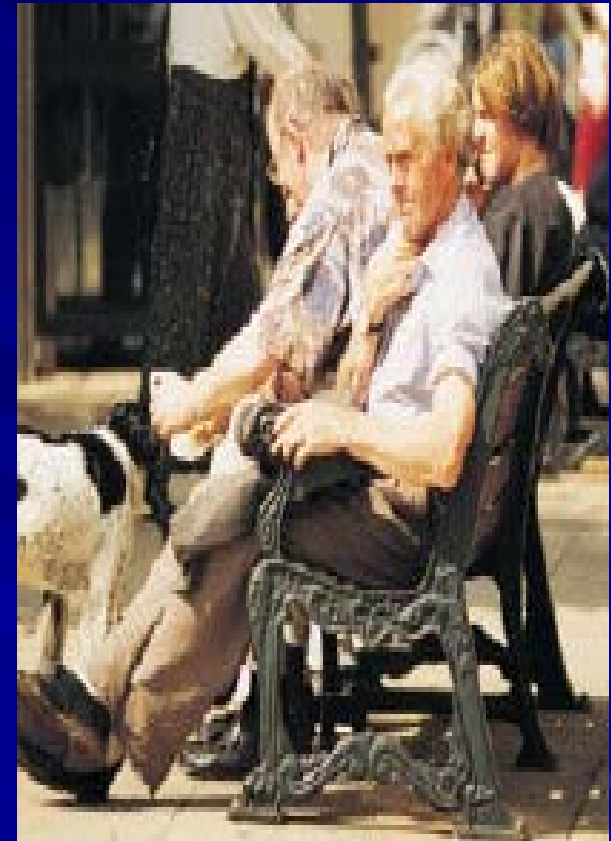


Public Health Strategies for Older Adult Homelessness

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Older Adults Who are Homeless

- Invisible population/ Hidden homeless (Cohen, 1999)
- Estimates 2.5-27.7 % of the total homeless population are older homeless
- Homelessness is estimated to be 3.5 million people in U.S. (National Law Center on Homelessness and Poverty, 2004)
- **HOMELESSNESS according to the Stewart B McKinney Act (1994)** A person who lacks a fixed regular, and adequate night time residence OR has a night time residence that is:



Definition of “older” homeless

- Recently researchers and providers have agreed that older homeless should be aged 50 and over (**Cohen, 1999; Crane, 1999; Stergiopoulos & Herrmann, 2003**).
- At age 50, homeless person have physical illnesses and disabilities resembling those in the general population who are 10-20 years older (**Cohen & Sokolovsky, 1989; Gelberg, Linn, & Mayer-Oakes, 1990**).
- Homeless persons aged 50-65 fall between the cracks because not old enough for Medicare, but their physical health, aggravated by poor nutrition and severe living conditions, may resemble that of a 70 year old (**National Coalition for the Homeless, 2005**).

Risk Factors/Causes

Individual Level

- Disruptive childhood experiences: foster care, runaway, shelter use
- Substance abuse/addictions
- Mental Illness
- Loss: Discharge from military; death of parent or spouse; loss of job or retirement
- Difficulty managing finances

Structural Level

- Declining availability of affordable housing
- Poverty
- Balancing housing with food, medicine, health care
- Demographics: race

Consequences

- Once on the street, getting around difficult
- Distrust crowds at shelters and clinics so more likely to sleep on street
- More prone to victimization (Detroit $\frac{1}{2}$ robbed & $\frac{1}{4}$ assaulted)
- More prone to be ignored by law enforcement
- More health problems including chronic illnesses, functional disability and high blood pressure



Health Problems of Older Homeless Adults: Compared to their Domiciled Counterparts Aged 50+

- Exacerbated by age, severe living conditions, poor nutrition, lack of proper sleeping arrangements, lack of health care, and extreme stress from living on the streets.
- More chronic disease, functional disabilities, and high blood pressure



Physical Health Problems



- Hypothermia
- Dehydration(lack of non ETOH liquids)
- Urinary incontinence (lack of facilities, cognition)
- Infectious diseases
- Musculoskeletal ailments
- Foot/lower leg problems
- Accidents/assaults

Chronic Diseases among Homeless Older Adults

- Diabetes mellitus
- Cardiovascular disease:
hypertension; heart failure
- Mental Health Disorders
 - Substance abuse
 - Major mental disorders
 - Cognitive impairment



Health Care Strategies for Homeless Older Adults



- Strategies will assist professionals to care :
- for older adults who are homeless
 - for those at risk of becoming homeless
 - for those who are already homeless.

Challenges for Professionals

- Creating a sense of privacy in an open environment
- Mistrust and conflicts with shelter and soup kitchen staff
- Lack of social support
- Inefficient public bureaucracy
- Ageism, sexism, racism, classism
- Downstream focus of health care system

Three Tiers to Service Delivery

Tier 1

Basic survival needs

Downstream Interventions

Tier 2

Beyond survival toward some long term strategies

Midstream interventions

Tier 3

Long term strategies

Upstream Interventions

Tier 1

Downstream Strategies

- Homelessness could have been prevented if the older homeless had received outside assistance at a critical time in their life (**Crane & Warnes, 2001**)
- Multipurpose Centers: Drop In Centers
 - Medical care
 - Dental services
 - Clothing
 - Laundry
 - Social services
 - Hot lineFrightening for older homeless

Tier 1



■ Shelter Programs

- One night stays from dinner to dawn.
- Dormitory style
- Younger homeless sometimes squeeze out older homeless

