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

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

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HOPE HOME Study

- Health outcomes 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

Age First Homeless

- 18-19: 8%
- 20-29: 13%
- 30-39: 17%
- 40-49: 19%
- 50-59: 33%
- 60-69: 10%
- 70: 0.6%
Self-reported chronic diseases are common: but may be underreported

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>56%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>7%</td>
</tr>
<tr>
<td>Stroke</td>
<td>11%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>29%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>45%</td>
</tr>
<tr>
<td>COPD/Emphysema</td>
<td>14%</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>21%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14%</td>
</tr>
<tr>
<td>Asthma</td>
<td>19%</td>
</tr>
<tr>
<td>Frostbite</td>
<td>5%</td>
</tr>
<tr>
<td>Renal Insufficiency</td>
<td>4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>6%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5%</td>
</tr>
</tbody>
</table>
High Proportion with functional impairments

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%

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 spurred 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

<table>
<thead>
<tr>
<th>Reason for ED Visit</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Illness</td>
<td>83</td>
<td>23.9</td>
</tr>
<tr>
<td>New Illness</td>
<td>75</td>
<td>21.6</td>
</tr>
<tr>
<td>Pain</td>
<td>67</td>
<td>19.2</td>
</tr>
<tr>
<td>Injury</td>
<td>57</td>
<td>16.4</td>
</tr>
<tr>
<td>Needed Pain Meds</td>
<td>29</td>
<td>8.3</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>20</td>
<td>5.8</td>
</tr>
<tr>
<td>Other*</td>
<td>17</td>
<td>4.9</td>
</tr>
</tbody>
</table>
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

- Permanent Supportive Housing: 37%
- Transitional Housing: 17%
- Subsidized Housing: 24%
- Housed alone: 40%
- Housed with friends or family: 34%
- Hotel with tenancy rights: 5%
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 Patarwala
- 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


