Connecting Older Adults to Housing: Examining Disparities

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The population of older adults experiencing homelessness is growing and vulnerable, and increased demands on homeless service systems demonstrate a need to measure how well these systems are serving older adults, and how older adults are exiting into housing. This report uses 2018 data from the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)[1] to examine the different ways in which older adults exit homelessness; identify disparities in types of exits by shelter status, race, ethnicity, and gender; and recommend issues that need further research and policy attention.

A University of Pennsylvania study projected rising older adult homelessness in the coming decades, with Boston's homeless population 65 and older tripling in 2030 compared to 2017. Similar cities in the study supported this trend, possibly foreshadowing high increases in older adult homelessness in other parts of the country. These trends are part of a larger demographic shift in the general population. In 2021, older adults were 29 percent of the general population, and that share is expected to grow two percentage points by the end of the decade.[2] According to a 2018 Census report, "all baby boomers will be older than 65" in 2030 and "by 2034, we project that older adults will outnumber children for the first time in U.S. history."

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1   See the Appendix for more information about the VI-SPDAT.
2   Alliance analysis of U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States: April 1, 2020 to July 1, 2021 (NC-EST2021-AGESEX) (https://www.census.gov/data/datasets/time-series/demo/popest/2020s-national-detail.html) and 2017 National Population Projections Datasets (https://www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html).

While the term "older adults" implies people of retirement age, people experiencing homelessness may have geriatric conditions associated with people 10 years older than people their same age who are housed. This is likely due to the age-related health issues exacerbated by homelessness: exposure to the elements; limited access to consistent and healthy meals or health care; frequently unsafe environments; and not being able to obtain or store important medications. Positive health outcomes are ultimately tied to being stably housed. For these reasons, this report defines older adults as people 55 years of age and older.

Thus, the older adult homeless population is growing, and many of its members are uniquely impacted by age-related health conditions. Both circumstances are cause for a deeper analysis into this population and what more can be done to connect them to permanent housing.

Key Findings

Older Adults Utilize Shelters. Older adults experiencing homelessness (55+) were more likely to be in shelters than adults younger than 55.

Rapid Re-Housing is a Popular Housing Solution for the Oldest Adults. As older adults aged, their housing placements were more likely to be in Rapid Re-Housing (RRH), a time-limited housing subsidy, than permanent supportive housing (PSH), long-term housing assistance and supportive services to people experiencing chronic homelessness. RRH may be serving as a bridge to other housing options when PSH resources are unavailable. Some older adults may not qualify for PSH if they do not present disabling conditions. Still other explanations may apply.

Sheltered Status Matters. Whether or not an older adult was sheltered had a clear impact on the type of housing intervention through which they exited homelessness.

Race Matters. Racial disparities among older adults experiencing homelessness are clear. Black and Hispanic older adults were disproportionately disconnected from permanent housing solutions and consequently were more likely to utilize alternatives outside of the homelessness system to address their housing needs.

Gender Matters (in Some Ways). Most older adults experiencing homelessness were men, but women received a disproportionately higher level of PSH services.

Further research on RRH is needed to determine how it impacts the well-being and long-term housing outcomes of this specific population. Similarly, additional studies must focus on racial and gender dynamics, including participation barriers and housing stability over time.

Older Adults and Shelter Status

According to the 2018 VI-SPDAT records, older adults who experienced homelessness were more likely to be sheltered than their younger counterparts (63 percent of older adults were sheltered, compared to 59 percent of adults 25–54). This finding dovetails with the Harvard University Joint Center for Housing Studies' analysis of 2017 U.S. Department of Housing and Urban Development (HUD) data that concluded that sheltered homelessness among older adults was on the rise. Thus, older adults were more likely to utilize the temporary housing options offered by homeless services systems.

Unfortunately, it is not possible to compare these results to data from the HUD Point-in Time (PIT) Count. Such information is currently unavailable since the Point-in-Time Count data are not disaggregated by age category for people over 24 years old.