(Doolin, 1986)

■ Soup Kitchens and Food Pantries-

donated items lacking in
fruits/veggies/whole
grains/dairy

High in fats, starches and
sugars

Tier 1

Health Service Programs



Stewart McKinney Homeless Assistance Act 1994

Health Care for the
Homeless (HCH)
Programs:
Interdisciplinary Approach

- Preventive outreach
- Unconditional positive regard
- Coordinated services
- Case Management

Tier 1

Social Service Programs

- Homeless people over 64- have Social Security Benefits
 - The elder homeless includes aged 50-64
 - Over 50% of the homeless are eligible for some type of Social Security Program
 - Only 10% receive benefits
- (National Law Center on Homeless, 2000)

NEED

- Linkages with social service programs
- Linkages with health providers

Tier 1

Special Elder Programs

- Emergency Elder Shelters-address special needs.
 - Established in 8 states: Arizona, California, DC, Florida, Indiana, New York, Oklahoma & Tennessee (**Emergency Elder Shelters, 2005**)
- Day Programs for Elders
 - Meals, safe and activities. Case management provided.
- Outreach Programs
 - Mobile street outreach to identify persons needing assistance.

Tier 2

Midstream Strategies

- Empowerment-recognizing their resourcefulness
- Temporary Housing for the Elder Homeless
 - Energy assistance
 - Social service



Tier 3

Upstream Strategies

■ Policy Changes

- Universal health care
- Managed care

■ Permanent Supportive Housing

- Federal Government Awarded \$10 Million to 11 Cities to Create Supportive Housing for 555 People Experiencing Chronic Homelessness and Alcoholism

Tier 3

- Identify early warning signs of eviction
 - Retirement
 - Death of parent
 - Widowhood
 - Increased signs mental illness

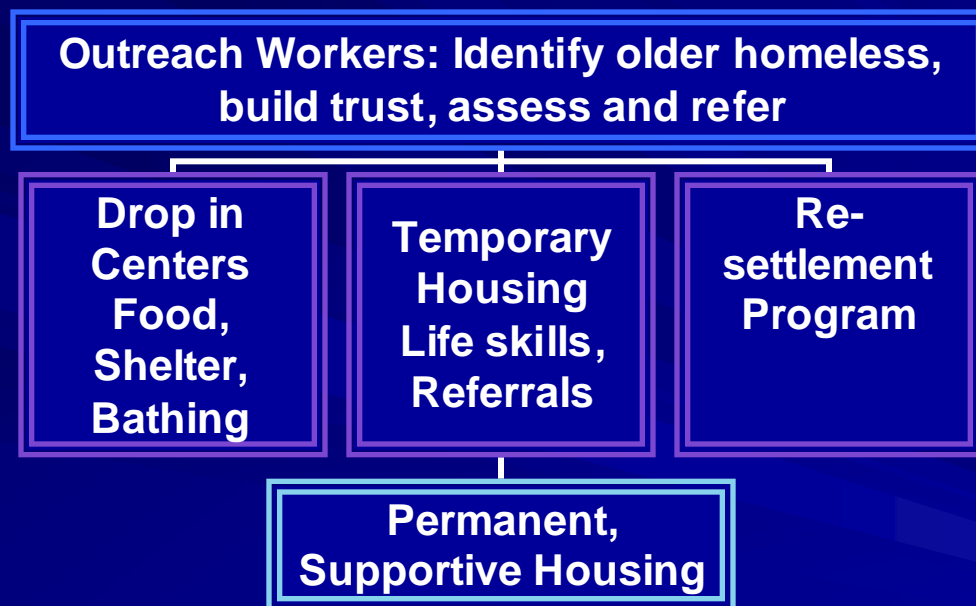


A 3 Tier Model: Intervention Programs Models for Interdisciplinary Professional Practice

- The Dwelling Place: Hell's Kitchen, NYC
 - 1977 Franciscan Sisters
 - Serviced “ Bag Ladies”
 - Outreach at night: blanket; sandwiches
 - Trust→accept help→long journey from street to the front door.
 - Ultimate goal is long term supportive housing



Pathways from the Street to Resettlement: A 3 Tier Model



Model modified from Warnes & Crane (2002) and Crane (1999)

PREVENTION of Elder Homelessness

The Committee to End Elder Homelessness (CEEH) or Helping Elders at Risk Through Homes (HEARTH)

- Mission: blend prevention, placement, and housing programs designed to help older adults to be placed in homes of their own.
- Provides essential services to older adults at risk of becoming homeless.
- Help older adults remain domiciled.
- **4 components**
 - Housing: finances
 - Mental Health: mental illness and neglect
 - Health: Multiple health problems that limit activities of daily living
 - Activity
- Reference: Babcock, Massachusetts, 2002

UPSTREAM Interventions

- Eradicate elder homelessness
- Permanent supportive housing
- Social justice
 - Adequate income
 - Affordable housing
 - Affordable health care





Questions?

Upstream view of the Pea River
www.srh.noaa.gov/tlh/cpm/genev008.jpg

Reference

- **Martins, D.C.** and Sullivan, M. A (2006), Older adults who are homeless: Health Issues in P. Burbank's *Vulnerable Older Adults*. New York: Springer Publishing Company and **Martins, D.C.** and Sullivan, M.A. (2006) Older adults who are homeless: Strategies and interventions. In P. Burbank's *Vulnerable Older Adults*. New York :Springer Publishing Company.
- AJN Book of the Year 2006 and Choice Award, Outstanding Academic Titles for 2007