Homelessness 101

Margot Kushel, MD
Professor of Medicine, UCSF
Director, UCSF Center for Vulnerable Populations at ZSFG

@mkushel

Overview

- Definition of homelessness

- Homelessness typology

- Why are there so many homeless people?

- Risk factors for homelessness

- Health issues associated with homelessness

- Aging of the homeless population

- Health care utilization

- Effective responses

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Federal Definition of Homelessness (HEARTH Act)

- **Individuals and families** who:

  - Lack a fixed, regular, and adequate nighttime residence (includes a subset for individuals who resided in an emergency shelter or a place not meant for human habitation, or who is exiting an institution where he or she temporarily resided);

  - Will imminently lose their primary nighttime residence (within 14 days) [Court ordered eviction notice, OR notice to quit or terminate lease]; or

  - Are fleeing, or are attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

- **Unaccompanied youth and families** with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition.

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Homelessness is a STATE and not a TRAIT

Homelessness is an experience people have (short or long time) and not a summary of who they are.

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Why are people homeless?

Homelessness is an interaction between:

- **Structural Factors** (i.e. affordable housing, jobs for low wage workers, income inequality)

- **Individual vulnerabilities** (i.e. mental health disabilities, substance use disorders, adverse childhood experiences)

And the **presence or absence of a safety net** (i.e. income support, safety-net healthcare, subsidized housing).

The less favorable the structural factors and availability of safety net is, the fewer individual vulnerabilities one needs to become homeless

Burt, M., Aron, L. Y. Lee, E. & Valente, J. (2001). Helping America's homeless: emergency shelter or affordable housing? Washington DC: The Urban Institute.

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Homeless Typology

- "Household" structure

- Duration/Pattern

- Living situation

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Homeless Typology

- **"Household" structure**
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"Household" structure

- "Single" adult or individual
- Family
- Unaccompanied youth

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Homeless "Single" Adult or Individual

Adult Individual – An adult (sometimes defined as age 25 and older) without minor children staying with him/her

- Population aging
  - People born in second half of baby boom at highest risk
  - Approximately half age 50 and over (estimate)
  - Men>>women
- (Select) risk factors: POVERTY, ACEs, substance use, mental health, criminal justice involvement

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Homeless Family

Family – A household with at least one adult and one child (less than age 18) or youth (less than age 25)

- Adults in homeless families

  - Women>>>men

  - Population not aging

- Children in homeless families make up ¼ of all people who are homeless in US

- Pregnancy and post-partum period high risk

- (Select) risk factors: POVERTY, low wage work, and IPV

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Homeless Youth

Youth – Unaccompanied youth 12-24

- Runaway/Throwaway youth and youth exiting Child Welfare System

- 1-1.2 million youth homeless annually

- Mobile population

- Once homeless, criminal justice involvement and increased psychological & substance abuse diagnoses.

- (Select) risk factors: ACEs, LGBT, child welfare system

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Homeless Typology

- "Household" structure
- Duration/Pattern
- Living situation

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Duration/Pattern

- Chronic

- Episodic

- Crisis

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Chronic homelessness: Federal Definition

- Homeless for one or more years **OR** 4 or more separate occasions in prior three years that together are > 1 year **AND**

- A disabling condition (diagnosable substance use disorder, cognitive impairment, mental health problem, traumatic brain injury, disabling condition, or chronic physical illness)

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Chronic homelessness

- Men> women

- Higher prevalence substance use, mental health disorders

- Older age at entry into homelessness is risk factor

- Used to be 10% of people who experienced homelessness, now estimates are 20% or more

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Episodic Homelessness

- "Invisible"

- Single mothers with children

- High rates of interpersonal violence

- Higher rates of substance abuse and mental health problems than poverty population, but not as severe as chronically homeless;

- Economic factors (low paying jobs, lack of childcare, healthcare) play a bigger role

- [Books: *Evicted* by Matthew Desmond, *$2 a Day* by Edin and Shaefer]

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Episodic Homelessness

- Multiple short episodes

- Homeless families

- Housing instability

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Crisis Homelessness

- Economic downturn, natural disasters

- Low income increases susceptibility to major crises

- Social support can mitigate (having family to take you in)

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Homeless Typology

- "Household" structure

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Homelessness 101 @mkushel   10/18/2018

Living Situation

- Unsheltered

- Sheltered

- Doubled up/Couch Surfing

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Unsheltered

- Staying outside, in encampments, in vehicles (also sometimes called vehicularly homeless), or other places not fit for human habitation.

- New York ~5%

- California ~68%

Sheltered

- Emergency shelters – a short-term facility Includes domestic violence shelters

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Doubled up/Couch Surfing

- Many people stay inside by living temporarily with family or friends or go from one place to another (hotel, family, etc.)

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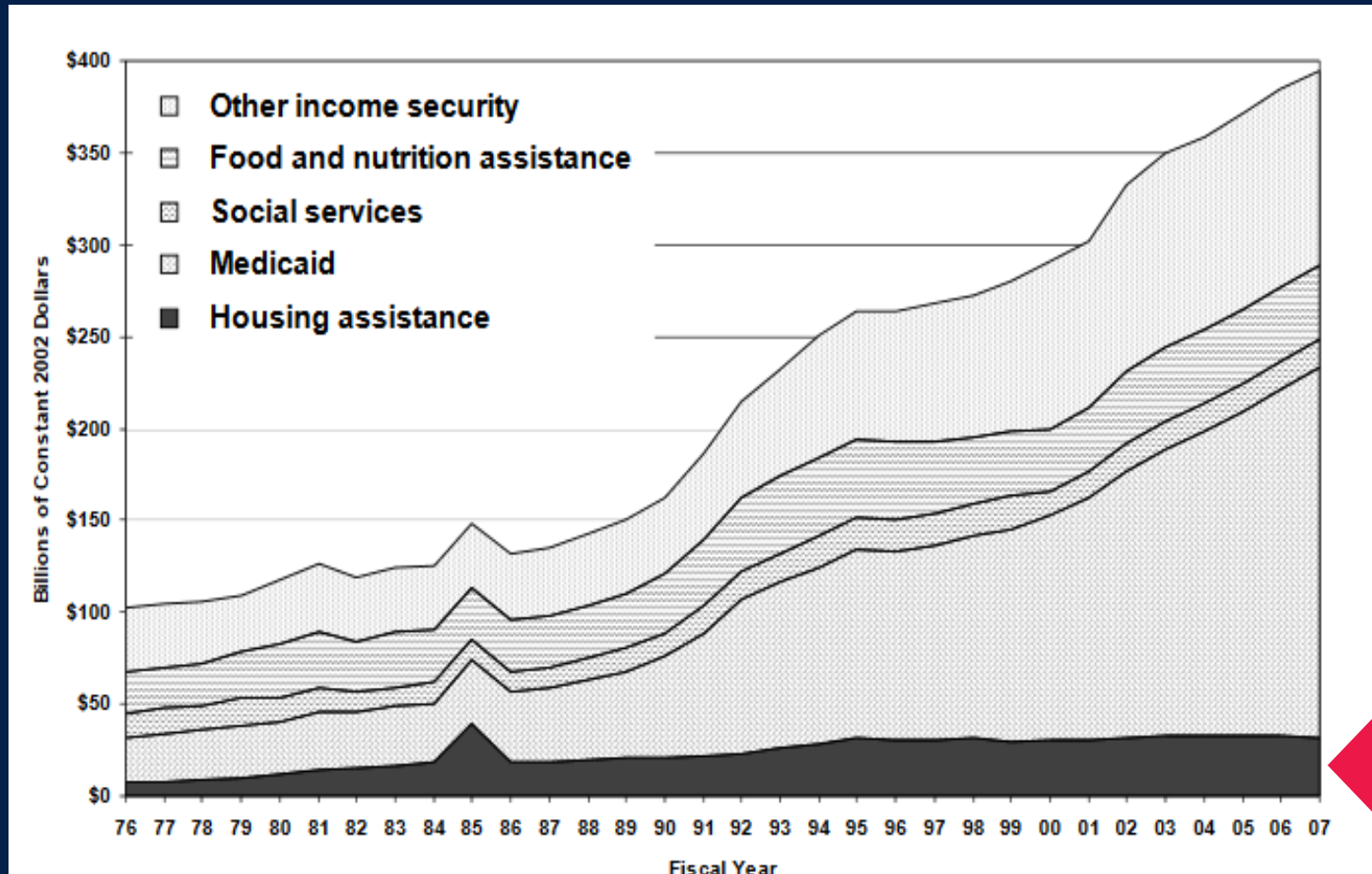UC**SF**

