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

Jennifer Aborn Russo
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/ssp

Part of the Community Health and Preventive Medicine Commons, Epidemiology Commons, Health Services Administration Commons, and the Women's Health Commons

Repository Citation

This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Senior Scholars Program by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Abstract

Background: Health Care for the Homeless medically cares for and collects data about homeless patients. Objectives: To study demographics, health care needs unique to the rapidly growing elderly female population. Methods: De-identified surveys completed at 300 national clinics. Results: Increase in elderly females. Improved illness, cancer screen, but still below national averages. Conclusion: Subset is susceptible to age, gender-related disease, mental health illness, lack of coping skills and poor resources.

Background

• Health Care for the Homeless (HCH) program is a grant program that funds 208 grantees in all 50 states, the District of Columbia, and Puerto Rico. In 2010, HCH projects served 805,064 patients, 90.3% of which were living at or below the federal poverty level.

• In 2010, 15.9 million people spent at least one night in an emergency shelter, transitional housing program.

• 2.8% of this population was over the age of 62.

• Elderly homeless expected to increase by 33% between 2010 and 2020 and double by 2050.

Methods

• Data collected by the Agency for Health Care Research and Quality (AHRQ) and reported to the Uniform Data Systems (UDS).

• Data collected in de-identified surveys and published in aggregate annual, national reports.

• Frequencies of key demographic variables and diagnostic, preventative health variables examined across 2010 to 2015.

• Data were compared graphically and statistically using non-parametric Chi-square tests.

Results

Table 1. Demographics

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Patients</th>
<th>Percent Total</th>
<th>Men</th>
<th>Percent Total</th>
<th>Women</th>
<th>Percent Total</th>
<th>CHANGE</th>
<th>Percent Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>701,623</td>
<td>100.0%</td>
<td>400,511</td>
<td>89.8%</td>
<td>299,618</td>
<td>42.8%</td>
<td>-101</td>
<td>-14.7%</td>
</tr>
</tbody>
</table>

• Elderly homeless population is increasing; elderly females rising more rapidly than males.

• Elderly female population has unique co-morbidities of chronic disease, age-related cognitive impairment and frailty, mental illness, and gender-related disease.

• Trends of increased mammograms, pap tests, diabetes, hypertension, mental illness screens, but still well below national averages.

• Fewer clients in homeless shelters, on the street; more in transitional living facilities, doubled-up.

• Fewer patients uninsured; more Medicaid, Medicare, other public and private insurance.

Conclusion

• “Elderly” population may be substantially larger than age-defined calculations due to pre-mature aging, co-morbidities associated with homelessness.

• Targeted evaluation, social and health care related management are crucial.

• Primary care efforts must be matched by public health and policy initiatives

• Patient Protection and Affordable Care Act (PPACA) should help alleviate unmet needs.

• PPACA to provide $11 billion to Health Centers over the course of 2011 through 2015.

Contact Information

Jennifer Aborn Russo can be contacted by email at Jennifer.Aborn@umassmed.edu
Carole Upshur, EdD can be contacted by email at Carole.Upshur@umassmed.edu