



HOMELESS &
HOUSING
RESOURCE
CENTER

Housing Supports for Older Adults Experiencing Homelessness


April 19, 2023

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Today's Presenters

- Caitlin Synovec, OTD, OTR/L, BCMH
 - Senior Medical Respite Manager, National Health Care for the Homeless Council
- Dr. Courtney Pladsen, DNP, FNP-BC, RN
 - Director of Clinical and Quality Improvement, National Health Care for the Homeless Council
- Sarah Canham, MA, PHD, FGSA
 - Associate Director, Health Interprofessional Education Program, University of Utah
- Shireen McSpadden
 - Executive Director, San Francisco Department of Homelessness and Supportive Housing
- Katelyn Taubman
 - Associate Manager, Client Care/SUD Counselor, Illumination Foundation
- Kevonya R. Elzia, MA, BS, RN
 - Director of Justice, Equity, Diversity, and Inclusion, National Health Care for the Homeless Council

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HEALTH CARE**
for the
**HOMELESS
COUNCIL**

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Acknowledgement

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Objectives



1

Participants will be able to describe unique considerations affecting older adults experiencing homelessness.



2

Participants will be able to identify 2-3 promising practices to support older adults experiencing homelessness and as they transition into housing.



3

Participants will be able to discuss 2-3 strategies to address the needs of older adults experiencing homelessness within their community.

An Overview of Homelessness and Older Adults

Older Adults and Homelessness

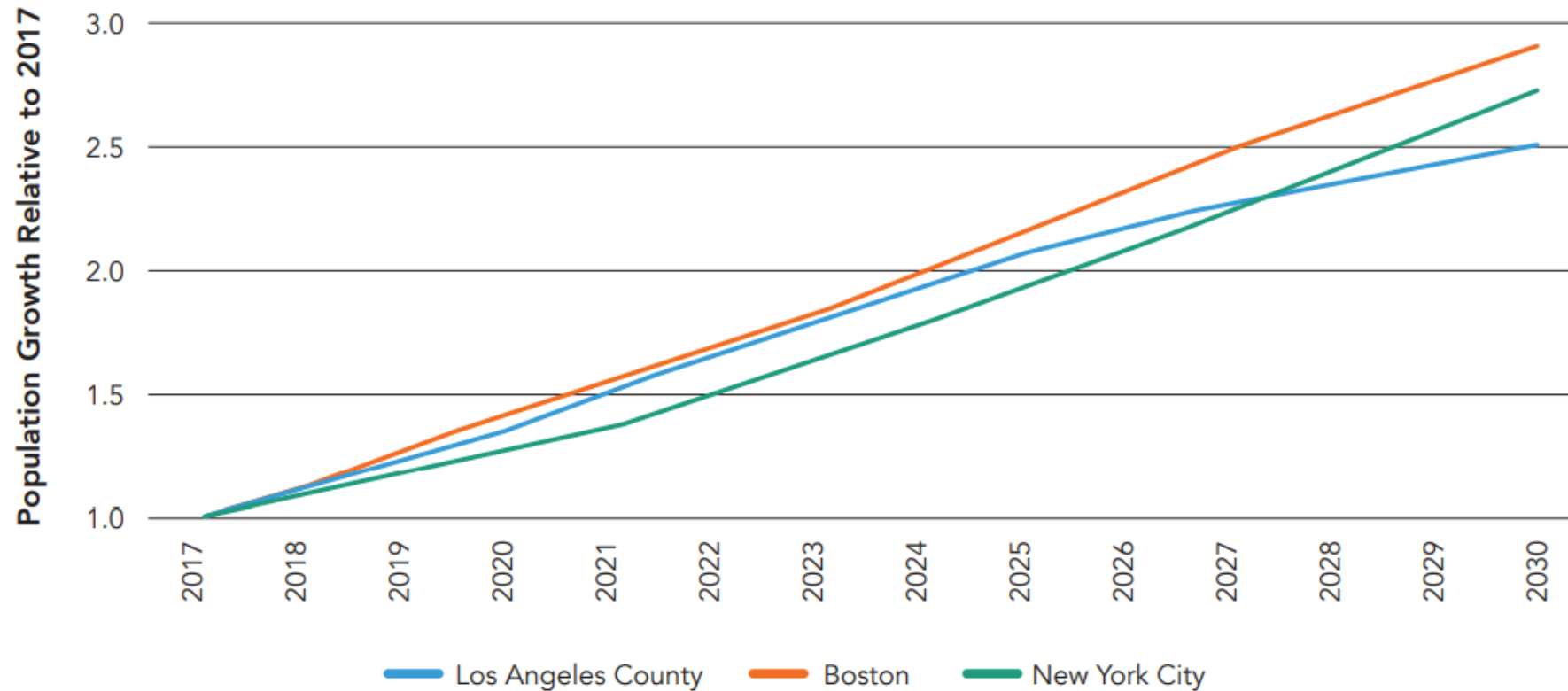
- Defined by the UN as an adult aged 60 or over
- In the US, often aged 62 or 65 to be eligible for services
- In people experiencing homelessness, those in their late 40's and early 50's present with health and functional needs of their housed peers who are in their 60's or 70's