How many people are homeless in the U.S.?

- 2.3 – 3.5 million people homeless in a year (1996 U.S. estimate)

- 553,742 people experiencing homeless on a single night in 2017

- In 2016, 4.6 million people in poor households were doubled up with family and friends, a common precursor to becoming homeless

-The 2017 Annual Homeless Assessment Report (AHAR) to Congress
-The State of Homelessness in America, National Alliance to End Homelessness (https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/ accessed 9/19/2018)
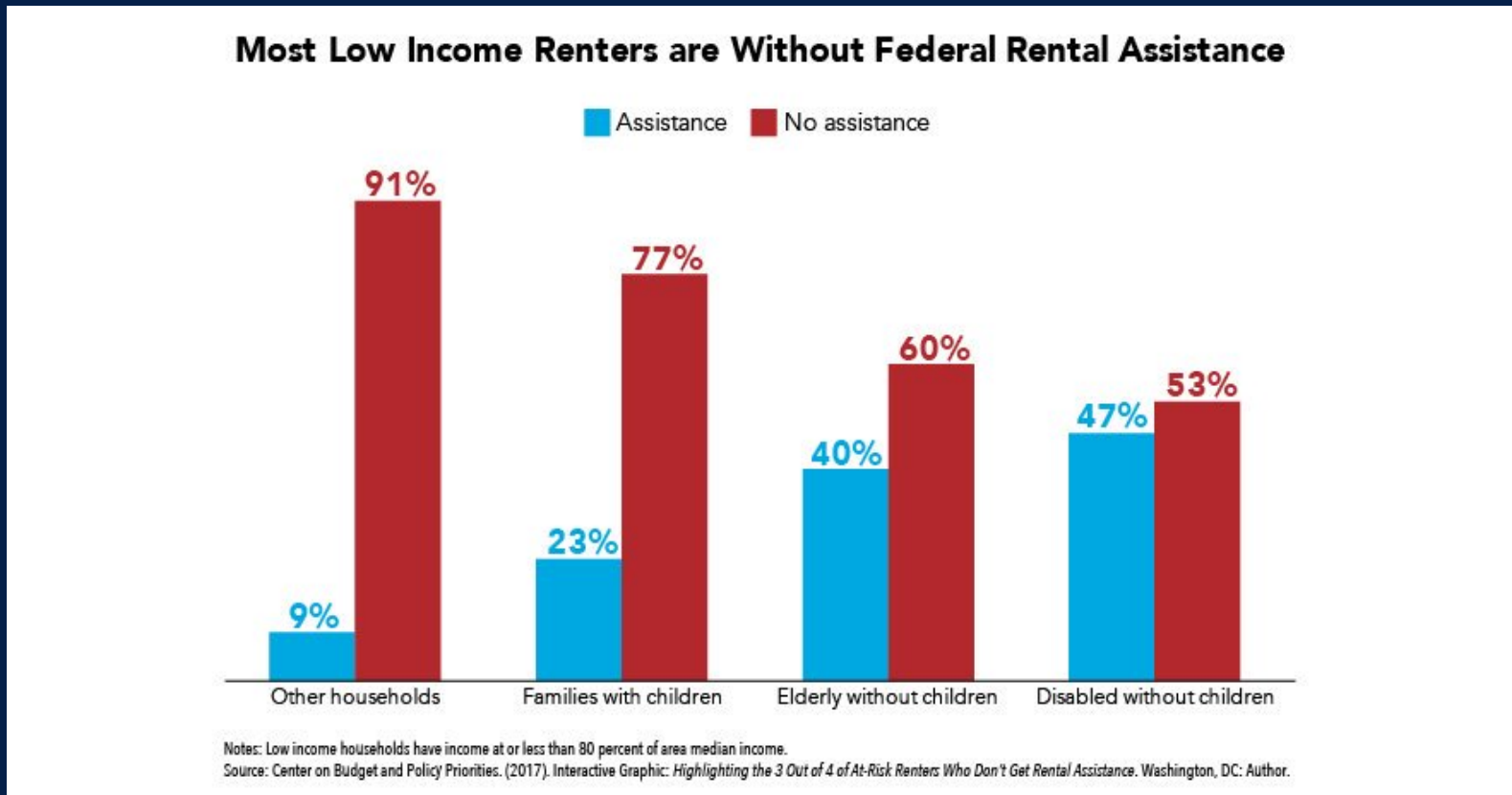The National Law Center on Homelessness and Poverty. "Homelessness in the United States and the Human Right to Housing," (January, 2004).
Urban Institute, The. A New Look at Homelessness in America.