Older Adults and Permanent Housing

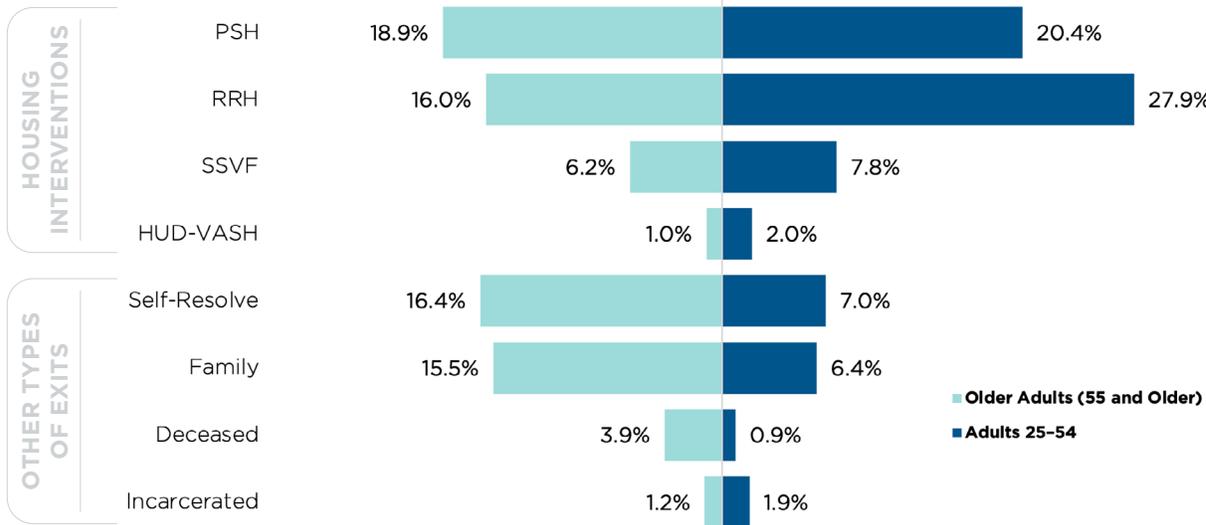## Likelihood of Permanent Housing Placement

More people experiencing homelessness accessed a housing intervention than an outcome outside of the homeless services system, but older adults were less likely to utilize permanent housing solutions than adults ages 25–54. Only 42.1 percent of older adults utilized one of the major interventions offered by the homeless services system (PSH, RRH, the Departments of Housing & Urban Development and Veterans' Affairs Supportive Housing [HUD-VASH], and Supportive Services for Veteran Families [SSVF]), compared to 58.1 percent of adults under 55 (**Figure 1**, page 4). There is an unknown number of people who experience homelessness but, for various reasons, never complete the VI-SPDAT survey. Adding them into the equation would likely make the share of people placed in housing programs smaller. To view more details on older adults' exits out of homelessness, please visit the Alliance's dashboards:

DASHBOARD: OVERVIEW OF HOUSING OUTCOMES FOR OLDER ADULTS ↗

DASHBOARD: HOUSING OUTCOME FOR OLDER ADULTS BY AGE, RACE, ETHNICITY, AND GENDER ↗

These disparities were evident, even as solutions like PSH were popular among older adults. Further, the lack of permanent housing options is associated with more older adults finding solutions outside of homeless services. When compared to adults under 55, older adults were more likely to exit homelessness to live with their families, self-resolve by finding alternate housing themselves, or pass away before finding housing. Indeed, these were the only housing outcomes for which older adults surpassed younger ones.

Figure 1. Of those assessed, most older adults exited homelessness through housing interventions offered by the homelessness system, but they were more likely than adults under 55 to exit through outcomes outside of the homelessness system.

Source: OrgCode 2018 VI-SPDAT; Alliance analysis.
Note: "Pending" and "Unknown" have been omitted so the shares of total will not sum to 100 percent.

Changes in Permanent Housing Solutions

As older adults aged, available data indicate that housing solutions shifted in some unexpected ways.

Permanent Supportive Housing (PSH)

The top pathway out of homelessness for older adults was PSH; but older adults were less likely to exit to PSH compared to their younger counterparts (**Figure 1** above). A review of their exits further revealed that the likelihood of PSH placement decreased with advanced age. For example, the share of the population receiving this intervention shrunk across age groups and was virtually nonexistent for those aged 75 and older (See **Figure 2,** page 6). More than 22 percent of those aged 55 to 64 received PSH while less than two percent of homeless individuals 75 and older exited to PSH.

