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DOCUMENT TITLE: HOMELESS AND ELDERLY: Understanding the Special Health Care Needs of Elderly Persons Who Are Homeless

TO: Health Care for the Homeless Grantees
Community Health Centers
Migrant Health Centers
Health Services for Residents of Public Housing Grantees
Health Schools, Health Communities Grantees
Asian Pacific Islander Grantees
Native Hawaiian Grantees
Black Lung Grantees
Primary Care Associations
Primary Care Offices

I am pleased to provide you with a copy of AHOMELESS AND ELDERLY: Understanding the Special Health Care Needs of Elderly Persons Who Are Homeless.@ This paper was developed by the Office of Minority and Special Populations in the Bureau of Primary Health Care in an effort to describe the unique challenges that homeless elderly people face in accessing primary health care.

This publication was prepared in response to an increasing awareness among providers and advocates that homeless persons who are elderly are a growing population with special health care needs. It is our hope that this information will encourage organizations to better recognize the special needs of this vulnerable population group and strive to provide thoughtful, sensitive, and compassionate care to people who are elderly and homeless.

If you would like additional copies of this publication, please contact the Health Care for the Homeless Information Resource Center at 1-888-439-3300, www.bphc.hrsa.gov/hchirc, or via email at hch@prainc.com.

[signed]

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HOMELESS AND ELDERLY:

Understanding the Special Health Care Needs Of Elderly Persons Who Are Homeless

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The author and editors thank the service providers who shared their experiences in serving elderly homeless persons, as well as those clients who shared insight into their experiences.

EXECUTIVE SUMMARY

Introduction

The faces of homelessness we see or hear about do not usually include images or stories of elderly persons who are homeless. Homeless elders, although increasing in numbers, continue to be a forgotten population. In an attempt to bring to the forefront the very real and growing existence of elder homelessness, this paper discusses the special health care and service needs of elderly homeless people and the barriers that they encounter when trying to access services. It also presents service-delivery models from communities that are addressing the multiple health care and social service needs of this frail and vulnerable population.

In addition to the elderly who are facing homelessness for the first time or are at risk of becoming homeless, there are also chronically homeless adults who are aging on the streets and are often multiply diagnosed, i.e. suffer from a range of complex health, mental health, and substance abuse issues. Both face unique health care and service needs that require a multidisciplinary-team approach with minimal barriers in order to achieve optimum health and housing stability.

Health Issues

Elderly people who are homeless are more likely to experience multiple medical problems and chronic illnesses that may have gone untreated for years. In addition to illnesses common to aging such as diabetes, cardiac disease, circulatory problems, and hypertension, the health of an elderly person who is homeless is also compromised by the harsh environment of homelessness (e.g., exposure, hypothermia, frostbite). For an elderly person who is homeless in a "survival mode" and trying to find a safe place to sleep every night, addressing his or her health care quickly loses priority.

Elderly people who are homeless or recently homeless and lack social supports are especially prone to depression, dementia, and other mental health problems. An elderly demented person may present with significant memory problems, cognitive impairments, poor judgment and poor comprehension. Dementia, as well as depression, makes it very difficult to provide follow-up, which is necessary to secure housing. Both conditions may also threaten an elderly person's stable housing (e.g., non-payment of rent because of cognitive difficulties and memory loss) or create a dangerous environment in the home, often leading to loss of housing (e.g., leaving water running or forgetting to turn off the stove).

Critical Service Needs

For both those elderly persons experiencing homelessness for the first time as well as those who have been living on the streets or in shelters for a number of years, intensive case management services, provided within a multidisciplinary team, is an integral part of the transition into permanent housing. In addition, case management services allow the senior to connect to services such as primary health care, housing assistance, financial management, and referrals to resources for meals. Good case management allows for continuity of care, coordination of services, and follow-through, while maintaining the dignity of each individual and addressing his/her unique needs.

Barriers to Accessing Services

Elderly persons who are homeless encounter barriers to services similar to those that younger homeless persons experience, however they often find these barriers more difficult to overcome when faced with additional challenges common to aging, such as chronic medical conditions, frailty, poor mobility, and loss of hearing or sight.

Difficulty Utilizing Shelter System

The emergency shelter system can be an especially harsh environment for an elderly person. Most shelters do not provide any assistance to elderly persons faced with standing in long lines for a bed, late entry and very early morning exit. Moreover, shelters are often located up or down stairs and provide in adequate facilities for proper hygiene. Elderly persons who are homeless also tend to be easy targets for assault and robbery by the younger residents staying at the shelter. Many seniors may feel unsafe in shelters and avoid staying in one altogether, only to expose themselves to equally dangerous elements on the streets.

Lack of Respite Services and Transitional Housing Programs

Elderly persons who are homeless and have compromised immune systems related to aging, poor nutrition, and chronic medical illnesses are often hospitalized and then prematurely discharged or discharged without a housing placement, making it difficult to adequately recuperate and regain their health. Elderly persons who are homeless need recuperative care or respite services that allow for the time necessary to heal.

An elderly person may lose his/her housing after an extended hospital stay in cities where the housing market is tight and in urban areas where high rental market rates persist and affordable housing has long waiting lists. Transitional housing programs are necessary to stabilize an individual's situation while addressing case management needs and awaiting permanent housing.