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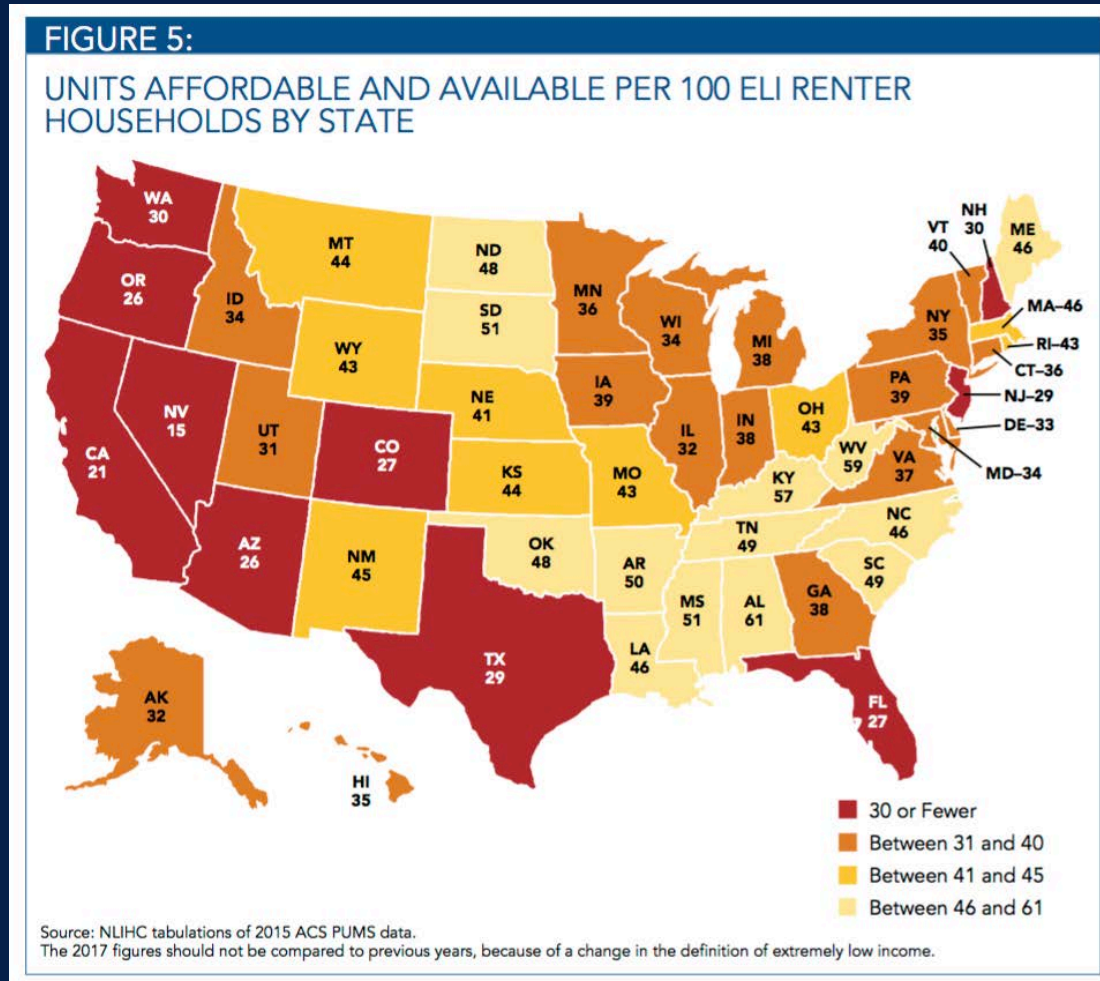# Housing assistance stagnant as compared to other federal outlays for low income individuals

Changing Priorities: The Federal Budget and Housing Assistance 1976-2007 NLIHC
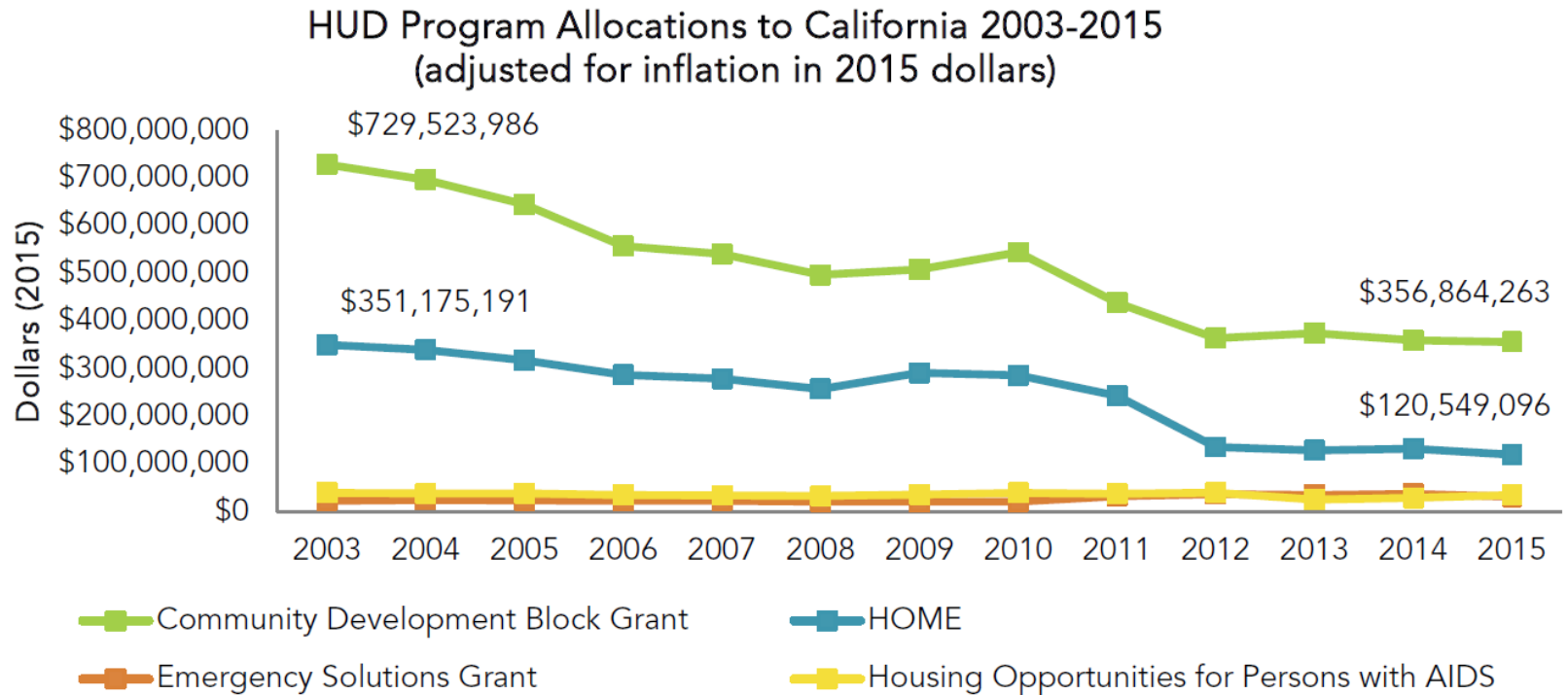
Three out of four at-risk renters don't get rental assistance

Most Low Income Renters are Without Federal Rental Assistance

Assistance ■ No assistance

Household type	Assistance	No assistance
Other households	9%	91%
Families with children	23%	77%
Elderly without children	40%	60%
Disabled without children	47%	53%

Notes: Low income households have income at or less than 80 percent of area median income.
Source: Center on Budget and Policy Priorities. (2017). Interactive Graphic: *Highlighting the 3 Out of 4 of At-Risk Renters Who Don't Get Rental Assistance*. Washington, DC: Author.