PSH provides long-term housing vouchers and supportive services to people who are exhibit a qualifying disabling condition and have experienced homelessness consistently for at least year or four separate times in the past three years for a total of at least 12 months (or chronically homeless[3]). It makes sense that this would be the most common intervention for older adults, but it is unclear why PSH utilization would decrease with age while the likelihood of having a disabling condition increases with age. According to the U.S. Census Bureau, 24 percent of Americans ages 65–74 had a disabling condition in 2021 compared to 46 percent of those 75 and older.[4]

Rapid Re-Housing (RRH)

Adults aged 75 and older tended to exit to RRH if they used a housing intervention. Almost 23 percent of older adults 75 and older exited to RRH compared to a little more than 15 percent of those in the 55–64 and 65–74 age categories.

RRH connects people to permanent housing through a customized blend of short-term, targeted financial-assistance and housing services that facilitate stability in the long run. As the housing market tightens, however, RRH may become out of reach for a population that tends to have fixed incomes and fewer opportunities for increasing their earnings through work. According to the U.S. Census Bureau, the median monthly rent in the United States in 2021 was $1,191, which was 1.5 times the average monthly Social Security Income payment for an individual. Older adults may not be able to afford housing from income alone.

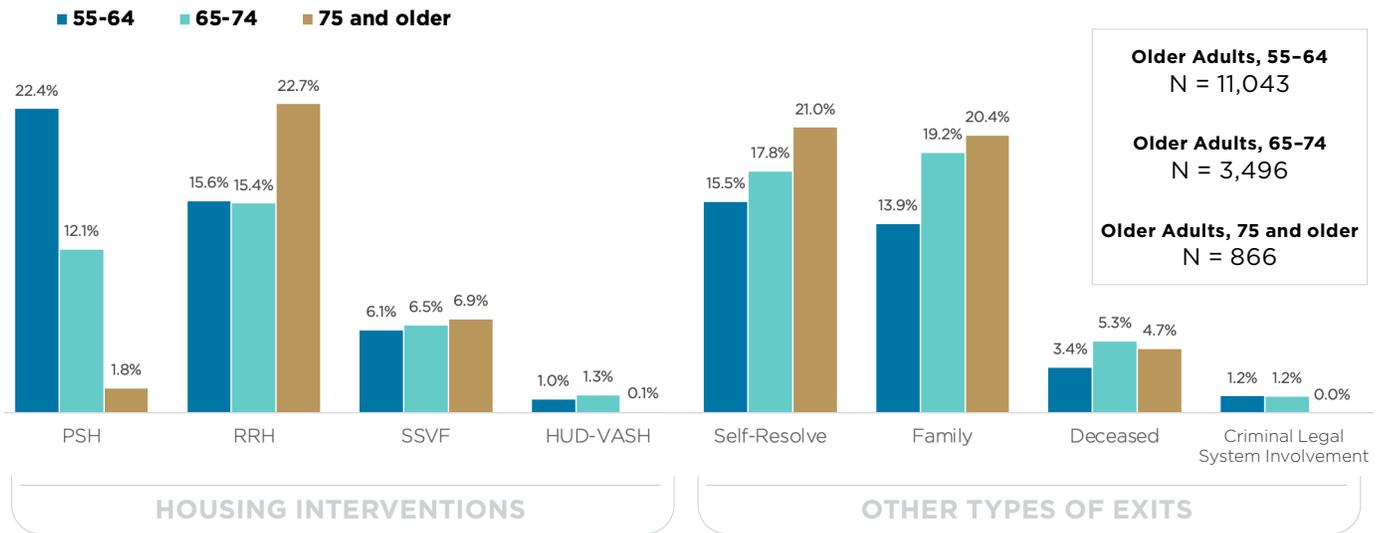*Potential Causes for Shifts in Housing Interventions for Older Adults*

Why do housing solutions shift more towards RRH and away from PSH as people experiencing homelessness age? The increasing likelihood of developing a disabling condition, especially related to mobility, as people age calls for housing responses that can address older adults' needs at different stages of their lives. More research is needed to establish this pattern and understand the underlying reasons for it. Possible explanations include:

1. existing PSH cannot always meet the changing accessibility needs of older adults and sometimes not enough PSH is available;

2. older adults in some communities may be underrepresented among the chronically homeless (who are typically targeted by PSH); and

3. RRH may be used as a bridge towards a placement in a different type of permanent housing (such as Section 202 subsidies, public housing projects designated for older adults, or PSH) that may take systems longer to arrange.

