This Way Forward

Caring for our Aging Homeless Population

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Preparing for The Changing Face of Aging in America
Two-thirds of people in human history who have reached the age of 65 are alive right now!
Realities of Aging in Community

- Consistent preference for remaining at home

- Challenges of “aging in place”
  - Physical barriers
  - Financial barriers
  - Loss of social connectedness and engagement
Homelessness Among the Elderly

- Current homeless older population
- Increasing potential for homelessness among 65+ population
- Solution is service enriched housing options
Who Are the Older Homeless?

- 50-64 year olds—younger than typical elderly population
- History of homelessness, poverty, drug abuse, mental illness
- More comorbidities, ER and hospital use
- Lower life expectancy (avg. 64 years)
Growth in Older Homeless Population

- 2007-2010 increased from 18.9% to 22.3% of all sheltered individuals
- Average age 53
- Older adults comprise 50% of housing programs for the homeless
- % of total homeless population who are older—almost 50%
- Increase in % cognitively impaired
Potential for Increased Homelessness Among 65+

- Increase in elderly living in substandard housing
- Lack of resources to maintain current housing post-retirement
- High housing cost burden not sustainable with greater live expectancy post 65 years
- Increased risk for housing-related injuries; increased costs to Medicare and Medicaid
- Lack of safe, affordable options (particularly rental)
Solutions to Homelessness Among 54-64 year olds

- Expansion of permanent supportive housing options
- Deep rental subsidies—congregate settings or vouchers
- Significant care management
- Evidence-based wrap-around service models rooted in cognitive behavioral and family system approaches
Publicly Subsidized Housing Plus Services for 65+ Population

- Currently housing over 2 million low and modest income older adults
- Typical property with limited or no service coordination
- Aging of residents requires new strategies and partnerships
Seniors in assisted housing are. . . .

<table>
<thead>
<tr>
<th>Poor</th>
<th>Growing older</th>
<th>Diverse</th>
</tr>
</thead>
</table>
| Median income = $10,236 | Median age (2006) = 74  
  ≈ 30% 80+ | Hispanic = 13%  
Black = 19%  
White = 56%  
Other = 19% |
| Median age (move in) = 70  
≈ 20% 80+ |         |         |

Chronic conditions and functional limitations more prevalent among advanced ages, lower incomes, minorities

Data is for residents of Section 202 properties, 2006
### Medicare per member per month (PMPM)

<table>
<thead>
<tr>
<th></th>
<th>HUD Assisted Medicare Beneficiaries</th>
<th>Unassisted Medicare Beneficiaries</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$1,479</strong></td>
<td></td>
<td><strong>$937</strong></td>
<td><strong>57.8%</strong></td>
</tr>
</tbody>
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### Proportion of Medicare beneficiaries dually enrolled in Medicaid

- **HUD-assisted** (n=180,338): 70%
- **Unassisted in community** (n=2,843,291): 13%

### Proportion of Medicare-Medicaid enrollees (MMEs) with 5+ chronic conditions

- **HUD-assisted MME** (n=112,045): 54.5%
- **Unassisted MME in community** (n=249,490): 43.1%

FFS MMEs 65+ with Chronic Conditions, 2008

<table>
<thead>
<tr>
<th># Chronic Conditions</th>
<th>HUD-Assisted</th>
<th>Unassisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5.4%</td>
<td>9.8%</td>
</tr>
<tr>
<td>1</td>
<td>5.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>8.7%</td>
<td>11.1%</td>
</tr>
<tr>
<td>3</td>
<td>12.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>4</td>
<td>13.6%</td>
<td>14.0%</td>
</tr>
<tr>
<td>5+</td>
<td>54.5%</td>
<td>43.1%</td>
</tr>
</tbody>
</table>
Services Staff in Affordable Senior Housing, 2008

- Service Coordinator: 69%
- Activity Coordinator: 26%
- Nurse: 13%
- No Staff: 25%

Pie chart:
- SC 44%
- SC/AC 14%
- SC/N 5%
- SC/AC/N 5%
- No Staff 25%
- N 1%
- AC/N 1%
- AC 5%
- N 1%
- No Staff 25%
Bringing It All Together

Potential synergies to advance new models and strategies

- Population trends (demographic, health, economic, housing)
  Desire to age in community

- Fair housing allows residents to stay
  Few alternatives for low-income persons

- Feds and states want to:
  Enhance community options
  Improve health outcomes
  Lower costs
Housing and Healthcare Partnerships Toolkit

- Guide: “Housing & Health Care: Partners in Healthy Aging”
  - Understanding health care reform and population health management
  - Benefits of a housing and health partnership
  - Health care challenges that housing can help address
  - How housing and health entities can collaborate
  - Identifying and cultivating a partner
  - Structuring the partnership

[Link to LeadingAge.org/housinghealth]
Housing and Healthcare Partnerships Toolkit

- Return on Investment Calculator

- Videos
  - How housing can help healthcare
  - Healthcare providers on the value of housing
  - Why housing should be interested

- Other Resource materials

www.LeadingAge.org/housinghealth
Limits of Current Affordable Options

- Extremely limited stock – HUD cutting programs
- Few resources for services
- Huge waiting lists
- ACA chaos difficult to navigate
New $15 m HUD Senior Housing Plus Services Demonstration

- RCT—40 treatment and 40 control sites
- Site selection and program starts in November
- Requires service coordinator/wellness nurse team partnering with local health care providers
- Standardized assessment, data collection and reporting
- Substantial TA over 4 years and national evaluation
“The more sand has escaped from the hourglass of our life, the clearer we should see through it.”

Jean-Paul Sartre