

Jennifer H. Aborn Russo, Class of 2012
Department of Family Medicine and Community Health

Health Care for the Homeless: An Aging Demographic 2006 to 2010

Jennifer H. Aborn Russo, MS-IV and Carole Upshur, EdD
University of Massachusetts Medical School, Worcester, MA

Background: Homelessness in America is a growing problem. An estimated 1.59 million people spent at least one night in an emergency shelter or transitional housing program in 2010. Of this group, an estimated 2.8% were over the age of 62. The number of elderly homeless individuals is expected to increase by about 33% between 2010 and 2020 and more than double by 2050. Programs like the Health Care for the Homeless serve to both medically care for this growing population as well as collect data about their specific demographics and health care needs.

Objectives: We studied demographic and health care needs unique to the rapidly growing elderly female population and reviewed current literature with the goal of identifying possible pathways to homelessness among this population as well as provider-based initiatives needed to better care for this homeless subset.

Methods: Health Care for the Homeless data are collected in all fifty states, the District of Columbia, and Puerto Rico in the form of de-identified surveys completed by clinic personnel and submitted to the Uniform Data System (UDS), which compiles an aggregate report. The frequencies of key demographic variables and diagnostic and preventative health variables between 2006 and 2010 were analyzed using nonparametric Chi-square tests.

Results: Between 2006 and 2010, the number of elderly female patients increased by almost a third. Chronic illness and gender-related cancer screens improved, but are well below national averages. Additionally, the housing and insurance statuses of the homeless population appear to be in flux. Fewer HCH patients are living in homeless shelters (-4.3%) and on the street (-0.7%) and more are reporting transitional housing (+1.6%) or doubling-up (+5.8%). Data further reveal fewer patients presenting without insurance (-5.3%) and more who have Medicaid (+3.7%), Medicare (+0.3%), other public insurance (+0.9%) and private insurance (+0.4%). There were no statistically significant changes between age, gender, housing, or insurance status groupings when comparing 2006 and 2010 aggregate data.

Conclusion: The elderly homeless comprise a small, but growing subset of the national homeless population. This group is particularly susceptible to economic vulnerability and unmet health care needs. Elderly females are at an increased risk for common diseases and comorbidities that affect individuals in their age group, including inability to perform activities of daily living, falls, impaired cognitive and executive function, frailty, and depression. Additionally, homelessness itself increases their risk of developing many acute illnesses and chronic conditions. This population is particularly susceptible to mental illness which may be further exacerbated by a lack of coping skills and resources to recover from their homeless situation.