3   For more information about chronic homelessness, please visit https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/.
4   Alliance analysis of the U.S. Census 2021 1-Year American Community Survey, https://data.census.gov/table?q=Disability&g=0100000US&tid=ACSST1Y2021.S1810

Figure 2. Age was associated with utilization of PSH and RRH.

■ 55-64   ■ 65-74   ■ 75 and older

PSH: 22.4%, 12.1%, 1.8%
RRH: 15.6%, 15.4%, 22.7%
SSVF: 6.1%, 6.5%, 6.9%
HUD-VASH: 1.0%, 1.3%, 0.1%
Self-Resolve: 15.5%, 17.8%, 21.0%
Family: 13.9%, 19.2%, 20.4%
Deceased: 3.4%, 5.3%, 4.7%
Criminal Legal System Involvement: 1.2%, 1.2%, 0.0%

HOUSING INTERVENTIONS   **OTHER TYPES OF EXITS**

Older Adults, 55–64
N = 11,043

Older Adults, 65–74
N = 3,496
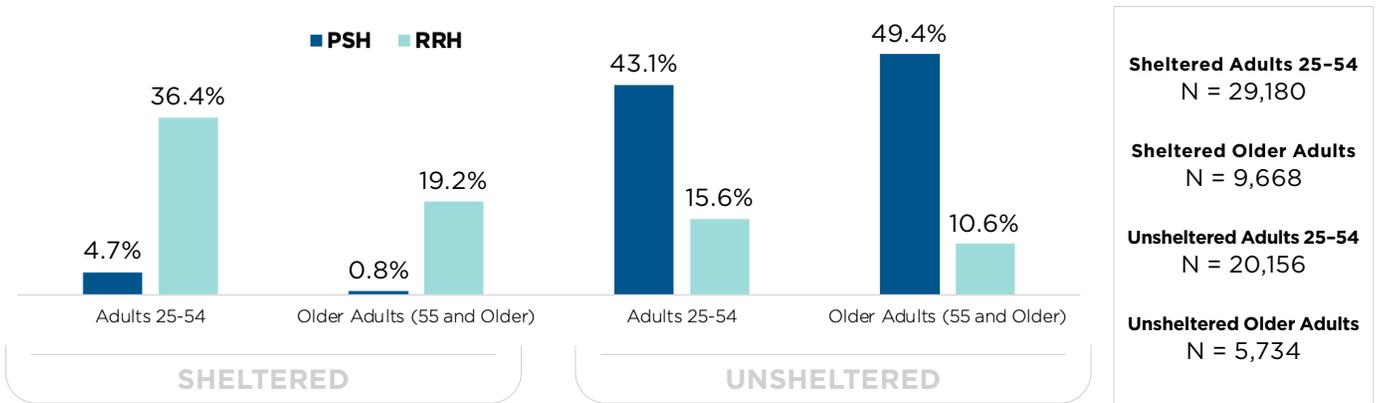
Older Adults, 75 and older
N = 866

Source: OrgCode 2018 VI-SPDAT; Alliance analysis.
Note: "Pending" and "Unknown" have been omitted so the shares of total will not sum to 100 percent.

The Impact of Shelter Status on Older Adults

Exiting homelessness via a housing intervention was more common among adults ages 25–54 than older ones. However, focusing solely on older adults' shelter status leads to some interesting insights. Shelter status matters. Older adults who were unsheltered tended to exit homelessness via PSH. Those who were sheltered tended to exit via RRH (**Figure 3** below).

Figure 3. Shelter status was associated with utilization of PSH and RRH.

■ PSH   ■ RRH

SHELTERED
Adults 25-54: PSH 4.7%, RRH 36.4%
Older Adults (55 and Older): PSH 0.8%, RRH 19.2%

UNSHELTERED
Adults 25-54: PSH 43.1%, RRH 15.6%
Older Adults (55 and Older): PSH 49.4%, RRH 10.6%

Sheltered Adults 25–54
N = 29,180

Sheltered Older Adults
N = 9,668

Unsheltered Adults 25–54
N = 20,156

Unsheltered Older Adults
N = 5,734

Source: OrgCode 2018 VI-SPDAT; Alliance analysis.
Note: Other exit categories have been omitted so the shares of total will not sum to 100 percent.