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California has 21 units available for every 100 extremely low income households

FIGURE 5:

UNITS AFFORDABLE AND AVAILABLE PER 100 ELI RENTER HOUSEHOLDS BY STATE

Source: NLIHC tabulations of 2015 ACS PUMS data.
The 2017 figures should not be compared to previous years, because of a change in the definition of extremely low income.

Legend:
- 30 or Fewer
- Between 31 and 40
- Between 41 and 45
- Between 46 and 61

HUD funding to California decreasing

HUD Program Allocations to California 2003-2015
(adjusted for inflation in 2015 dollars)
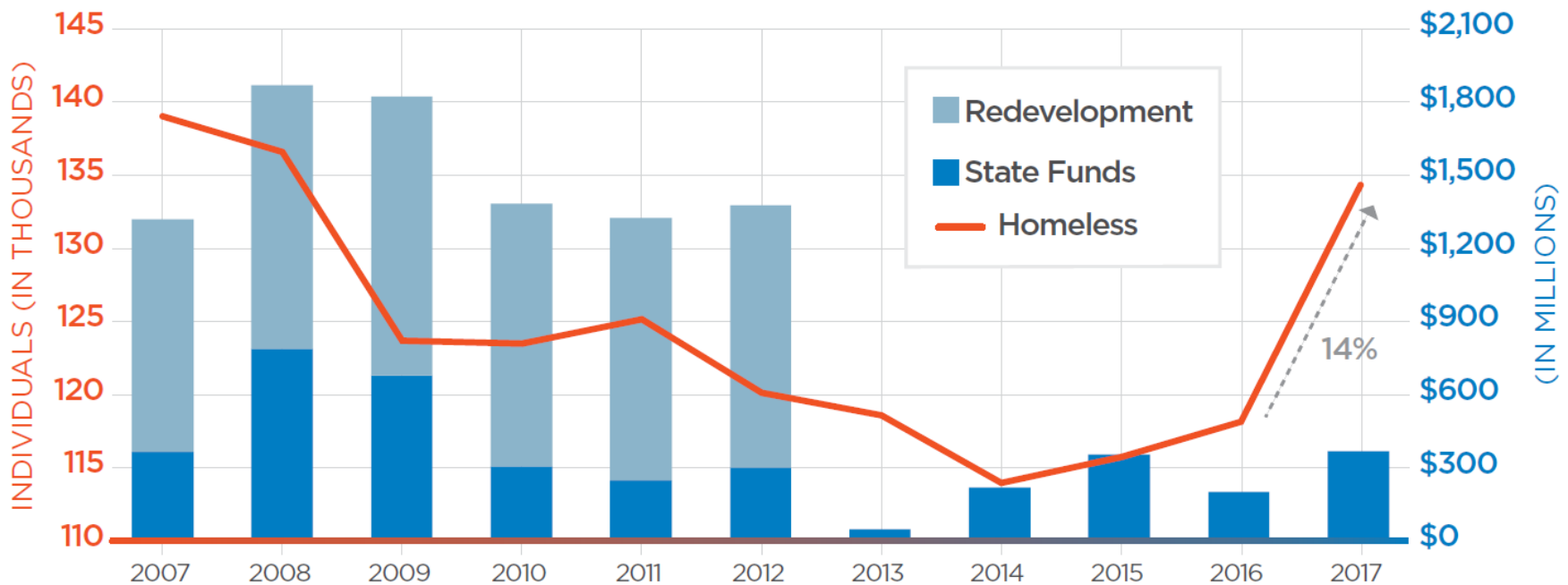
Source: HUD Formula Program Allocations by State: 2003-15. Graphic and inflation adjustment by HCD.
California Department of Housing and Community Development, California's Housing Future: Challenges and Opportunities

Loss of funding preceded homelessness rise

ELIMINATION OF REDEVELOPMENT & LOSS OF STATE BOND FUNDING FOR HOUSING FORESHADOWED A 14% RISE IN HOMELESSNESS IN 2016-17

Legend:
- Redevelopment
- State Funds
- Homeless

Source: CHPC analysis of 2006-2011 Annual Calfiornia Departments of Housing and Community Development (HCD) Redevelopment Housing Activities Report; 2006-2016 annual HCD Financial Assistane Programs Reports. Housing and Urban Development (HUD). PIT and HIC Data Since 2007. Note fiscal years are indicated by second half of fiscal year (e.g. FY 2006 -2007 is presented as 2007).

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Homelessness is a racial justice issue

- Housing primary means of wealth-building
- Discrimination in home ownership
  - Segregated neighborhoods
  - Redlining—restricted access to mortgages in segregated neighborhoods
  - Predatory lending
- Discrimination in rental market
- Criminal justice, employment and educational discrimination
- African Americans at 3-4 fold increased risk of homelessness

The New York Times Magazine

How Homeownership Became the Engine of American Inequality

An enormous entitlement in the tax code props up home prices — and overwhelmingly benefits the wealthy and the upper middle class.

BY MATTHEW DESMOND   MAY 9, 2017

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Risk Factors

- POVERTY

- Age (mode age is 1)