Experiencing
chronic
homelessness
& aging

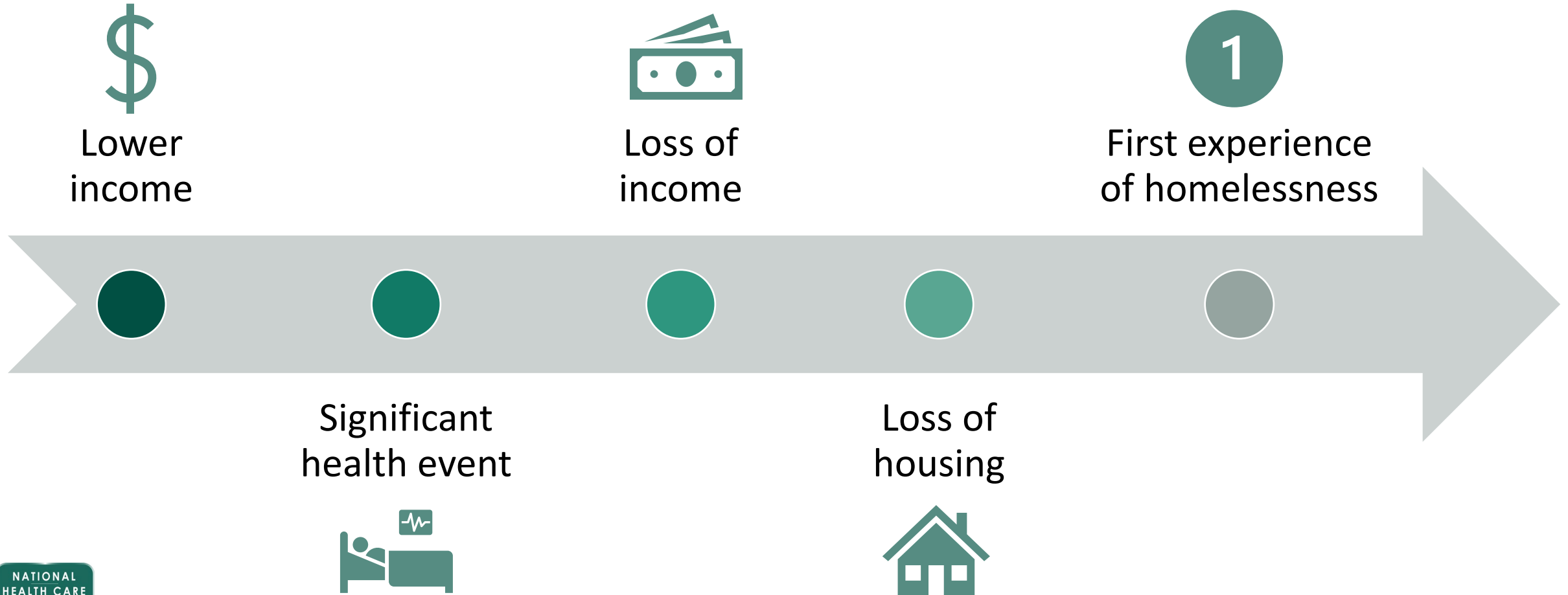
First time
homeless as
an older adult

The aged homeless population is growing rapidly and will continue to grow for the next decade.

