



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers



September 2016



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II. The Unique and Changing Needs of Vulnerable Elders

Elders age 50 and older who have experienced homelessness have unique care needs that distinguish them from younger homeless individuals and from the general aging population. Older homeless adults living on the streets experience their health deteriorating at much faster rates than younger homeless, as they struggle to manage a number of complex and co-occurring chronic, physical and behavioral health challenges as well as early-onset geriatric conditions. Due to poor living conditions and diet, lack of access to preventative healthcare, and serious physical and mental health issues, homeless individuals have mortality rates that are three to four times that of the general population.¹ Older homeless individuals experience these same issues and also experience alcohol-related illness, frailty and cognitive impairments at higher rates and are four times more likely to have one or more chronic illnesses.²

In comparison to the general population of elders who are housed, formerly homeless tenants experience higher rates of geriatric syndromes at a much younger age, whether they are newly housed or have aged in place. These syndromes include functional, cognitive and sensory impairment, frailty, susceptibility to falling, incontinence, and difficulty with activities of daily living.³

Due to a life of chronic stress from living on the streets, vulnerable elders experience unique behavioral and mental health challenges, physical disabilities and substance use challenges that may be exacerbated by premature geriatric conditions as they age.

Behavioral Health Needs

Many tenants in supportive housing have long histories of substance use challenges, particularly alcohol use. Vulnerable elders who access emergency departments are diagnosed with alcohol dependence much more frequently than those who are younger.⁴ Many elder residents in supportive housing report past experiences and persistent challenges with drug and alcohol use. Though supportive housing provides an effective platform for recovery, it must be enriched with the right service interventions to address long histories of substance use and the additional health challenges that elder tenants may experience as a result.

¹ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)

² Brown, R., Kiely, D., Bharel, M., & Mitchell, S. (2012). Geriatric Syndromes in Older Homeless Adults. *J Gen Intern Med.* 2012 January. Also according to Brown, over 50% of homeless seniors have two or more chronic illnesses.

³ *Ibid.*

⁴ [Aging and Housing Instability: Homelessness among Older and Elderly Adults](#). *A Quarterly Research Review of the National HCH Council: Vol. 2, Issue 1*



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Vulnerable elders in supportive housing experience age-related cognitive decline at much younger ages than the general population, which often results in conditions like Alzheimer's disease, dementia and memory loss that have behavioral manifestations. These conditions may require new and more intensive service interventions and unit enhancements or modifications with which the supportive housing provider may have little or no experience. These conditions may also cause additional barriers to services and housing stability (that tenants once accessed with little or less support), including health systems navigation, locating and attending appointments, remembering to pay bills, following medical recommendations and being able to conduct activities of daily living. Tenants with cognitive impairments may also develop mental health challenges and may isolate as a way to cope with significant life changes.

Healthcare Access

Although many are eligible for health insurance benefits like Medicare and Medicaid, many vulnerable elders have difficulty accessing these benefits and may seek care in emergency departments to treat the many health conditions they experience as a result of life on the streets. Over half of older homeless adults utilize emergency departments and access these services four times more frequently than their younger counterparts.⁵ Moreover, homeless older adults tend to postpone seeking treatment for their complex health conditions until they become a crisis. As older homeless individuals transition to supportive housing, they may still engage in these familiar behaviors, particularly if they do not receive enough intensive support to secure benefits and access to care. There is a need for transition supports and frequent engagement for tenants newly entering supportive housing, and close assessment and monitoring of new health issues and benefits eligibility for those aging in place.

The Need for a Continuum of Coordinated and Specialized Services

Vulnerable elders have some specific needs that are best met through coordinating a variety of services, including specialized services. Meeting these unique needs includes providing quality services that are tenant centered, accessible and coordinated. Service programs for this population should provide for unique needs such as increasingly complex primary and behavioral health issues, histories of substance use, early-onset geriatric conditions and chronic health conditions, poor nutrition, barriers to accessing benefits, unique legal challenges, the need for transportation and the need for assistance with activities of daily living. Vulnerable elders also need many more in-home services than younger tenants, which can include specialized care services.

⁵ *Ibid*



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Permanent Housing is the Platform to Meet These Needs

Vulnerable elders and seniors can access a number of different permanent housing interventions, including supportive housing. Although many vulnerable elders have needs that are best met in supportive housing, the reality is not all of them will secure it, as inventory is scarce and individuals have varying levels of vulnerability. Some will secure units in either single or scattered-site public housing that may or may not be targeted to vulnerable elders. Public housing that is targeted to very low-income individuals aged 62 and older generally falls under what is called the federal Section 202 Program and does include supportive services, but does not include many of the specialized services that vulnerable elders may need. Other affordable public housing is generally managed by city or county housing authorities, and may or may not have any attached services or service coordination programs.

Vulnerable elders may also live in supportive housing, which is the focus of this toolkit and is defined below. Within supportive housing, there are various models. Housing programs may be single-site developments that target one or more vulnerable populations, or may contain units scattered throughout the community in various market rate and affordable housing projects. These developments may target a variety of income levels, including formerly homeless, low-income or mixed-income. Supportive housing developments may also target one or more vulnerable populations, including chronically homeless, individuals with mental health challenges, veterans and other special needs populations. Single-site developments may be stand-alone residential buildings or can be incorporated into larger developments with on-site service centers, day centers, clinics, shelters, recreational spaces and retail spaces.