- Among single adults: born second half of baby boom

- Race: Black Americans and Native Americans

- New parents
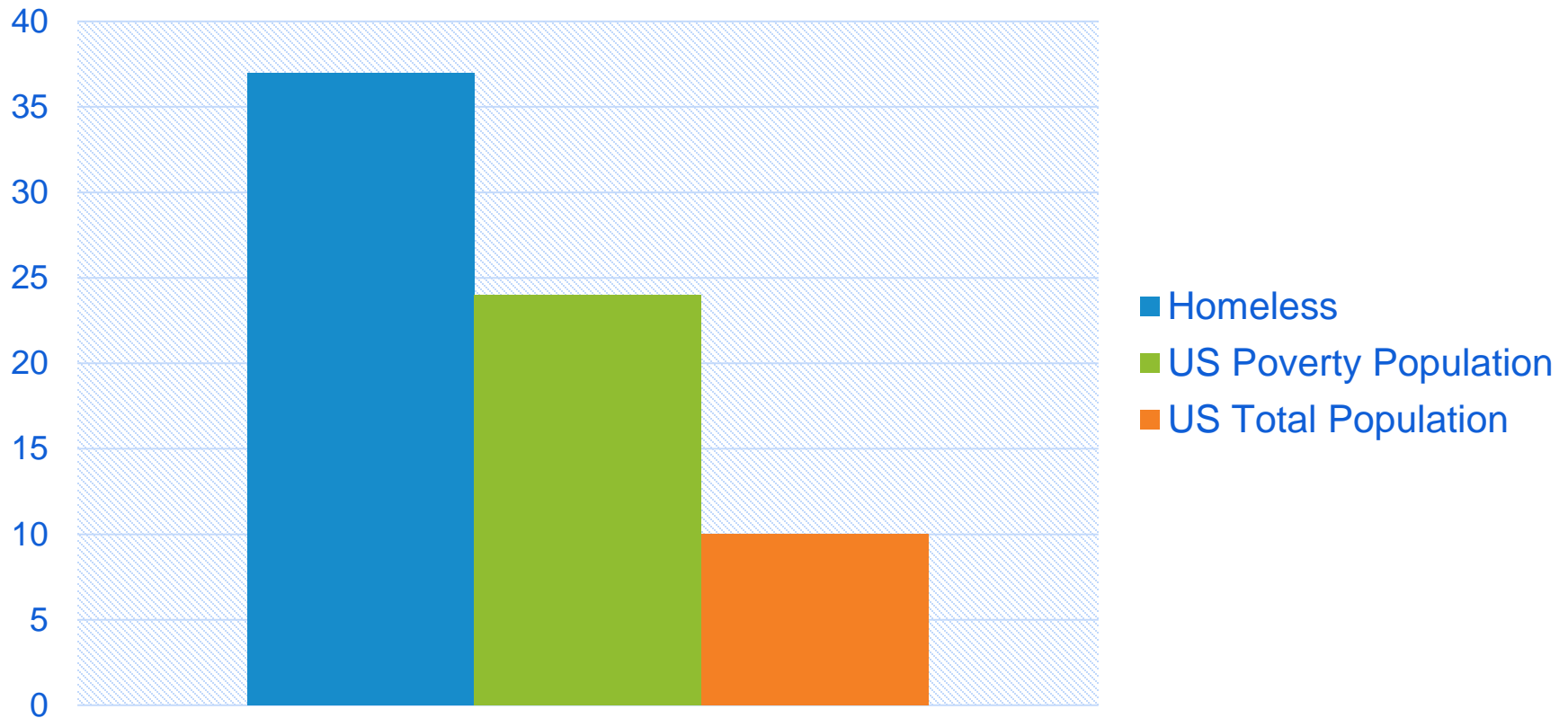
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Risk Factors (cont.)

- Mental health and substance use disorders

- Adverse childhood experiences (ACEs)

- Interpersonal violence

- Social isolation

- History of criminal justice system involvement

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Homeless persons report worse health status than US or poverty populations* (worse now as population ages!)

Fair or Poor Health

- Homeless
- US Poverty Population
- US Total Population

Elevated age-adjusted mortality rates of homeless adults; causes vary by age

- Age 25 to 44

  - Drug overdose, heart disease, substance use disorders, HIV

  - Mortality rates 9x-10x higher than general population

- Age 45 to 84

  - Cancer, heart disease

  - Mortality rates 4x-5x higher than general population

Baggett TP, Hwang SW, O'Connell JJ, et al. Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. JAMA Intern Med. 2013 Feb 11;173(3):189-95. doi: 10.1001/jamainternmed.2013.1604. PMID: 23318302.

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The homeless population is <u>aging:</u> health is getting worse

Proportion of single homeless adults ≥50 in San Francisco:

– 1990   11%

– 2003   37%

– Today   ~50%

– Median age increased 0.66 years for every calendar year 1990-2003

JGIM *Journal of General Internal Medicine*

Explore this journal >

BRIEF REPORT: The Aging of the Homeless Population: Fourteen-Year Trends in San Francisco

Judith A. Hahn PhD, Margot B. Kushel MD,
David R. Bangsberg MD, MPH, Elise Riley PhD, Andrew R. Moss

Hahn J et al. The Aging of the Homeless
Population JGIM 2006

S.F.'S HOMELESS AGING ON THE STREET / Chronic health problems on the rise as median age nears 50
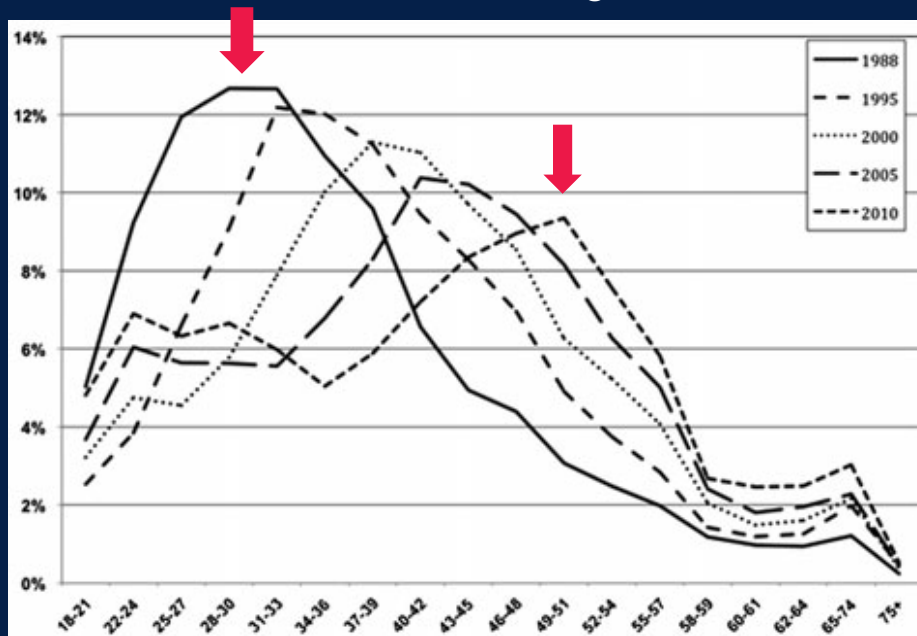
By Kevin Fagan | August 4, 2006

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Generational effect

- Americans born in the second half of the baby boom (1954 - 1963) have had elevated risk of homelessness throughout their lifetime

