

The Aging of the Homeless Population: Emerging Clinical Issues

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Homeless population is aging

- In United States, median age of homeless population ≥ 50 ¹
- Those born in the second half of the baby boom have an elevated risk of homelessness¹
- Among homeless veterans, median age is over 50²
 - Vietnam era veterans make up half of homeless veterans³
- Homeless individuals 50 and older have health problems similar to those in general population in their 70s and 80s^{4,5}

1. Culhane DP, et al. Analyses of Social Issues and Public Policy (2013).

2. U.S. Department of Housing and Urban Development (2014).

3. National Coalition for Homeless Veterans (2015).

4. Brown RT, et al. JGIM (2012)

5. Brown RT et al under review

What are key health concerns?

- Chronic Diseases
- Substance Use
- Geriatric Conditions
 - Cognitive Impairment
 - Functional Impairment
 - Falls, incontinence, sensory impairment

Chronic Diseases

- Leading causes of mortality in homeless individuals 45 and older:
 - Heart disease and cancer¹
- High rates of smoking, poor access to care^{2,3}
- High rates of smoking related illnesses
 - 26% deaths attributable to smoking³
- High rates of cardio-metabolic diseases¹

1. Garibaldi, et al. J Gen Intern Med (2005).

2. Kushel, et al. JAMA (2001)

3. Baggett, et al. N Engl J Med (2013).

Challenges in managing chronic disease

- Requires longitudinal coordinated care
- Critical thinking about appropriate targets
- General medicine literature questioning appropriate guidelines for older adults^{1,2}
- Need to think about appropriate guidelines not just in terms of age, but in terms of life expectancy, co-morbidities

1. Tseng et al JAMA IM 2014

2. Caverly et al JAMA IM 2015

Substance Use

- Substance use rates rising in older adults¹
 - Birth cohort effect
- Illicit substance use disorders decreased with age of homeless population, but remained higher than general population or than older homeless population from 20 years ago^{2,3,4}
- Alcohol use rates similar in older and younger homeless adults⁴

1. Han, et al. *Addiction* (2009).

2. Burt, et al. *The Urban Institute* (1999).

3. Dietz, et al. *Journal of Applied Gerontology* (2009)

4. Spinelli et al under review

Geriatric Conditions

- High rates of geriatric conditions
 - ADL and IADL dependency
 - Urinary incontinence
 - Falls
 - Cognitive Impairment
 - Depression
 - Visual and hearing impairments

1. Brown RT, et al. JGIM (2012)

2. Brown et al under review

Functional Impairment

- ADL and IADL impairments common
 - 39% had difficulty with ≥ 1 ADL; 17% ≥ 3 ADLs
 - 49% reported at least 1 IADL
- Physical impairments and inability to control environment
 - 27% report difficulty walking
- Implications for housing solutions, need for personal care

Cognitive Impairment

- High rates of cognitive impairment in homeless populations 50 and over
- 38% with global impairment
 - 17% with moderate to severe impairment
- 40% with executive function impairment
 - 31% with moderate to severe impairment
 - Disorders in executive function affect ability to manage complex task
- Alcohol use disorders strongly associated

1. Hurstak et al. in preparation

Other geriatric conditions

- Falls – 34% report ≥ 1 fall in past 6 months
 - Need to think about built environment
 - Fall prevention for homeless adults
- Incontinence – 48% screen positive
 - Interaction between availability of bathrooms
 - Also—can be barrier to rehousing
- Sensory impairments
 - Common, morbid
 - 45% visually-impaired, 36% hearing-impaired

1. Brown RT et al, under review

Conclusions

- Age structure of homeless population is changing
- Homeless individuals in 50s and 60s with health problems akin to general population in 70s and 80s
- Expect to see higher rates of substance use disorders with co-morbid functional and cognitive disabilities

Conclusions

- Need to address chronic illness in conjunction with cognitive and functional impairment
 - Choose appropriate targets
 - “geriatric” thought even though population in 50s and 60s
- Take cognitive and functional impairments into account when designing both built environment, care systems, strategies