Conflicting Service Hours and Lack of Transportation

Homeless persons find that the business hours when essential medical care, shelters, or meals are available can overlap and interfere with one another, forcing the homeless person to neglect some of the assistance that he/she requires. Lack of transportation may be difficult for elderly persons who cannot get around as easily or as fast as their younger counterparts, and who might have difficulty following directions and utilizing available public transportation.

Lack of Awareness of Resources and Benefits

There are many seniors who lack information about resources and eligibility requirements, and oftentimes they may not even know how to begin applying for benefits (e.g. SSI, food stamps). Elderly persons, especially those with physical limitations and/or changes in their mental status, require extensive assistance when applying for benefits or housing, a process that often requires supplementary documents and personal interviews. Not only is it important to make persons aware of their eligibility, but it is essential to make certain that there is follow through with appointments and completing paperwork.

Inadequate Substance Abuse and Mental Health Services

Elderly persons who are homeless or are in jeopardy of homelessness often lack access to adequate substance abuse and mental health services. Chronic alcoholism, substance abuse, and mental illness that remain undiagnosed and untreated can be a factor leading to homelessness or prolonged homelessness. Proper mental health evaluation is an important component in long-term case management planning toward stabilizing an elderly person's homeless situation.

Lack of Affordable Housing

Homeless persons who are elderly often face long waiting lists for affordable senior housing. In most urban areas, the waiting list for subsidized housing can be as long as 3-5 years. In areas where the rental market tends to be most expensive, elderly persons with limited incomes who become homeless are unable to find alternate housing that is within his or her economic means. Compounding this is the stringent and often extensive criteria for acceptance into many existing affordable housing programs. Most housing programs are reluctant to accept applicants who have a history of mental health and substance abuse problems, or past criminal records.

Lack of Economic Resources

Many seniors who are homeless are reluctant to accept any housing that will significantly deplete their Social Security or SSI check. While they may be aware of their need to accept certain services such as housing, they are often reluctant to part with the very little money they have. Some elderly persons find it necessary to obtain employment in order to supplement their limited monthly income to meet the costs of basic housing and living, and yet they may have medical and physical conditions making it difficult to work. Many others encounter difficulty in obtaining employment, not because of any physical limitations, but because of their age.

Risk of Victimization

Elderly homeless persons are at greater risk for victimization and injury than their younger counterparts. They are perceived as easy targets especially since they are least likely to be able to defend themselves and usually receive a regular monthly income (e.g., VA pension, Social Security, and SSI checks). Because they are particularly vulnerable to victimization and abuse, special awareness and attention should be given to the protection and safety of elderly homeless persons.

Conclusion

This paper presents a survey of service providers who are using a range of service-delivery models for addressing elder homelessness in their communities. It also provides recommendations from providers who serve elderly people who are homeless.

In New York City, he is a 78 year-old man with a history of depression who has lived in one of the flophouses in the Bowery for over 20 years. On a cold, winter night in Danbury, CT, he is a 58 year-old man who is sleeping on the streets. His left foot was recently amputated after suffering from frostbite. In Philadelphia, he is a 65 year-old veteran who sleeps above a steaming manhole in the middle of the sidewalk in order to keep warm. And in San Francisco, she is an 82 year-old woman who is preparing to leave her home of 22 years after the landlord, with plans to convert the building into condominiums, illegally evicted her and others. She does not have family or friends from whom to seek help and will likely go to the local homeless shelter. The faces of homelessness we see or hear about do not usually include images or stories of elderly persons who are homeless. Elderly people who are homeless, although increasing in numbers, continue to be a forgotten population. This paper hopes to bring to the forefront the very real and growing existence of elderly homelessness. It will discuss the special health care and service needs of elderly people who are homeless and the barriers that they encounter when trying to access services. It will also present service delivery models from communities that are addressing the multiple health care and social service needs of this frail and vulnerable population.

Background

There is no agreement as to what age should be considered 'elderly' among older adults that are homeless. While some literature considers older homeless adults age 60 and older, other literature consider even those age 50+ to be elderly. Because of the harsh environments they face, years of neglected medical needs, and worsened physical ailments due to poor nutrition and poor living conditions, the older homeless adult may have considerably more medical problems and appear older than those of the same age who have housing. Referring to chronically homeless older adults 50-59 years old, Health Care for the Homeless (HCH) nurse practitioner Twyla Smith, from St. Martin de Porres Shelter in Seattle, WA states, "They've got chronic [medical] problems as if they were 60 or 70 years old." While many social services such as senior nutrition sites serve only adults 60 years and older, other senior-specific provider organizations such as the HCH-funded geriatric multi-service organization in San Francisco, CA, North of Market Senior Services, or the St. Martin de Porres Shelter in Seattle serve adults age 55 and older. For the purpose of this paper, the elderly who are homeless will refer to adults age 55 and older.