  - 30-40% of homeless individuals* born 1954-1963
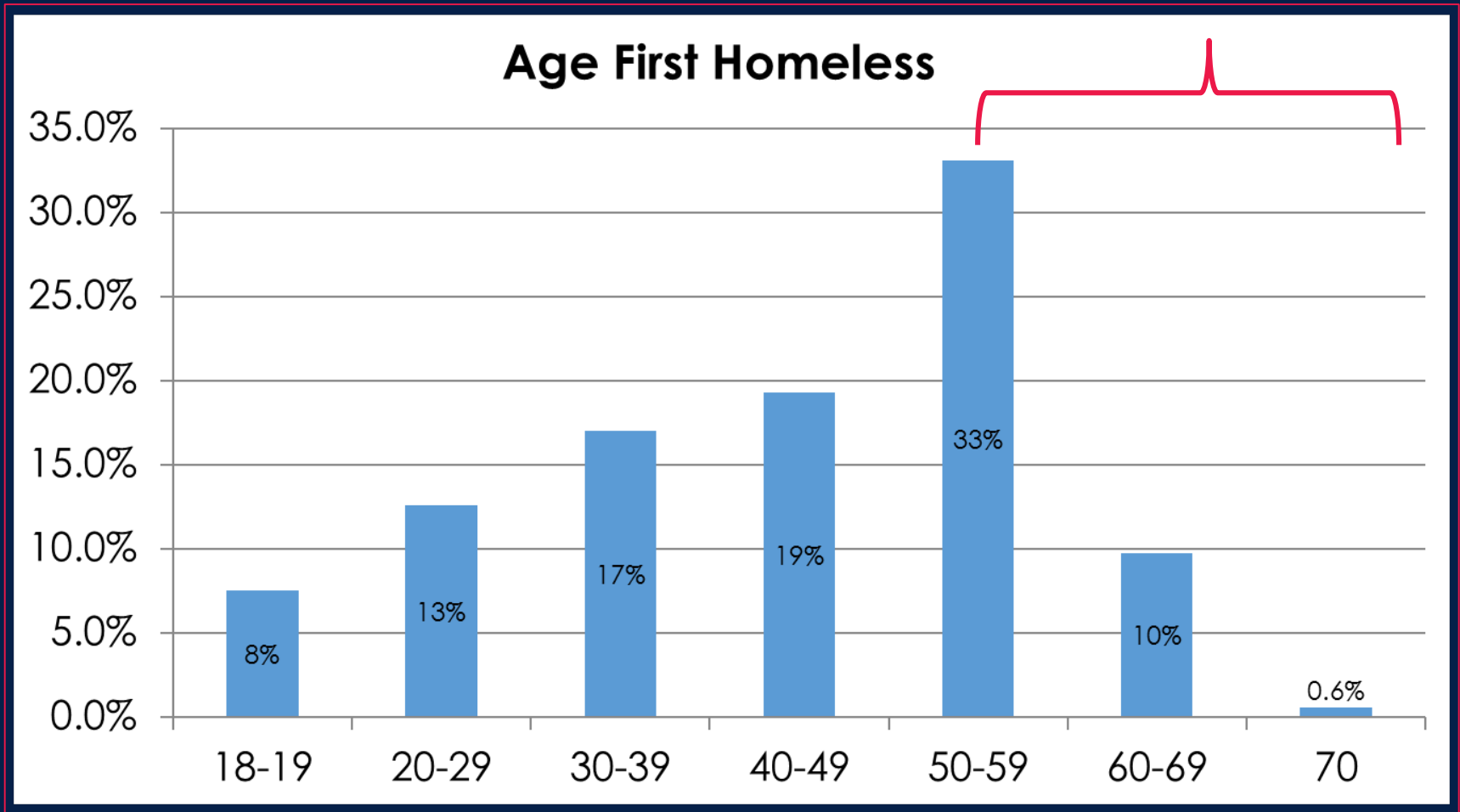 - Estimated that about half are aged 50 and over

*doesn't include people living in homeless families or unaccompanied youth

Dennis P. Culhane, Stephen Metraux, Thomas Byrne, Magdi Steno, Jay Bainbridge, and National Center on Homelessness among Veterans. "The Age Structure of Contemporary Homelessness: Evidence and Implications for Public Policy" *Analyses of Social Issues and Public Policy* 13.1 (2013): 1-17.

HOPE HOME Study

- Health Outcomes of People Experiencing Homelessness in Older Middle agE

  - NIH funded study of 350 participants enrolled July 2013 to June 2014, following participants every six months

  - Aged 50 and older

  - Homeless by HEARTH Act definition at time of enrollment

  - Oakland, CA

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44% with first episode of homelessness after age 50

Those with early homelessness (<50)

- More adverse life experiences

- Low income attainment in early adulthood

- No spouse partner

- Mental health problems

- Traumatic brain injury

- Imprisonment

- Alcohol use problem

Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS One. 2016 May 10;11(5)

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Those with late onset homelessness (>50)

- Low wage work throughout life
- Crisis
  - Job loss
  - Marital breakdown
  - Illness (participant, spouse)
  - Death (spouse, parent)

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Late onset homelessness

- Lack of advocacy

  - Evictions for reasons other than non-payment of rent

  - Not getting benefits

  - Multiple bureaucratic hurdles

- Low social support

  - Shame prevented them from accessing social support

- Less likely to have imprisonment/long incarceration, but housing hampered by one-time charges (i.e. one drug charge) or unexplained arrest

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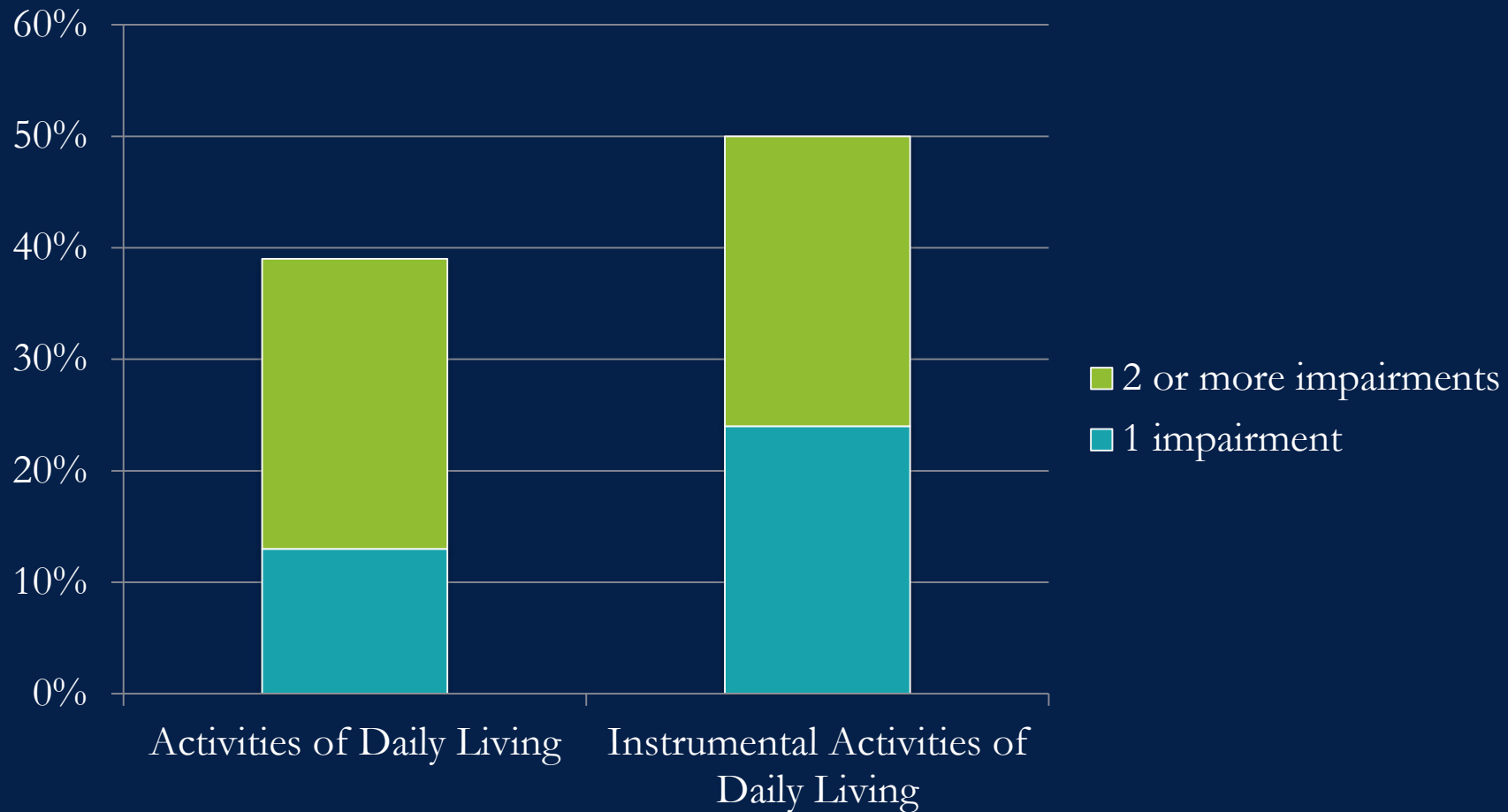"It was a lot of different things but basically the new owners took over, we were being evicted.