This could suggest that systems prioritized PSH for those with the highest levels of vulnerability overall—the unsheltered population. Shelter status also adds context to the discussion about how RRH was being used to house older adults (and particularly those 75 and older) and warrants further research. This observation tracks with the findings of a 2019 study from the California Policy Lab:

> "*Unsheltered people—especially unsheltered women—report profoundly greater health challenges, higher rates of experiences of violence and trauma, and longer lengths of homelessness than people who are staying in shelters. The higher rates of health conditions and vulnerability for people experiencing unsheltered homelessness begin even before people lose their housing and are also seen early in their experiences of homelessness.[5]*"

Given that health complications associated with aging are exacerbated by living unsheltered, it makes sense that systems would prioritize unsheltered older adults for PSH.

Older Adults and Racial Disparities
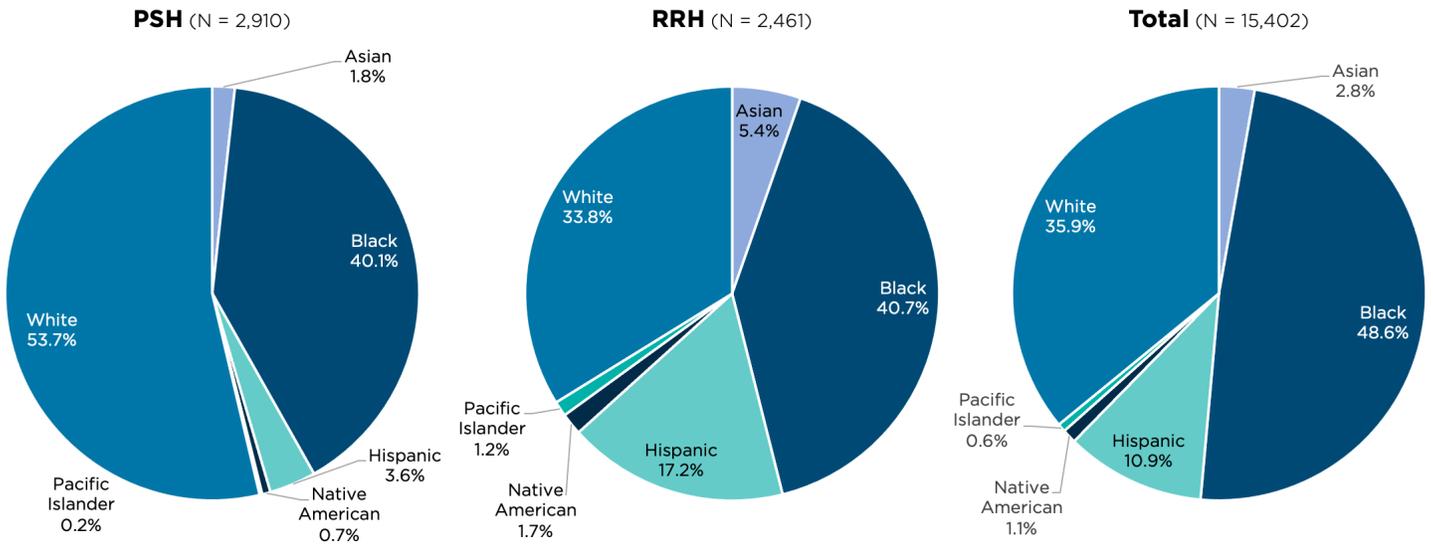
Connections to Permanent Housing

Within the dataset, racial disparities are evident within the population of older adults experiencing homelessness and their pathways to becoming stably housed, particularly among Black older adults.

Across the total population of older adults experiencing homelessness, Black older adults were underrepresented in exiting homelessness through both PSH and RRH compared to all other groups, as seen in **Figure 4** on page 8. All other older adults of color were overrepresented in RRH but underrepresented in PSH. For example, Hispanic older adults experiencing homelessness received less than four percent of PSH but represented almost 11 percent of the total population of older adults experiencing homelessness. Similarly, Asian older adults made up almost three percent of the population of older adults experiencing homelessness but less than two percent of older adults in PSH.