There currently exist no national statistics that provide an accurate count of elder homelessness. Some studies estimate that the elderly compose only 2.5 percent of all homeless persons (Cohen, 1999), while other data indicate that 6 percent of homeless clients are between 55 and 64 years old, and another 2 percent are 65 years of age and older (Interagency Council on the Homeless, December 1999). Still other surveys estimate that up to 10-15 percent of homeless persons are elderly (Gardner, 1999). In 1988, Tully (Tully & Jacobson, 1994) found that 27 percent of homeless persons were over the age of 60. Some literature indicates that while the percentage of elderly people who are homeless is low compared to all homeless people, the number of elderly homeless individuals is steadily increasing (Cohen, 1999). In Boston, the Committee to End Elder Homeless (CEEH) conducts a survey of the elderly homeless every 3 years. According to Elizabeth Babcock, Executive Director of CEEH, a recent survey (1997-2000) revealed that homelessness among the elderly is increasing at a faster rate than other homeless people. During this survey period, elder homelessness increased in Boston by 17 percent while the general homeless population increased by 10 percent. In San Diego, an

estimate in 1996 revealed the presence of approximately 200 long term homeless individuals who were 65 years or older (Regional Task Force on Homeless - San Diego, *Elderly Homeless Persons*). The literature emphasizes that this estimate does not include elderly people who are homeless sporadically or have been homeless at least once.

The definition of *homelessness* as defined in Section 330 (h) of the Public Health Service Act identifies as homeless those persons who lack housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing. This definition has been expanded by the Bureau of Primary of Health Care (BPHC) of the Health Resources and Services Administration (HRSA) to include *"[persons] living in a single room occupancy facility, abandoned building or vehicle, or in any other unstable or non-permanent situation"* (BPHC, March 1999). In addition to persons living on the streets, shelter, or missions, anyone living 'doubled-up' with relatives, friends, or extended family members may be considered homeless. The BPHC definition goes on to state, *"An unstable living situation is critical to the definition of homelessness"*. Under this definition, the elderly homeless may be underrepresented in most surveys, especially in urban areas where Single Room Occupancy (SRO) hotels or flophouses are the primary source of housing, although substandard, for low-income seniors. In some instances, individuals may even 'double-up' in single room occupancy, as with many elderly Filipino veterans residing in San Francisco.

In 2000, the Census Bureau counted 34,991,753 elderly persons or 12.6 percent of the United States population. This number will certainly increase in upcoming years as baby boomers turn 60 years old around 2006 and 65 years old around 2011 (Regional Task Force on Homeless - San Diego, *Elderly Homeless Persons*). As the general geriatric population increases over the next 30 years, elder homelessness will undoubtedly continue to increase if conditions such as lack of affordable housing, high rents and poverty persist among elderly Americans.

Why Are There Seniors Who Are Homeless?

The causes of homelessness are as multi-faceted as the individuals who are experiencing it. Elderly persons, who are isolated, live alone, lack economic stability and family or social supports are at great risk for becoming homeless (University of Rhode Island, *Welcome to URI 101 - A Feinstein Enriching America Program, Community Service*). Elderly persons who encounter homelessness for the first time may have faced a housing crisis such as an eviction due to increased rents or failure to pay rent because of decline in cognitive abilities. In many cities, persons may lose their housing because of condominium conversion and community gentrification. Other factors that may contribute to recent homelessness include unemployment, a medical crisis, loss of a primary caregiver, domestic violence, substance abuse, serious decline in mental health status, or disasters such as house fires. While many factors exist which may precipitate homelessness among elderly persons, poverty coupled with the lack of affordable housing are underlying causes for the increase in homelessness among elderly persons (Tully and Jacobson, 1994) and (National Coalition for the Homeless Fact Sheet #15, *Homelessness Among Elderly Persons*, June 1999).

In 1998, the Census Bureau found that the elderly have a lower poverty rate (10.5 percent) than the general population (13.3 percent). However, they are still more likely to have lower incomes that are just above the poverty threshold (National Coalition for the Homeless

Fact Sheet #15, *Homelessness Among Elderly Persons*, June 1999). Although Social Security (SSA), Supplemental Security Income (SSI), and Veterans Administration (VA) pensions provide a regular source of income for elderly persons, this fixed income alone may not be enough to sustain housing costs in addition to medical and prescription co-payments, food, and other necessities. A 1998 Housing and Urban Development report further revealed that out of 12.5 million persons in households identified to have "worst-case housing needs", 1.5 million were elderly persons. "Worst-case housing needs" refer to renters in households with incomes below 50 percent of the area median income who are involuntarily displaced, pay more than 50 percent of their monthly income towards rent, or live in substandard housing (Gardner, 1999).

Comment: Need the correct citation or citations here.

Compounding the problem of personal poverty is the lack of affordable housing. Whether chronically homeless or homeless for the first time, elderly persons are faced with long waiting lists for affordable housing in tight housing markets with increasingly exorbitant rents. Once housing is lost, the lack of financial resources, lack of social supports, and declining health make it extremely difficult for low-income elderly people to relocate into other adequate housing. The shortage of affordable housing further places recent homeless elders at risk of staying on the streets or shelters for an extended period of time (Kutza & Keigher, 1991). As Elizabeth Babcock, Executive Director of the Committee to End Elder Homelessness states, "Once [elderly] people become socialized to homelessness, it becomes very hard to transition [them] into permanent housing". For elderly persons who are chronically homeless, not only is it difficult to obtain affordable housing, but also to secure housing with supportive services that are integral to maintaining stability and preventing a pattern of homelessness to continue.

Health Issues

Physical Health Problems

Elderly people who are homeless experience multiple medical problems and chronic illnesses. Many are likely not to have a primary care provider and often have not sought medical attention for years. In addition to illnesses common to aging such as diabetes, cardiac disease, chronic obstructive pulmonary disease, circulatory problems, bone and joint disorders, and hypertension, the health of an elderly person who is homeless is also compromised by the harsh environments of homelessness (e.g. exposure, hypothermia, frostbite). Elderly persons are also more likely to contract infestations such as lice and scabies and are more susceptible to contagious diseases common in shelters such as tuberculosis and respiratory infections (Bottomley, 2001). Poor hygiene increases risks for these infections.