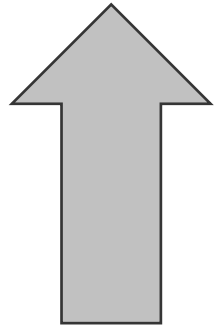
Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017



Health as a cause of first experience of homelessness



Impact of Homelessness on Health



Chronic
Conditions

Cognitive
Decline

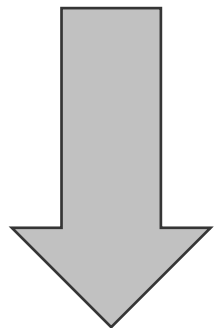
Geriatric
conditions

Mobility
limitations

Co-occurring with:

Mental
Health

Substance
Use



Chronic
condition
management

Skilled
nursing care

Harm
reduction in
health care

Accessible
environments

Once experiencing homelessness . . .

Not able to access specialty care for:



vision loss



hearing loss



mobility



incontinence

Sensory deprivation



Risk for cognitive impairment & dementia

Increased risk for falls

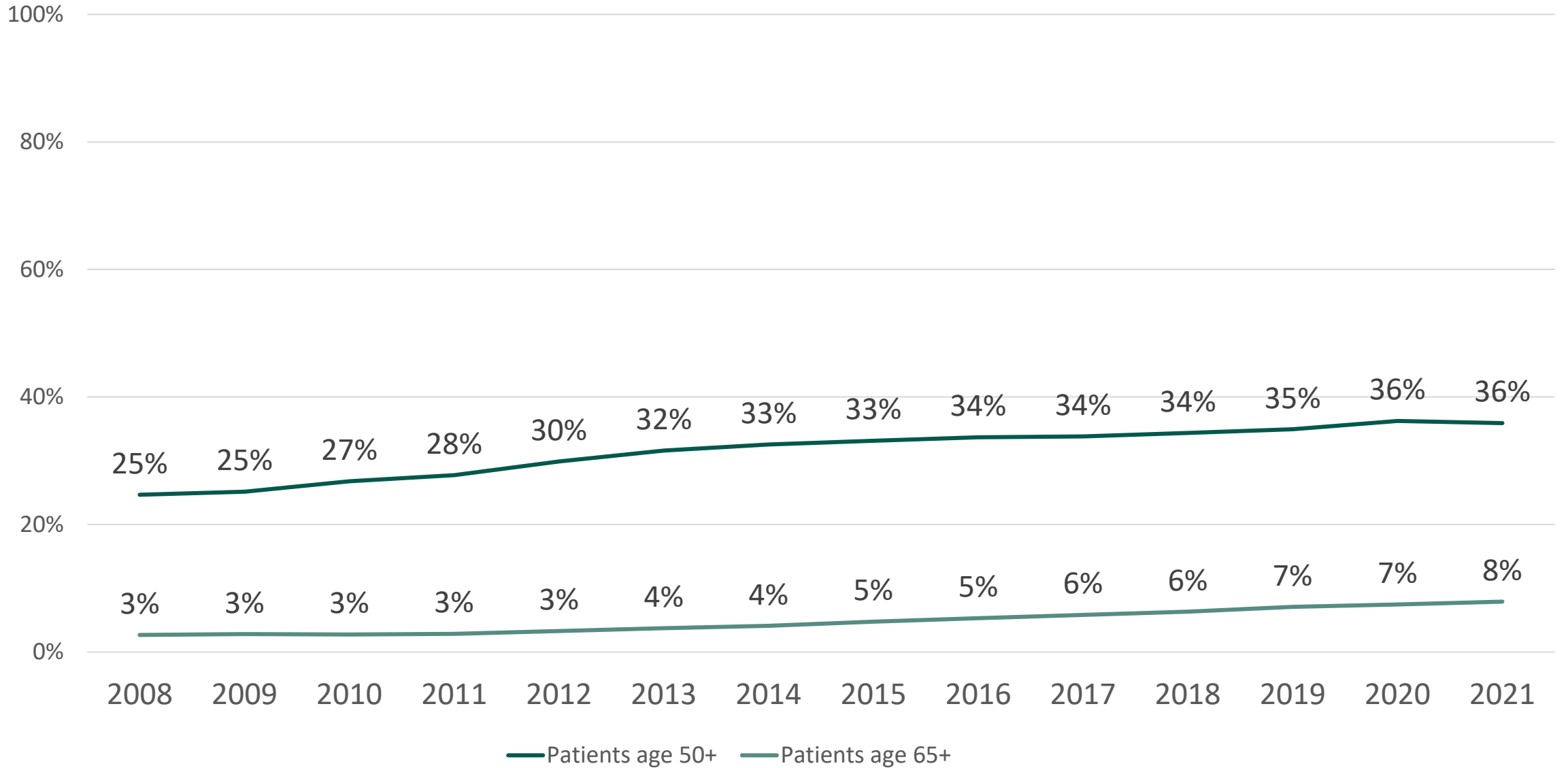


Falls result in more significant medical needs

Institutionalization & long-term care

Early mortality

Percentage of Older HCH Patients, 2008-2021



Barriers to Accessing Shelter

Shelters are able to medical restrict a person who cannot meet their own activities of daily living (ADLs)

- This leads to an increase in unsheltered homelessness for the most vulnerable and medically frail