White older adults were overrepresented in exiting homelessness through PSH, receiving the majority of PSH (53.7 percent) despite comprising just over a third of the total older adult population in the sample.

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5   https://www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf, p3.

Figure 4. Black older adults received disproportionately smaller share of PSH and RRH interventions compared to their share of the population of people experiencing homelessness.

PSH (N = 2,910)   **RRH** (N = 2,461)   **Total** (N = 15,402)

PSH pie chart:
- Asian 1.8%
- Black 40.1%
- White 53.7%
- Pacific Islander 0.2%
- Native American 0.7%
- Hispanic 3.6%

RRH pie chart:
- Asian 5.4%
- White 33.8%
- Black 40.7%
- Pacific Islander 1.2%
- Native American 1.7%
- Hispanic 17.2%

Total pie chart:
- Asian 2.8%
- White 35.9%
- Black 48.6%
- Pacific Islander 0.6%
- Native American 1.1%
- Hispanic 10.9%

Source: OrgCode 2018 VI-SPDAT; Alliance analysis

Alternate Housing Options and Self-Resolution

Not everyone found housing through the homeless services system. The VI-SPDAT data include several outcomes for situations when programs, services, and other interventions were not available or not provided. Some individuals moved in with family members or self-resolved by moving in with other people or finding their own housing. Others were held in jail or prison or died before they could become stably housed.

Family Networks and Self-Resolution

Older adults of color were generally overrepresented among those who exited to family and self-resolved by moving in with other people or finding their own housing. Given that older adults of color were less likely to exit homelessness through housing interventions, it is no wonder that rates of exiting to family and self-resolving were so high.

Among those moving in with family, the most overrepresented group was Black older adults— more than 57 percent moved in with family, although they represented less than 49 percent of the overall older adult homeless population. Disparities for other older adults of color were less pronounced, but still reflected overrepresentation in this exit category (**Figure 5**, page 9).

For Black older adults who self-resolved, the pattern of overrepresentation was similar to that which existed for those exiting to family. They represented 60 percent of those who self-resolved despite representing less than half of the overall older adult population. All other older adults of color were actually underrepresented among those who self-resolved.

Impact of Involvement with the Criminal Legal System

Another outcome outside of homeless services tracked in the VI-SPDAT is involvement in the criminal legal system (i.e., in police custody, jail, or prison), which has strong implications for racial disparities. Homelessness and involvement in the criminal legal system are mutually reinforcing: due to living outside, unsheltered people tend to have more interactions with the police, frequently for only minor infractions. People who have been previously incarcerated are 13 times more likely to experience homelessness from barriers in accessing stable housing and employment after release.

Interactions with the criminal legal system disproportionately affect people of color, and especially Black adults, who are more likely to be arrested, convicted, and serve longer sentences than White adults. According to the U.S. Department of Justice, incarceration rates in 2019 among Black adults were over five times those of White adults. These same racial disparities were present in the older adults experiencing homelessness who had been sent to jail or prison.
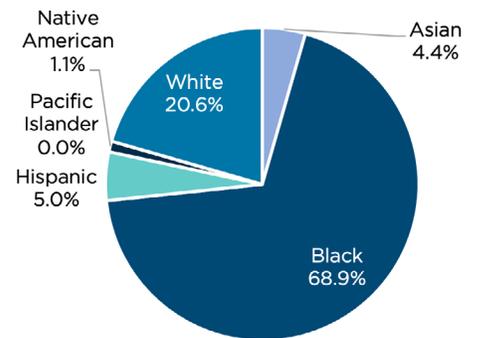
Criminal legal system involvement was overrepresented among all homeless individuals of color and most likely experienced by homeless adults who were Black (**Figure 5** below). Comprising less than half of the total population of older adults experiencing homelessness, Black older adults represented 69 percent of homeless older adults who had been incarcerated or served time in jail.

Disparities in connecting to homeless services and the prevalence of exits other than housing assistance offered by homeless services suggest that institutionalized barriers (from the criminal legal system and homelessness system) may be preventing homeless older adults of color from accessing resources that can help them become stably housed.
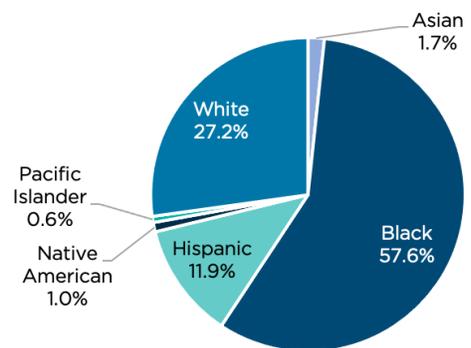
Figure 5. Black older adults were disproportionately more likely to experience involvement with the criminal legal system, move in with family, or self-resolve.