Serious, chronic medical conditions are easily neglected when a person is homeless. Keeping and following-up with medical appointments becomes difficult when living on the streets or in shelters. It is difficult to keep a daily routine, especially when homeless persons have to move from one shelter to another, making compliance with a medication regimen challenging or impossible. Diabetes care, for example, can be especially difficult for older homeless adults who lack a consistent food source and neglect the regular administration of insulin (Bottomley, 2001). Sometimes, prescription medications are lost or stolen or prescriptions will remain unfilled because of cost. In addition, the stressful environment of the streets or shelters can easily take a toll on an elderly person's health. For an elderly homeless person living in "survival mode" and trying to find a safe place to sleep every night, addressing his or her health care quickly loses priority.

Substance Abuse

The most common substance use disorder among homeless people is alcoholism (Demallie, as cited by Bottomley, 2001). The elderly homeless are not an exception. Some elderly alcoholics may "burn out" with age and stop drinking after twenty to twenty-five years (O'Connell, et al, 1990). Nevertheless, they still suffer from the long-term effects of alcohol use that are likely to aggravate preexisting medical conditions or lead to alcohol-related diseases such as cirrhosis, organic brain disorders, or urinary problems. In addition, substance use, whether alcohol or other substances, may cause drug interactions, especially among elderly homeless persons who are more likely to have major medical or mental health problems requiring prescription medications (O'Connell, et al, 1990).

Some elderly persons, on the other hand, may experience late-onset alcoholism, perhaps triggered by grief, depression, and difficulty coping with aging, boredom, or isolation. While alcoholism is not uncommon among elderly people who are homeless, it is important to be aware that abuse of other drugs such as cocaine and heroine also exists, as does addiction to prescription medications.

Among social service providers interviewed for this paper, many found significant substance abuse, sometimes dually-diagnosed with a mental health disorder, especially among elderly persons who have been chronically homeless for more than five years. Immediate access to a detoxification and/or substance abuse treatment or counseling program that is sensitive to the older homeless adult is important. Access to such programs when the client is open and ready to address his or her substance use is essential. For some elderly persons, however, detoxification or substance abuse treatment may not be an option they are willing to consider. Continued outreach and education about the serious effects of alcoholism and other drugs on persons with failing health may be necessary to decrease risks for a resistant elderly client.

Mental Health

Elderly people who are homeless or recently homeless and lack social supports are especially prone to depression. Screening for depression becomes imperative given the stressful and unstable life events of elderly homeless persons. Dementia is another mental health problem often encountered among elderly people who are homeless. Dementia can be either the result of a progressive organic disease (e.g. Alzheimer's) or can be caused by alcohol use, head injury, metabolic disorders, neurological pathologies, or cardiovascular problems (Bottomley, 2001). An elderly demented person may present with significant memory problems, cognitive impairments, poor judgment and poor comprehension. While dementia affects an elderly person's ability to form new memories, they may function well in a structured and familiar environment (O'Connell, et al, 1990). Dementia, as well as depression, makes it very difficult to provide follow-up, which is necessary to secure housing. Both conditions may also threaten an elderly person's stable housing (e.g. non-payment of rent because of cognitive difficulties and memory loss) or create a dangerous environment in the home often leading to loss of housing (e.g. leaving water running or forgetting to turn off the stove). An elderly homeless person with dementia needs extensive assistance navigating through resources, referrals, and an often-confusing social service system. Follow-up with medical care and appointments will usually prove to be difficult for an elderly person with dementia. Extensive outreach, health and psychiatric evaluation, and case management services are necessary in order to prevent an elderly homeless person with dementia from falling through the cracks of the system and in order to develop an appropriate long-term health care and housing plan.

Critical Service Needs

Case Management

For both those elderly persons experiencing homelessness for the first time, as well as those who have been living in the streets or shelters for many years, intensive case management services are an integral part of the transition into permanent housing. Along with this is a requirement to establish other much needed services such as health care and behavioral health services. Good case management allows for continuity of care, coordination of services, and follow-through, while maintaining the dignity of each individual and addressing his/her unique needs.

Once in a stable housing situation, previously homeless elderly persons may benefit from on-going case management services. The on-going involvement of social workers or case managers may help to ensure that the elderly person maintains his or her independence in the community for as long as possible. The case manager may coordinate supportive services such as in-home care, meal deliveries, transportation to medical appointments, medication monitoring, and visitors, which help to improve the quality of life for the elderly person. The case manager and support network may also monitor potentially dangerous situations such as risks for eviction (e.g. for non-payment of rent) or self-neglect.

Housing Assistance

A stable living environment is important for an elderly person in order to allow for the identification and resolution of their neglected health care and other needs. Due to the transitory nature of an emergency shelter, which often provides only a bed for the night, it is usually not an appropriate placement for an elderly homeless person. For example, it is rare that one is allowed to securely store belongings at the shelter and a bed is not always guaranteed every night. Thus stability and security are lacking.