- Aging related health issues, such as incontinence, can result in being restricted from entering shelter or impact interactions with staff

30% older adults experiencing homelessness report difficulty in at least one ADL

- This is in part due to environments that are not accessible

Shelter spaces are not necessarily designed with the needs of older adults in mind

Barriers to Accessing Skilled Nursing & Long-Term Care

Discrimination based on:

Race

Housing
status

Behavioral
health needs

Insurance
coverage

prevent this population from accessing appropriate levels of care.

For those that are able to access SNF or long-term care a lack of

Trauma-
Informed
Care

Harm
Reduction
Practices

Behavioral
Health Care

creates challenges for engaging in care once in the facility.

Barriers to Accessing Housing

Housing Prioritization

- Once they are at the top of housing prioritization systems, they are considered “too frail” to be housed in independent units
- Use of the VISPDAT prioritizes white individuals over BIPOC communities in housing prioritization processes – results in staying homeless longer

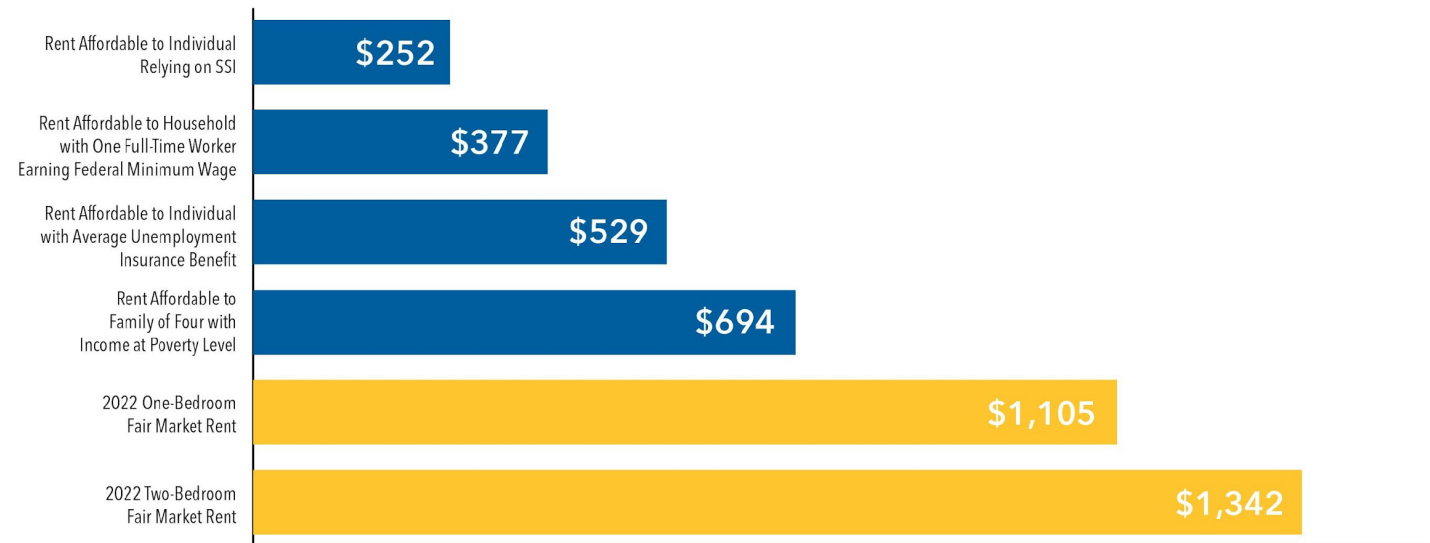
Lack of Access to Harm Reduction Housing

