

ELDER HOMELESSNESS

A Community-Based Participatory Research Approach to an Emerging Crisis



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RELATED FUNDED RESEARCH:



OBJECTIVES

- ▶ Current demographics
- ▶ Introduction to housing services
- ▶ Scope of the problem specific to older adults
- ▶ CBPR: A road map to address the crisis

HOMELESSNESS IN SEATTLE

November 2015: STATE OF EMERGENCY ON HOMELESSNESS DECLARED IN SEATTLE AND KING COUNTY



- ▶ 4,505 unsheltered individuals in King County:
19% increase from 2015
- ▶ 3,200 individuals in Emergency Shelters
- ▶ 2,983 in Transitional Housing

2017 UPDATE

RESULTS

NEW, MORE COMPREHENSIVE COUNT FOR 2017 REVEALS 11,643 PEOPLE EXPERIENCING HOMELESSNESS IN SEATTLE/KING COUNTY ON JANUARY 27, 2017.

On Jan 27, 2017

11,643

people were experiencing homelessness in King County.



COUNT
US
IN

LOCATION

RESULTS

53% sheltered (n=6,158)



3,491

(30%)

Emergency
Shelter



2,667

(23%)

Transitional
Housing or
Safe Haven



1,486

(13%)

On the
Street



138

(1%)

Abandoned
Buildings



2,314

(20%)

Vans/ Cars/
RVs



1,547

(13%)

Tents

47% unsheltered (n=5,485)

BREAKDOWN

RESULTS

- **24%** were individuals were experiencing chronic homelessness (2,773)
- **11%** were individuals identified as veterans (1,329)
- **24%** were individuals in families with children (2,833 people in 905 families)
- **13%** were unaccompanied youth and young adults (up to 25) (1,498)



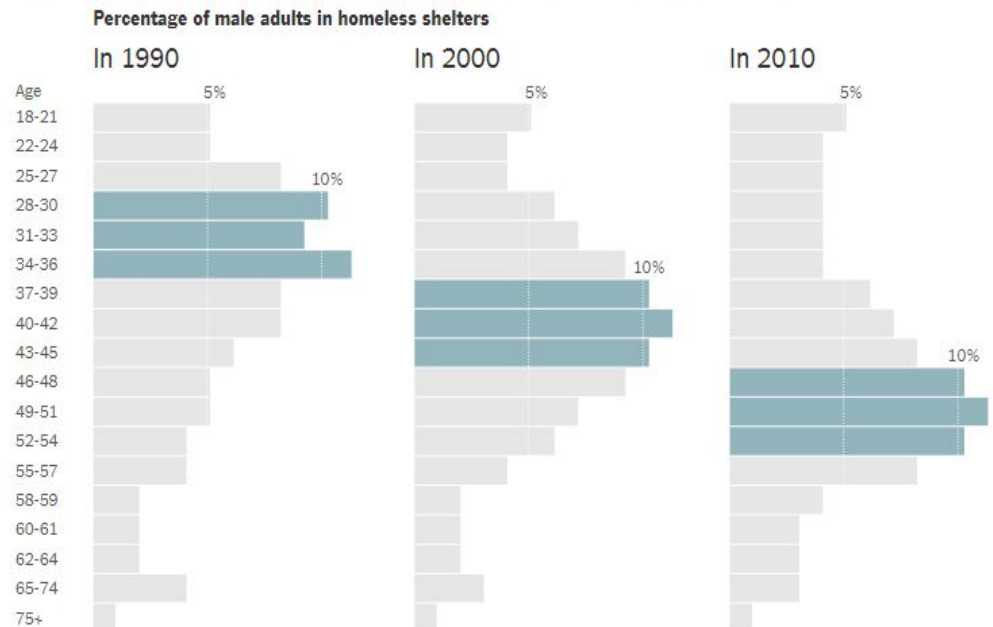
A GROWING DEMOGRAPHIC

2014

- ▶ 306,000 people over 50
- ▶ 20% increase since 2007
- ▶ Make up over 31% of the nation's homeless population

Nation's Homeless Growing Older

The surge in older homeless people is driven largely by a single group — younger baby boomers born between 1955 and 1965, according to an analysis by Dennis P. Culhane, a University of Pennsylvania professor who studies homelessness. This group has made up a third of the total homeless population for several decades.