Housing options for elderly homeless persons are limited. Complete medical, mental health and case management assessment are important in determining the appropriate housing needs of an elderly homeless individual. An elderly person found wandering on the streets and presenting with dementia, chronic medical conditions, poor hygiene and self-neglect may be deemed incapable of living independently in the community. However, after intensive medical and case management intervention, the same person may be able to thrive in a permanent housing situation with supportive services and social networks in place. Collaboration between case managers, health care providers, substance abuse counselors, and mental health providers are integral in developing a housing plan that takes into consideration the specific needs and wishes of the elderly person.

Board & Care homes or Residential Care Facilities (RCF) exist for older adults who need a minimum level of supervision. Housing and meals are provided in a communal living situation and medical supervision is available. Unfortunately, in some communities, some Board & Care homes or RCFs that will not accept a resident whose only income comes from Supplemental Security Income, making this option unavailable for seniors on a fixed, limited income.

Assisted living facilities provide housing and personalized care for elderly persons who need help with activities of daily living such as bathing, eating, dressing, and housekeeping. Assisted living facilities allow a senior to remain in his/her community while providing necessary supportive services on-site. In Boston, the Committee to End Elder Homelessness

(CEEH) is currently developing an assisted living facility specifically for elderly homeless persons. The new CEEH program will provide affordable housing and services such as laundry, health care, medication monitoring, and meals.

Finally, there are subsidized senior housing programs that usually have long waiting lists. Residential hotels or single room occupancies (SROs) often become the housing of choice for many low-income seniors faced with homelessness and waiting to get into subsidized senior housing programs. Unfortunately, there has been a steady trend of diminishing SRO housing stock in many urban areas due to conversion into more high-rent condominiums, apartments, or tourist hotels (Minkler and Ovrebo, 1985).

Many elderly persons face evictions because of ever-increasing rents in many communities, which also have tight housing markets, thereby creating a need for eviction prevention assistance. Elderly persons need to be aware of their rights as tenants and of legal eviction procedures. In conjunction with general case management, eviction assistance, availability of emergency rental funds, and advocacy may prevent many elderly persons from losing their homes. An additional obstacle to finding other housing can be the inclusion of an eviction history on one's housing/rental record, making eviction prevention assistance critical.

Financial Management

Determining an elderly person's eligibility for financial benefits and securing a stable income is necessary to obtain permanent housing. The elderly person may be unaware of benefits such as Social Security, Supplemental Security Income, VA pensions, and private retirement pensions. In some States, very low-income older adults may be eligible for food stamps and/or State-funded public assistance. In addition, many seniors are unaware of their eligibility for Medicare upon reaching 65 years of age. Lastly, very low-income and/or disabled seniors may be eligible for the State-supported Medicaid program and therefore be dually eligible for Medicare/Medicaid. Following through with the application process necessary to secure such benefits requires paperwork and long waits for filing this paperwork that an elderly person (or anyone else for that matter) may find discouraging. Elderly persons with cognitive disabilities or elderly immigrants faced with changing immigration policies and language and cultural barriers may require even more assistance.

In addition to assistance with securing a stable income, elderly persons, especially those with significant mental health problems, cognitive impairments, or substance abuse problems, may need assistance with money management or benefit from participation in representative payee services. Such services ensure that the participant's rent is paid or that the limited income lasts through the month to support the senior's need for food, prescription co-payments, and transportation.

Nutritious Meals

A well-balanced, nutritious meal is crucial for an elderly person with ailing health, chronic medical conditions, and living in a harsh environment on the streets and in shelters. Elderly persons may utilize community soup kitchens and senior nutrition sites available in many cities to provide meals exclusively for persons age 60 and older. Senior meal sites provide what may often be the only hot, nutritious meal an elderly person will have for the day. In addition, mealtime may also serve as a significant place for socialization and interpersonal contact.

Barriers to Accessing Services

Elderly persons who are homeless encounter barriers to services similar to those that younger homeless persons experience (e.g. lack of transportation, long application processes to obtain services, lack of awareness of resources). However, they often find these barriers more difficult to overcome because they are frequently burdened by poor health and chronic medical conditions, frailty, poor mobility, and physical limitations common to aging such as loss of hearing or sight. In addition, for some seniors, aging may come with cognitive impairments and changes in mental status such as dementia. The barriers homeless seniors face can be grouped into *external* or *real* barriers and *internal or perceived* barriers. External barriers are those obstacles encountered in the physical world, while perceived or internal barriers refer to an individual's perceptions or beliefs regarding his or her environment which may prevent him/her from seeking much needed services. In order to make an already overwhelming social service system more accessible and to provide services that effectively address the needs of elderly persons who are homeless, one must look at both external and internal barriers.

A. External Barriers

Difficulty Utilizing Shelter System

The emergency shelter system, which generally lacks sensitivity to sub-groups among homeless persons, can be an especially harsh environment for an elderly person. Most shelters, when developing shelter rules and regulations, do not take into consideration the physical limitations and multiple medical conditions many elderly persons face. For instance, in addition to having to stand in long lines in order to "sign-up" for a bed, elderly persons often have a particularly hard time using a general shelter system that requires a late entry (sometimes as late as 9:00 p.m.) and very early morning exit. Normally, shelters do not allow for adequate hygiene and self-care. Not only is it difficult to maintain one's personal hygiene, but elderly persons also undoubtedly have a difficult time maintaining their health and following up on medications while staying in a shelter. Medications are at risk of being lost or stolen in a crowded shelter where there is usually a lack of private, personal space. In addition, shelters located up or down stairs may not be accessible to those with limited mobility.