My wife, she had just got out of the hospital, had the stroke and was blind….so, the daughter came up and said, 'Don't fight it, y'all can come stay with me for a couple months and save your money.' So we said, 'Okay' …[and didn't fight the eviction].

After we moved out of the place, turned in the keys and everything we went over to her house and she said, 'Y'all can't stay here.' And I said, 'I got $9 in my pocket,'

I said, 'At least let your mother spend the night because we don't have enough money to get a motel room.' She said, 'No.' So that was the beginning."
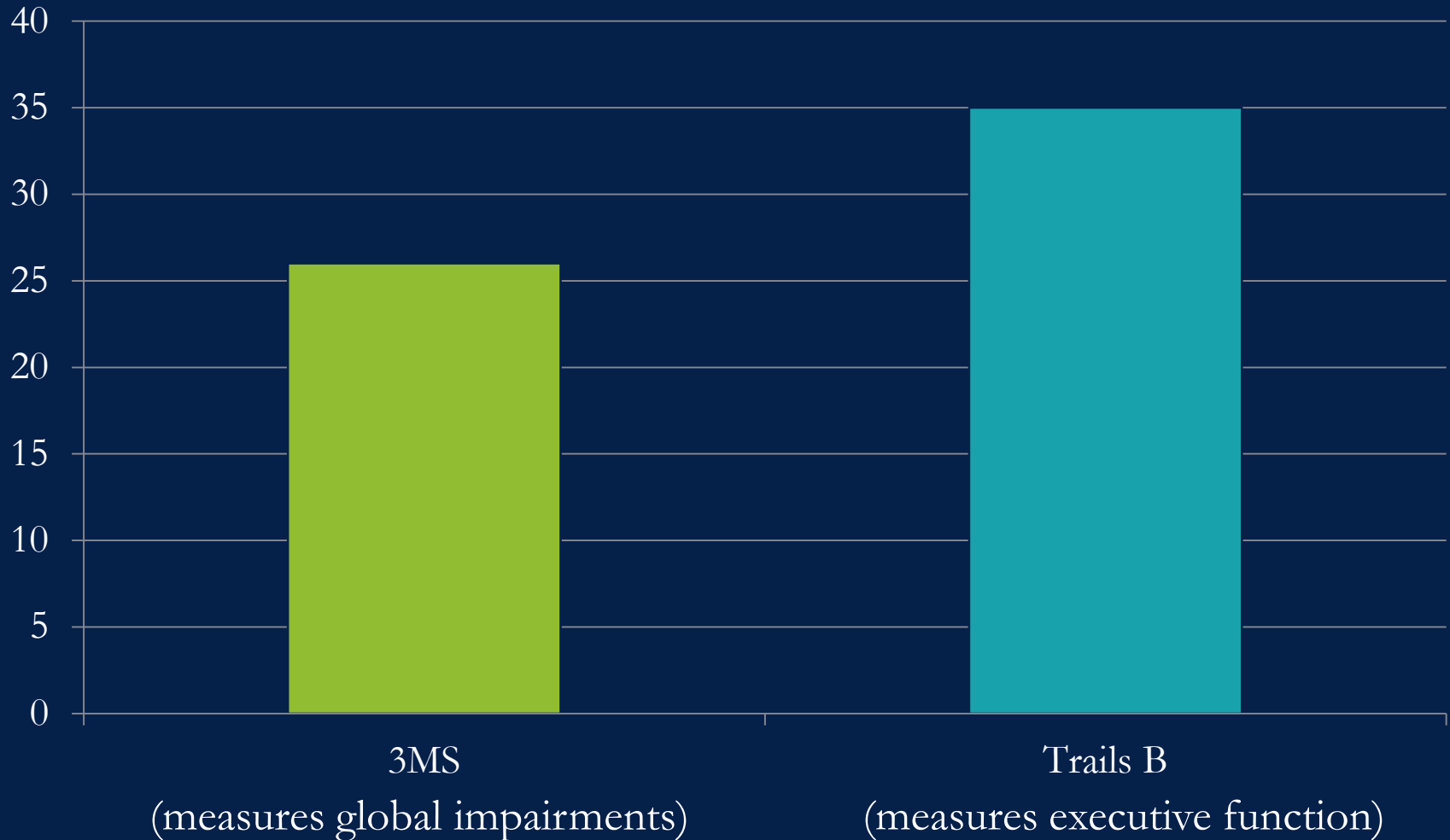
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"…When they bought the company out they cut our hours back and they would bring in temp workers and they would give them all the hours and they weren't giving us our hours, which caused me to lose my place I was staying in because I couldn't afford to pay the rent, because, you know, from, you're going from almost 80-100 (hours) a week down to 20 hours a week, it's kind of hard to pay bills."

High proportion with functional impairments

Legend:
- 2 or more impairments (green)
- 1 impairment (teal)

Chart showing percentages for:
- Activities of Daily Living: ~13% (1 impairment), up to ~39% total
- Instrumental Activities of Daily Living: ~24% (1 impairment), up to ~50% total

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26. pii: gnw011. PubMed PMID: 26920935

High prevalence of cognitive impairment

Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570.

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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%

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26. pii: gnw011. [Epub ahead of print] PubMed PMID: 26920935.