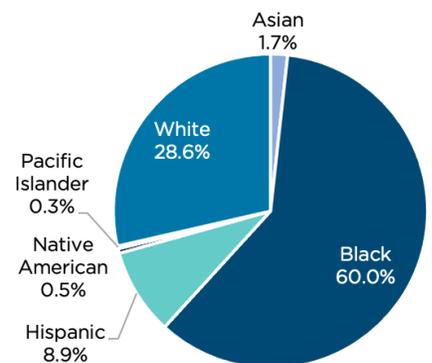*Source : OrgCode 2018 VI-SPDAT; Alliance analysis*
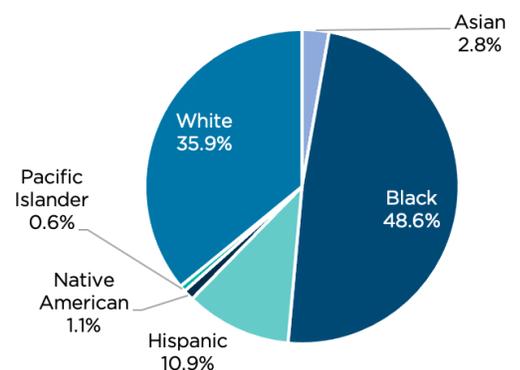
Criminal Legal System Involvement (N = 180)

Native American 1.1%
Pacific Islander 0.0%
Hispanic 5.0%
White 20.6%
Asian 4.4%
Black 68.9%

Family (N = 2,383)

Asian 1.7%
White 27.2%
Pacific Islander 0.6%
Native American 1.0%
Hispanic 11.9%
Black 57.6%

Self-Resolved (N = 2,520)

Asian 1.7%
White 28.6%
Pacific Islander 0.3%
Native American 0.5%
Hispanic 8.9%
Black 60.0%

Total (N = 15,402)

Asian 2.8%
White 35.9%
Pacific Islander 0.6%
Native American 1.1%
Hispanic 10.9%
Black 48.6%

Older Adults and Gender

Gender mattered to older adults' exits out of homelessness but not to the same extent as race or ethnicity did. A few notable trends emerged.

For housing interventions offered by homeless services, older adult women were slightly overrepresented in PSH, particularly for those aged 75 and older. Within RRH, older adult women were underrepresented. Women constituted 23 percent of the overall older adult homeless population but accounted for one quarter of those exiting to PSH and less than 17 percent of those exiting to RRH.

Among outcomes outside of homeless services, men aged 55 and older had a slightly higher share self-resolution (i.e., finding their own housing or moving in with others) compared to their share of the total older adult population (78 percent vs. 76 percent, respectively). Women 55 and older, on the other hand, were somewhat overrepresented among those who moved in with family members. Twenty-five percent of older adults exiting to family were women who comprised 23 percent of the overall population.

More research is needed to fully explain the role that gender played in older adults' outcomes.

Key Takeaways

There are multiple implications of this analysis of older adult housing outcomes:

1. **Age and Housing Access:** Older adults may not have equal access to housing assistance offered through Continuums of Care (CoCs). Adults under 55 were more commonly the recipients of PSH and RRH. Since the VI-SPDAT was not designed to investigate this issue, future research should be especially designed to focus on it. Policymakers and practitioners should also work to understand if there are existing barriers that could be disadvantaging older adults in the receipt of housing assistance.

2. **Permanent Supportive Housing Utilization:** Aspects of PSH may need reconsideration. This report's observation that placements into PSH decreased as people aged raises questions about the capacity of these interventions. Are providers declining to place older clients in housing that is unable to fully meet their needs? Older adults require housing and supportive services to accommodate health conditions, mobility issues, and other challenges associated with aging. Are programs lacking in resources or know-how to provide such offerings? If yes, then what policies and practices can assist in overcoming these barriers?