Elderly persons who are homeless, especially those who are homeless for the first time and may lack "street smarts", are easy targets for assault and robbery by the younger residents staying at the shelter, particularly if the elderly person is under the influence of alcohol, drugs, or medications. Many seniors may feel unsafe in shelters and avoid staying in them altogether, only to expose themselves to equally dangerous elements on the streets.

Lack of Respite Services and Transitional Housing Programs

Elderly persons who are homeless often have compromised immune systems related to aging, poor nutrition, and chronic medical illnesses. They are often hospitalized and may be prematurely discharged from hospitals or discharged without a housing placement, making it difficult, if not impossible, to adequately recuperate and regain their health. This only exacerbates existing medical conditions and likely leads to repeat hospitalizations. Elderly persons who are homeless need recuperative care or respite services that allow for the time necessary to heal.

Sometimes persons in substance abuse treatment programs, hospitals, or jails are thrust into homelessness after being prematurely discharged into the streets or shelters. It is not unheard of for an elderly person, for instance, to lose his/her housing after an extended hospital stay especially in cities where there is a tight housing market. In urban areas where high rental market rates persist and affordable housing has long waiting lists, transitional housing programs may be necessary to immediately stabilize an individual's situation. Elderly persons who are faced with homelessness need a stable place to stay while receiving case management services and awaiting permanent housing. Especially for persons who are being discharged from substance abuse treatment programs or jails, timely follow-up with supportive services and stability is necessary to decrease risks for relapse or return to incarceration.

Conflicting Service Hours

During a consumer focus group conducted for the preparation of this paper, a 67 year old senior who had been homeless for about a year summarized one of the access barriers that many homeless people encounter: "Do I line up so that I can get a bed for the night, or do I get my foot taken care of?" Homeless persons find that the business hours when essential medical care, shelters, or meals are available can overlap and interfere with one another, forcing the homeless person to neglect some of the assistance that they require.

Lack of Transportation

There are two factors that, when combined, compound people's difficulty in access services: conflicting service hours (discussed above) and a lack of available transportation. Lack of transportation may especially be difficult for elderly persons who, due to poor mobility, cannot get around as easily or as fast as their younger counterparts. Even in areas where sufficient public transportation may exist, an elderly person with poor cognitive capacity will have a difficult time following directions and utilizing available public transportation.

Lack of Awareness of Resources and Benefits

As with other age groups experiencing homelessness, lack of information about resources and eligibility requirements is a significant barrier to accessing services. Many seniors may not be aware of what benefits they are eligible for or they may not know how to begin applying for benefits (e.g. SSI, food stamps). The daunting paperwork procedures, and extensive follow-up needed may be intimidating and prevent some persons from applying for benefits or assistance altogether.

Elderly persons, especially those with physical limitations and/or changes in their mental status, require extensive assistance when applying for benefits or housing, a process that often requires supplementary documents and personal interviews. Not only is it important to make persons aware of their eligibility, but it is essential to make certain that there is follow-through with appointments and completing paperwork.

Inadequate Substance Abuse and Mental Health Services

Annie is the shelter director of the Lazarus Day Center, a daytime drop-in center for seniors 50 and older located in Seattle, WA. In working with chronically homeless elderly persons, many of who have a history of substance abuse or are often dually diagnosed, she states, "We need to get them [homeless seniors] into a program as soon as they say they're ready."

Lack of access to adequate mental health and substance abuse services poses a challenge to providing comprehensive behavioral health evaluations and treatment. Elderly persons who are homeless or are in jeopardy of homelessness are at great risk for depression. Chronic mental illness and/or substance abuse that remain undiagnosed and untreated can be a factor leading to homelessness or prolonged homelessness. Proper mental health evaluation is an important component in long-term case management planning toward stabilizing an elderly person's homeless situation.

Lack of Affordable Housing

One of the dilemmas faced by homeless persons who are elderly is the long waiting list for affordable senior housing. In most urban areas, the waiting list for subsidized housing can be as long as 3 to 5 years. This is especially true in areas where the rental market tends to be most expensive and elderly persons with limited incomes who becomes homeless are unable to find alternate housing that is within his or her economic means. Compounding this lack of affordable housing are the stringent and often extensive criteria for acceptance into many existing affordable housing programs. Most housing programs seek applicants who have clean housing histories with no prior evictions. In addition, they are often hesitant to accept applicants who have a history of mental health, substance abuse problems, or past criminal records.

Lack of Economic Resources

The amount of financial assistance an elderly person receives from Social Security is dependent on the number of years or quarters they have worked and contributed to the Social Security system. Currently, if one retires at the age of 65, the individual will receive the maximum benefit each month. However, if one retires before reaching the age of 65 years, the amount they are entitled to receive every month is decreased. In some States, Social Security can be supplemented with Supplemental Security Income (SSI) for seniors who are 65 years or older and whose monthly income is below the SSI limit. For many elderly persons 65 years or older who do not have a work history with Social Security, SSI becomes the primary source of income. The cost of living, including housing and other expenses, is often not sufficiently covered by SSI.

One of the barriers which Twyla Smith, Health Care for the Homeless nurse practitioner in Seattle, WA, observes is the reluctance and hesitance of many elderly homeless persons to accept any housing that will significantly deplete their Social Security or SSI check. She states, "The [homeless] seniors are aware of their need to accept certain services such as housing, but when it comes down to parting with the very little money they have, they are adamant about not wanting to."