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Homeless persons have health similar to those 20+ years older

"50 is the new 75"

- Poverty associated with "premature aging"

- We see this among homeless and non-homeless poor populations, although may be more extreme with homeless populations

- In our HOPE HOME study of homeless adults 50 and older (median age 57)

  - Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s

  - 44% first episode of homelessness at age 50 or later

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Health care utilization

- High rates of ED use and hospitalizations by homeless

  - 40% report ED visit in past year, compared with 11% general population

  - Homeless over 50: even higher (~ 50% of HOPE HOME participants had visited an ED (confirmed) in prior six months)

  - Small group (<7%) account for over half of all ED visits

    - High utilizers

    - High rates of substance use, mental health problems, violence/victimization

- Low rates of non-ED ambulatory care

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How homelessness affects health care utilization

▪ More frequent hospital stays

▪ Longer hospital stays

- More hospitalization for potentially preventable causes

- Lowered admission thresholds

- More difficult to discharge

  – Homeless were 3x more likely to be readmitted (22.2 % versus 7.0 %)

Saab D, Nisenbaum R, Dhalla I, Hwang SW. Hospital Readmissions in a Community-based Sample of Homeless Adults: a Matched-cohort Study. J Gen Intern Med. doi:10.1007/s11606-016-3680-8.

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- **Effective responses**

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What are possible solutions?

- **Preventing new homelessness**

  - Affordable housing

    – Cutbacks in HUD threaten development

    – Good sources of information for national legislative efforts:

      ▪ National Low Income Housing Coalition

    – State: passed a lot of housing bills including:

      ▪ November 2018 affordable housing bond

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What are possible solutions?

- **Eviction prevention**
  - Just cause evictions
    - SF, Oakland, and San Jose now have just cause evictions
    - Legal protection for tenants
    - NYC experimenting with providing right to counsel in housing court; SF on smaller scale
    - SF just passed initiative to provide legal counsel in housing court
      - Other similar initiatives throughout country

What are possible solutions?

- **Emergency Housing Assistance**

  - Families who called when housing assistance available 76% less likely to enter shelter at six months

  - One time payments up to $1500

  - Average cost per caller referred $720

Science AAAS

The impact of homelessness prevention programs on homelessness

William N. Evans[1,2,3], James X. Sullivan[1,3,*], Melanie Wallskog[4]

+ See all authors and affiliations

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What are possible solutions?

- New onset homelessness – focus on rehousing quickly

  - Rental subsidies performed better than rapid rehousing in large RCT (Family Options Study)

  - Family assistance to increase likelihood of familial support

    – NYC offering family payments

  - Benefit eligibility

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What are possible solutions?

- Long-term homelessness and disabling conditions – focus on permanent supportive housing

    - Subsidized housing with on-site or closely linked supportive services

    - **Housing First** model – start with the housing

    - Shown to be effective at keeping people housed

    - Adapt for needs of older adults

What can health care providers do?

- Know your community resources

  - Refer to legal assistance, social work

- Advocate

  - Understand the underlying structural factors that create and sustain homelessness

  - Push back against individual narrative

    – We know how to treat SMI!

  - Use your voice to advocate for real solutions

    – Health effects of homelessness

    – "Housing is the best medicine"

Final thoughts

- Homelessness reaching crisis proportions

- While mental health and substance use disorders are common, underlying causes are structural

- The aging of the homeless population increases urgency

- Use of healthcare system can be chaotic

- Efforts to reduce homelessness have worked…but happened at same time in rising population experiencing homelessness

- Think about larger issues!!!!

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 @mkushel

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Thanks to….

- Claudia Ponath
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- Tauni Marin
- Stephen King
- 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
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- Kaveh Hemati MD
- Leah Goodman MD
- Sandeepa Sriram MD
- Maria Patanwala
- Adam Bazari
- John Landefeld MD
- Michelle Tong
- Isabel Arellano Cuervo
- Dereck Paul
- Eric Vittinghoff PhD

- Louise Walter MD
- Irene Yen PhD
- Elise Riley PhD
- Margaret Handley MPH PhD
- Julene Johnson PhD
- Chris Weyer Jamora PhD

- Community Partner: St Mary's Center
- Allen Temple
- East Bay Community Recovery Center

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HOPE HOME papers currently available or in press

Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, et al. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS One. 2016;11(5):e0155065. PubMed PMID: 27163478; PubMed Central PMCID: PMC4862628.

Lee CT, Guzman D, Ponath C, Tieu L, Riley E, et al. Residential patterns in older homeless adults: Results of a cluster analysis. Soc Sci Med. 2016 Mar;153:131-40. PubMed PMID: 26896877; NIHMSID: NIHMS761784; PubMed Central PMCID: PMC4788540.

Vijayaraghavan M, Tieu L, Ponath C, Guzman D, Kushel M. Tobacco Cessation Behaviors Among Older Homeless Adults: Results From the HOPE HOME Study. Nicotine Tob Res. 2016 Aug;18(8):1733-9. PubMed PMID: 26920648; PubMed Central PMCID: PMC4941600.

Spinelli MA, Ponath C, Tieu L, Hurstak EE, Guzman D, et al. Factors associated with substance use in older homeless adults: Results from the HOPE HOME study. Subst Abus. 2017 Jan-Mar;38(1):88-94. PubMed PMID: 27897965; NIHMSID: NIHMS859935; PubMed Central PMCID: PMC5472372.

Raven MC, Tieu L, Lee CT, Ponath C, Guzman D, et al. Emergency Department Use in a Cohort of Older Homeless Adults: Results From the HOPE HOME Study. Acad Emerg Med. 2017 Jan;24(1):63-74. PubMed PMID: 27520382.

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Vijayaraghavan M, Olsen P, Weeks J, McKelvey K, Ponath C, et al. Older African American Homeless-Experienced Smokers' Attitudes Toward Tobacco Control Policies-Results from the HOPE HOME Study. Am J Health Promot. 2017 Jan 1;:890117117729928. PubMed PMID: 28893086.

Lee CM, Mangurian C, Tieu L, Ponath C, Guzman D, et al. Childhood Adversities Associated with Poor Adult Mental Health Outcomes in Older Homeless Adults: Results From the HOPE HOME Study. Am J Geriatr Psychiatry. 2017 Feb;25(2):107-117. PubMed PMID: 27544890; NIHMSID: NIHMS811458; PubMed Central PMCID: PMC5253307.

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, et al. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2017 Aug 1;57(4):757-766. PubMed PMID: 26920935.

Landefeld JC, Miaskowski C, Tieu L, Ponath C, Lee CT, et al. Characteristics and Factors Associated With Pain in Older Homeless Individuals: Results From the Health Outcomes in People Experiencing Homelessness in Older Middle Age (HOPE HOME) Study. J Pain. 2017 Sep;18(9):1036-1045. PubMed PMID: 28412229; NIHMSID: NIHMS867699; PubMed Central PMCID: PMC5581208.

Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, et al. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570. PubMed PMID: 28738314; NIHMSID: NIHMS894872; PubMed Central PMCID: PMC5568464.

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HOPE HOME papers currently available or in press

Patanwala M, Tieu L, Ponath C, Guzman D, Ritchie CS, et al. Physical, Psychological, Social, and Existential Symptoms in Older Homeless-Experienced Adults: An Observational Study of the Hope Home Cohort. J Gen Intern Med. 2017 Nov 28;PubMed PMID: 29185174.

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