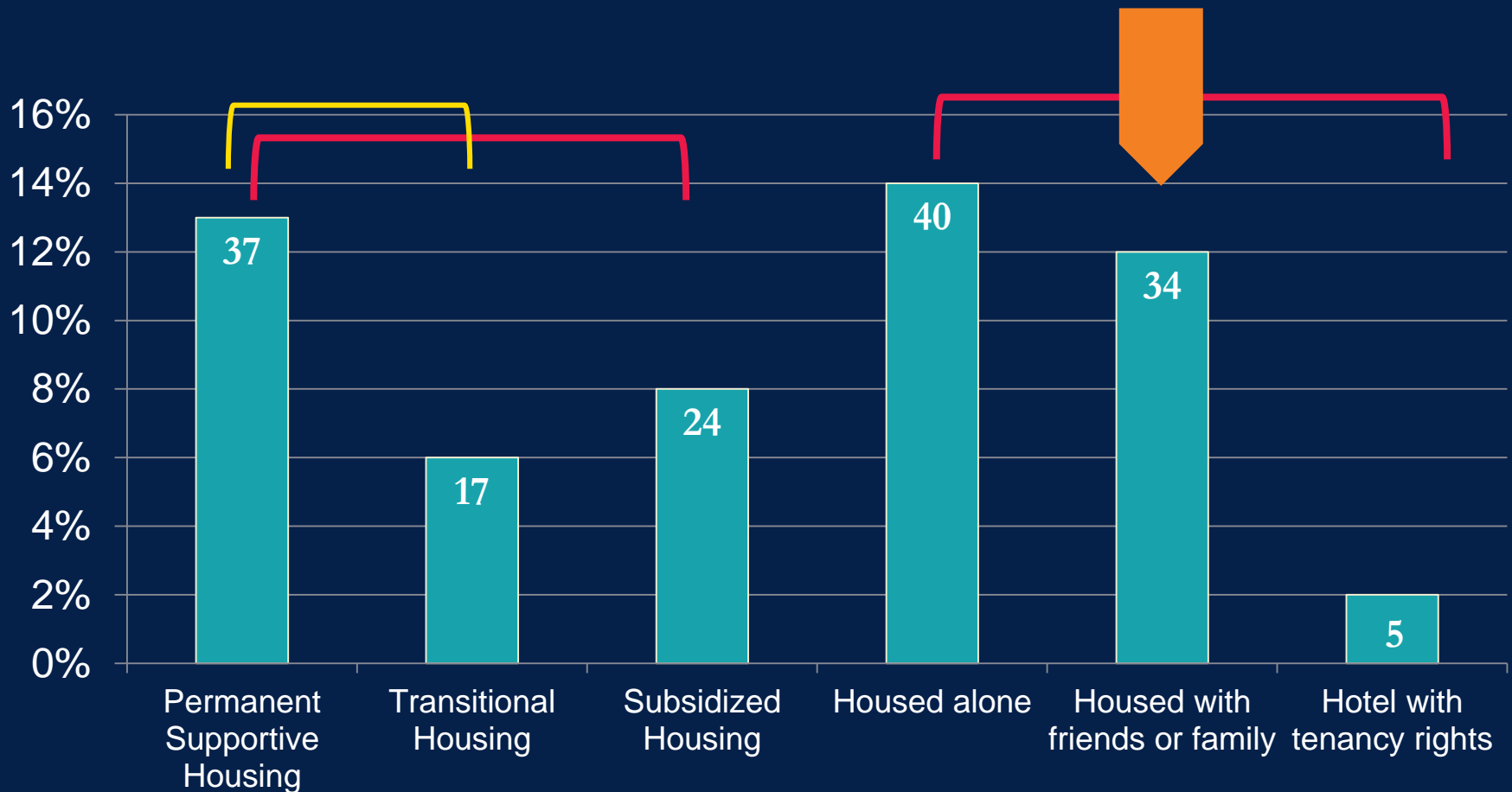


Not included:

Deceased n=17

Dropped out or unable to ascertain n=47

Where were individuals housed at 24 months? n=286



Common to stay temporarily with family or friends

- In prior 6 months of study:
 - Among those housed (n=157)
 - 11% living with family or friends*
 - Among those homeless (n=115)
 - 35% stayed at least one night with family or friends
- *may be underestimate—data may change as we look closer

We have been investigating why people stay temporarily and not permanently

- Complicated and beyond scope of this discussion

BUT

- One (important) contributor is that homeless client lacks funds to offset costs of staying
 - Guilt (doesn't want to stay without contributing)
 - Reality (families struggling and an extra person brings real costs with it)

Realization

- Many of our participants met multiple criteria for IHSS
- Many are going from homelessness into institutional care (what IHSS is meant to prevent!)
- Many of our participants report that their family members are providing IHSS like services
- Few people are enrolled in IHSS, so families not getting support

We wondered...

- Could assisting older homeless adults to get IHSS
 - Prevent progression to institutional care by helping them meet their functional needs AND
 - Provide their family members with support that might enable family members to house their relative