Some elderly persons find it necessary to obtain employment in order to supplement their limited monthly income to meet the costs of basic housing and living. However, elderly persons may have medical and physical conditions that may make it difficult to work. Many others encounter difficulty in obtaining employment, not because of any physical limitations, but because of their age. While some seniors may access employment training and placement in part-time work through National Council on Aging programs, others may face the discriminatory practice of ageism in the job market, which may defeat their attempts to establish or improve their income.

B. Internal Barriers

Lily Cabeza, nurse case manager for the San Diego Health Care for the Homeless Program in San Diego, CA, has found that elderly people who are homeless tend to be more difficult to work with than her younger patients because of the greater distrust that elderly people experiencing homelessness have toward service providers. She shares that many of her elderly patients who are homeless have a "fear of the system" and a fear of "being put in a home". An elderly person, afraid of losing his or her independence, may think that seeking help from a social service agency will lead to institutionalization. Unfortunately, the lack of trust in providers and fear of social service agencies prevents elderly persons, either homeless or at risk of becoming homeless, from receiving the services they need.

The pride and self-perception an elderly person carries may also be a barrier that prevents him or her from seeking much-needed services. Case managers at St. Anthony Foundation in San Francisco, CA, observed among many of their elderly homeless clients, a resistance to accept services because "they [homeless seniors] do not want to rely on anybody." To some of the elderly people who are homeless, accepting services may equate to admitting that they are aging and are no longer as independent as they had been previously.

Risk of Victimization

Elderly persons who are homeless are at greater risk for victimization and injury than their younger counterparts. Because most seniors receive a regular monthly income (e.g. VA pension, Social Security, and SSI checks), and are less likely to be able to defend themselves, they are perceived as easy targets for robbery (Hudson, et al, 1990). Because of their limited physical mobility, frailty, and often, cognitive impairments, elderly persons are extremely vulnerable both on the streets and in the shelters. They may also be less likely to report an incident and more likely to be ignored by law enforcement. In addition, an elderly person with poor mental status and impaired judgment may be at risk for being abused financially. Because they are particularly vulnerable to victimization and abuse, special awareness and attention should be given to the protection and safety of elderly persons who are homeless.

Comment: What does this refer to?

Recommendations from Providers Who Serve Elderly People Who Are Homeless

- Provide comprehensive centers where elderly persons experiencing homelessness can access multiple services under one roof.

- Utilize a multi-disciplinary team model bringing together the skills of different providers (e.g. primary health care providers, social workers, mental health providers, substance abuse counselors), which allows for comprehensive assessment and evaluation.

- In areas where there is a long waiting list for subsidized housing and a high-cost rental market, provide transitional housing programs to quickly move elderly persons out of shelters and off the streets. This allows seniors a period of time to "reconnect" and establish interpersonal contacts and social support.

- Homeless persons 55-64 years old and not eligible for benefits such as Medicare do not have access to an affordable health insurance alternative, although many may have

chronic medical conditions similar to those who are older. Development of health care resources for this age group is essential.

- Provide outreach to elderly persons in shelters and on the streets, as well as those in the community who may be isolated and at risk of homelessness due to depression and other health problems.

- Recognize that the "face of homelessness is changing". In most discussions around homelessness, the needs of elderly people who are homeless and their special circumstances are often not included.

Community Models (What is working?)

Multidisciplinary Team Service-Delivery Model

Elderly persons who are homeless often present with multiple, chronic medical and social service needs that may be most effectively addressed using a multidisciplinary team approach. A multidisciplinary team service delivery model brings together services and providers under one roof. At **North of Market Senior Services** (NOMSS) in San Francisco, CA, homeless seniors age 55 and older who walk in immediately have access to primary health care, case management, substance abuse counseling, social programs, referrals to emergency shelters, assistance with permanent housing, and a hot, nutritious meal. The homeless case manager collaborates with substance abuse counselors and primary health care providers on-site in objectively assessing the needs of the client and assuring quality care.

For an elderly person who has been homeless for many years, transitioning into permanent housing may be difficult. NOMSS continues to provide support to previously homeless seniors and assists in their transition into permanent housing through long-term case management. Case managers work with seniors by coordinating support services which allow the senior to continue to live independently in the community and remain in stable housing for as long as possible.

For more information on NOMSS, contact Gay Kaplan, Executive Director, at (415) 885-2274.

Emergency and Transitional Shelters for Elderly People Who are Homeless

St. Martin de Porres in Seattle, WA was founded in 1984 as an emergency shelter for homeless men age 50 and older. The shelter accommodates 212 persons every night. Forty-five percent of shelter users are in their 50s while fifty-three percent are in their 60s. A large segment of the population served are veterans who are elderly and homeless. Twyla Smith is a Health Care for the Homeless nurse practitioner who provides clinic services on-site five times a week and establishes primary care for the clients at the shelter. She states that the shelter provides an especially safe and secure place for the older homeless men who increasingly are becoming targets for assault and robbery. In addition to health care, the shelter provides an evening meal, shower and laundry facilities, a library, and a respite program for participants with medical recovery needs.

For more information about St. Martin de Porres in Seattle, WA, contact Twyla Smith, Health Care for the Homeless nurse practitioner, at (206) 323-6341.