- Rules of buildings and for tenancy may prohibit those who use substances or who smoke tobacco from accessing housing options
- Older adults are less likely to decrease or end substance use

Housing Costs

- Current affordable housing stock only meets 1/3 of demand
- 1% of housing stock is wheelchair accessible
- Less than 5% can accommodate moderate mobility disabilities

RENTS ARE OUT OF REACH



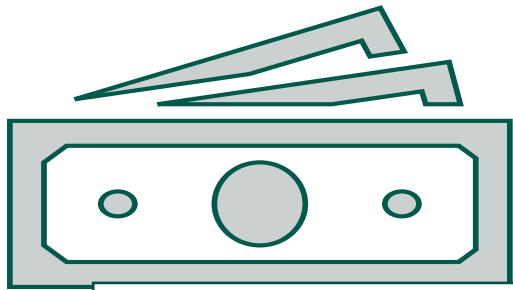
OUT of REACH
THE HIGH COST OF HOUSING

Source: NLIHC calculation of weighted-average HUD Fair Market Rent. Affordable rents based on income and benefits data from BLS QCEW, 2020 adjusted to 2022 dollars; U.S. Department of Labor, Employment and Training Administration, March 2022; and Social Security Administration, 2022 maximum federal SSI benefit for individual.

 NATIONAL LOW INCOME HOUSING COALITION
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Supports Needed to Sustain Housing – Not Always Available



Income Supports



Accessible Units



Equipped for Aging in
Place



Accessible
Neighborhoods



Supports for IADLs

Strategies and Promising Practices to Address the Needs of Older Adults Experiencing Homelessness

Housing and Aging in the Right Place

Advocacy for continued development of affordable, accessible, and harm reduction based housing in the community

- PSH demonstrated effectiveness at increasing days housed in older adults

Development of safe and affordable supported housing models within community spaces

- E.g. group homes, assisted living spaces

Advocacy for access to long-term care facilities when needed

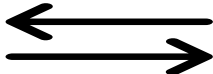
- E.g. with onset of dementia

Harm Reduction

Integration of Harm Reduction principles into settings such as:

- Senior housing
- Geriatric care
- Long-term care, skilled nursing facilities

Creating a continuum of housing

- Housing First  Sober Living

Palliative Care

- Changing to this philosophical approach to care

Health Care

Integrated health care settings

- Equipped to manage geriatric conditions and needs
- Develop relationships with service providers: PT/OT/Visiting RN about TIC, Harm Reduction, and Tri-Morbidity
- Include behavioral health and substance use support

Identifying in hospital or inpatient settings those at risk of housing loss following significant medical event

- Connection to benefits and resources to prevent housing loss and/or transition into housing setting

Accessibility

Accessibility of housing

Simple, removeable in-home modifications

Engage with home mod specialists such as OT

Support in acquiring needed resources/supplies

Increase accessibility of shelter & transitional housing spaces

Social Connection

Create space and opportunity for social and peer interaction

- Include both structured and unstructured community engagement
- Support transition and integration into local community

Cross collaboration between existing social resources and PSH

- Senior Centers
- Recovery Groups

Collaboration

Connection of homeless, health, and senior services within a community

- Cross training
- Care coordination
- Adjusting eligibility

PSH models for older adults

- Include providers and staff able to address functional needs
- Model after effective Senior housing structures

Resources for renters

- Community groups to integrate home modifications
- Fair Housing Act advocates

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Associate Director, Health Interprofessional Education Program, *University of Utah*

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Panel Discussion

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info@hhrctraining.org

518-439-7415x4



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