3. **Rapid Re-Housing Utilization:** The value of using RRH as a solution to older adult homelessness should be confirmed. Systems with limited PSH resources could use RRH as a bridge to other permanent housing options for older adults. However, as the housing market tightens, RRH may become out of reach for a population living on fixed incomes and fewer means of increasing their income to pay for housing after their rent subsidy ends. More research is needed to understand RRH's impact on older adults. Is it associated with long-term housing stability or overall well-being for this particular population? Are there any negative impacts on older adults when it is used as a gateway to other forms of permanent housing? Would direct placements in PSH be more beneficial for eligible older adults?

4. **Racial Disparities:** This analysis sheds light on noteworthy racial and ethnic disparities among older adults benefiting from housing assistance and raises important policy implications. Not only do Black Americans face [higher rates of experiencing homelessness in the United States regardless of their share of the local population](#) and [higher risks of becoming homeless](#) in the first place, but older Black adults are also the least likely to receive housing assistance in the form of PSH or RRH. Concerning data and outcomes were also tied to other groups of color. Further research is needed to learn more about the causes of these disparities, the factors affecting the provision of homeless services, and what homeless systems could do to connect more older adults of color to permanent housing solutions.

5. **Unsheltered Homelessness:** This report found that older adults were more likely to be sheltered than adults under 55, and that unsheltered older adults tended to receive different services than sheltered ones. However, the nature and direction of the role of shelter status were unclear. Are outcomes for certain groups largely tied to their representation within shelter? Would Black people have more PSH and RRH placements if they simply did not go into shelter? More research is needed to determine the relationship between older adults' shelter status and which housing interventions were used to connect them to housing.

6. **Data Reporting Needs:** HUD needs more intersectional reporting on people experiencing homelessness, and older adults in particular. HUD's [Annual Homeless Assessment Report (AHAR) Part 2](#) includes homelessness statistics by age cohort that allow for a closer look at older adults; however, data on older adults by race, ethnicity, and gender are not publicly available. CoCs and policymakers may benefit from analyses of possible disparities affecting the outcomes of their most vulnerable populations. They can then use that information to inform steps to resolve inequities among people receiving housing assistance.

Appendix: Using VI-SPDAT Data

For this analysis, the Alliance used Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) records. In 2018, OrgCode (a consulting group based in Canada that helped design the VI-SPDAT) open-sourced a dataset comprising the anonymized records of 38,848 sheltered individuals and 25,890 unsheltered individuals aged 25 and older passing through the coordinated entry process at unidentified Continuums of Care across the United States. This data does not include the impacts of the COVID-19 pandemic.

How the VI-SPDAT Works

Intended to be a sorting and prioritization mechanism for people accessing homeless services, the VI-SPDAT has limitations that are rooted in overtaxed systems trying to survey and track people who may be highly mobile and moving in and out of homelessness. This means that these data may not be a representative sample of all people experiencing homelessness during that time.

Further, it is unclear how successful communities are in reaching the very difficult goal of ensuring that all people go through coordinated entry (e.g., being administered the VI-SPDAT), with people experiencing unsheltered homelessness particularly at risk of not being captured in the data. This means that these data would underreport the actual total number of people experiencing homelessness in the United States. For example, 25 percent of the sheltered 2018 VI-SPDAT records and 22 percent of the unsheltered records were older adults, but this may be an underreporting. There may be some built-in bias tied to which people—and outcomes—were the most likely to be tracked by communities. Data from the VI-SPDAT do not include the types of beds that the communities had and are limited to just providing individuals' initial outcomes and not their ultimate results. This means that there could be several housing services that a person might utilize before becoming stably housed that would not be captured in this dataset.

The Role of VI-SPDAT Data

Despite these limitations, data from the VI-SPDAT contain a wealth of background information on sheltered and unsheltered entrants that can be used to examine who is receiving services, and how service allocation differs across age groups, race, ethnicity, and gender.

The data also fill an important void since publicly available data are limited. At the time this data was collected, the annual Point-in-Time (PIT) Count could not provide any data on older adults. The latest Annual Homeless Assessment Report (AHAR): Part 2 report does include data on older adults but excludes information on the intersectionality of older adults' race, ethnicity, and gender and lacks data on those living unsheltered. Thus, the VI-SPDAT offers rare insights into areas that are ripe for focused follow-up research.