Shelter of the Cross, Inc. located in Danbury, CT is a transitional housing program for elderly people who are homeless ages 58 and older. The founder, Karen Messina, observed in her community a growing number of seniors living on the streets and an emergency shelter system, which was difficult for the seniors to access. Receiving referrals from churches, nursing homes, relatives, and emergency shelters, Shelter of the Cross works with up to 12 homeless seniors at a time, providing supportive services and housing for up to 2 years. During this period, the participants have a stable place to live while being placed on the waiting list for more permanent and affordable housing. They also have the opportunity to address neglected medical conditions, receive podiatry care, attend AA meetings, and, with the support and assistance of a case manager and staff, to consider reunification with their family.

For more information about Shelter of the Cross, Inc. in Danbury, CT, contact Karen Messina, Director, at (203) 791-1050 or visit the website www.shelter-cross.org.

Day Shelters and Drop-in Centers

Most emergency shelters open their doors after 6:00 p.m. to a long line of people seeking a bed for the night and then require everyone to leave as early as 6:00 a.m. the next morning. For a frail, elderly, homeless person, finding a place to stay during the hours when the emergency shelters are closed may be an extreme challenge. **Lazarus Day Center** in Seattle, WA serves homeless adults 50 years old and older by providing a safe place for them to stay during the day. The center, which is open 365 days a year, also offers a hot meal at lunchtime, showers, a clothing bank, computer and Internet access, restrooms, laundry facilities, telephones and a mailing address for their clients to use. For some, the center serves as a starting point for connecting with community resources and social services.

For more information on Lazarus Day Center, contact the Shelter Director at (206) 623-7219.

Housing Development

The **Committee to End Elder Homelessness (CEEH)** was founded in Boston, MA in 1991 by a group of seven professional women who, in their work as public health nurses, social workers, and activists, became aware of high-risk homeless elders in their city. CEEH conducts outreach to homeless seniors 55 years and older and provides permanent housing and supportive services through facilities it develops, owns, and operates. To date, CEEH has developed four residences, with a total of 70 units, specifically for Boston's elderly people who are homeless.

CEEH collaborates extensively with city agencies and other community-based organizations to bring such supportive services as primary health care to the residents of its buildings. CEEH also collaborates with **Elders Living at Home Program** that places homeless seniors in transitional shelters while awaiting permanent housing in one of the residences operated by CEEH.

CEEH conducts vigorous outreach to those at risk of becoming homeless and to chronically homeless elders. They seek to house the frailest seniors with the worst histories of homelessness. Elizabeth Babcock, executive director of CEEH, emphasizes that while most

housing programs have very stringent rules for acceptance, CEEH seeks out homeless seniors who may otherwise be considered "difficult to house", such as those often having a history of evictions, and those with substance abuse and/or mental health problems.

CEEH not only recognizes the dire need for development of affordable housing for elderly people who are homeless, but also the importance of providing comprehensive supportive services necessary for maintaining stable housing as well as a person's independence in the community.

For more information on CEEH, contact Elizabeth Babcock, Executive Director, at (617) 369-1550

Community Education, Outreach, and Advocacy

One of the major barriers elderly people who are homeless face in accessing services is the lack of knowledge about resources in their community. Navigating through a social service system may be overwhelming, especially for seniors who are experiencing homelessness for the first time. **Planning for Elders in the Central City** (PECC), based in San Francisco, CA recognized the need to provide educational outreach to homeless elderly people in the community and increase their awareness of potential resources. Every year, PECC organizes a week-long *"Homeless Senior Survival School"* during which service providers give presentations to diverse groups of seniors, all experiencing homelessness. While learning about such general information as establishing primary health care and obtaining benefits such as Medicare, Medicaid, SSA, SSI, and VA pensions, the seniors also learn about resources specific to their own needs, such as shelters, housing assistance, and case management. The seniors are provided with practical information: *Which shelter is the best one for an elderly person? Where can I store my belongings during the day? Where can I go to eat? How do I get on the waiting list for housing?* After participation in the weeklong program, the seniors "graduate" and have the opportunity to continue involvement with PECC as members of an advocacy group. The advocacy group meets with the San Francisco Mayor's Office on Homelessness every month with the goal of increasing the city's awareness of elder homelessness.

For more information on PECC, contact Jeanette Ilagan, Senior Survival School Director, at (415) 703-0188.

Conclusion

The programs highlighted in this paper are making significant contributions in their communities to address the needs of older adults facing homelessness, and yet the problems associated with elder homelessness will continue to grow as the Baby Boomer generation ages. Someone who has been homeless for most of his or her adult life may "age into elder homelessness"; or perhaps one unexpectedly becomes homeless for the first time during his or her "Golden Years". Either way, the needs of the elderly homeless require special attention. Measures to address these needs will require multidisciplinary approaches that offer age-sensitive services, have minimal barriers to access, and are accommodating for the frail and multiply diagnosed senior. While this paper discusses the general health care and service needs of elderly homeless persons, individual communities will also have to consider the specific needs that may be encountered by seniors living in different geographic regions or in rural

environments, and by seniors belonging to special demographic populations, including homelessness among the elderly in different racial and ethnic groups.

This paper can be used as a tool for increasing awareness about elder homelessness in local communities and among homeless service providers. As we continue to recognize the existence of elder homelessness, we are poised to ask questions about their special health care and service needs. Subsequently, we hope to implement recommendations to create resources and housing, develop prevention programs, and eliminate barriers to accessing services for seniors facing homelessness.

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