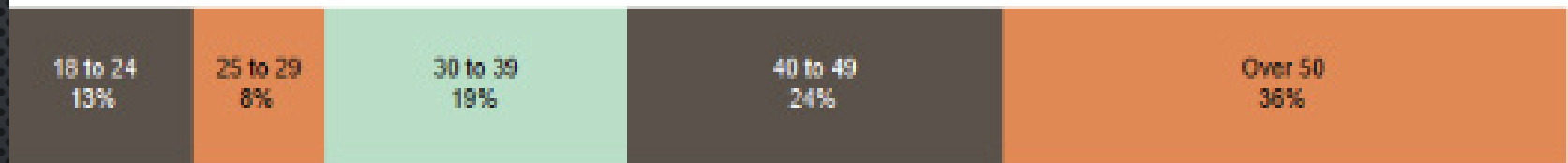
Sources: Dennis P. Culhane, University of Pennsylvania; U.S. Census Bureau Decennial Census Special
By The New York Times

Nagourney, A. (2016). Old and on the street: The graying of America's homeless. *New York Times*.

HOW DOES SEATTLE COMPARE?

Characteristics of single adults experiencing homelessness

Age



Reported Race



WHO ARE SEATTLE'S HOMELESS ELDERLY?

- ▶ Cohort of chronically homeless adults who have “aged in place”
- ▶ Low-income elders who were unstably housed in rental apartments
- ▶ Older adults exiting Department of Corrections
- ▶ Veterans



A RISING TIDE...

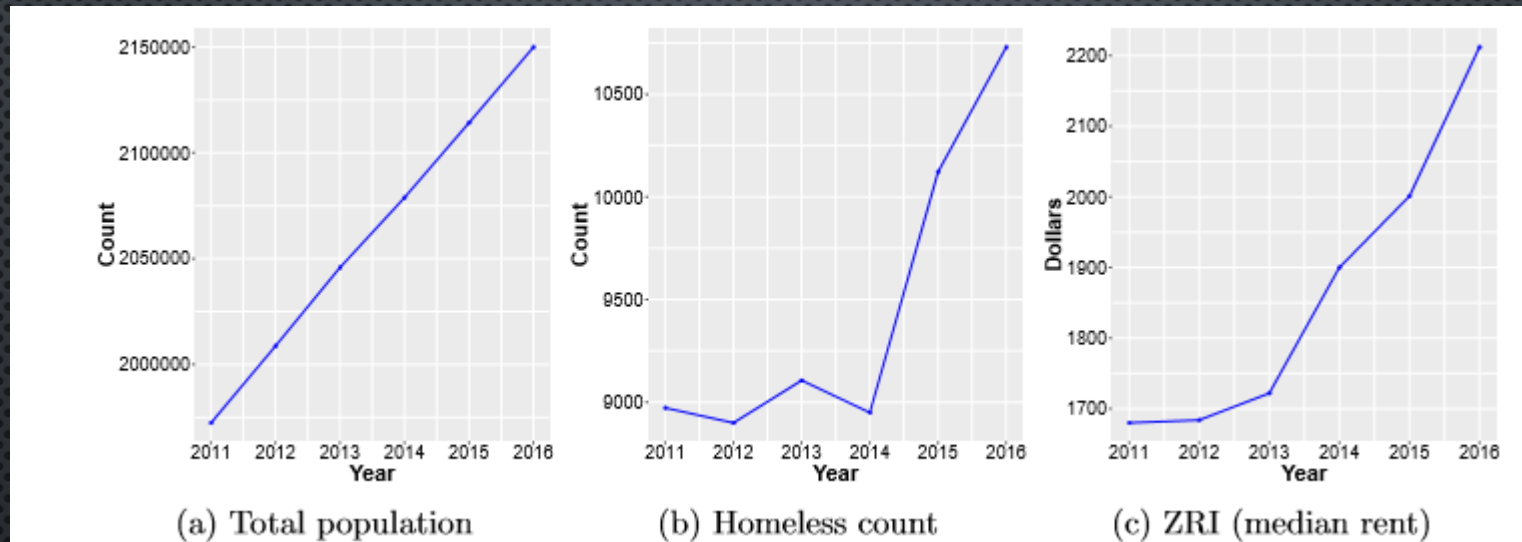
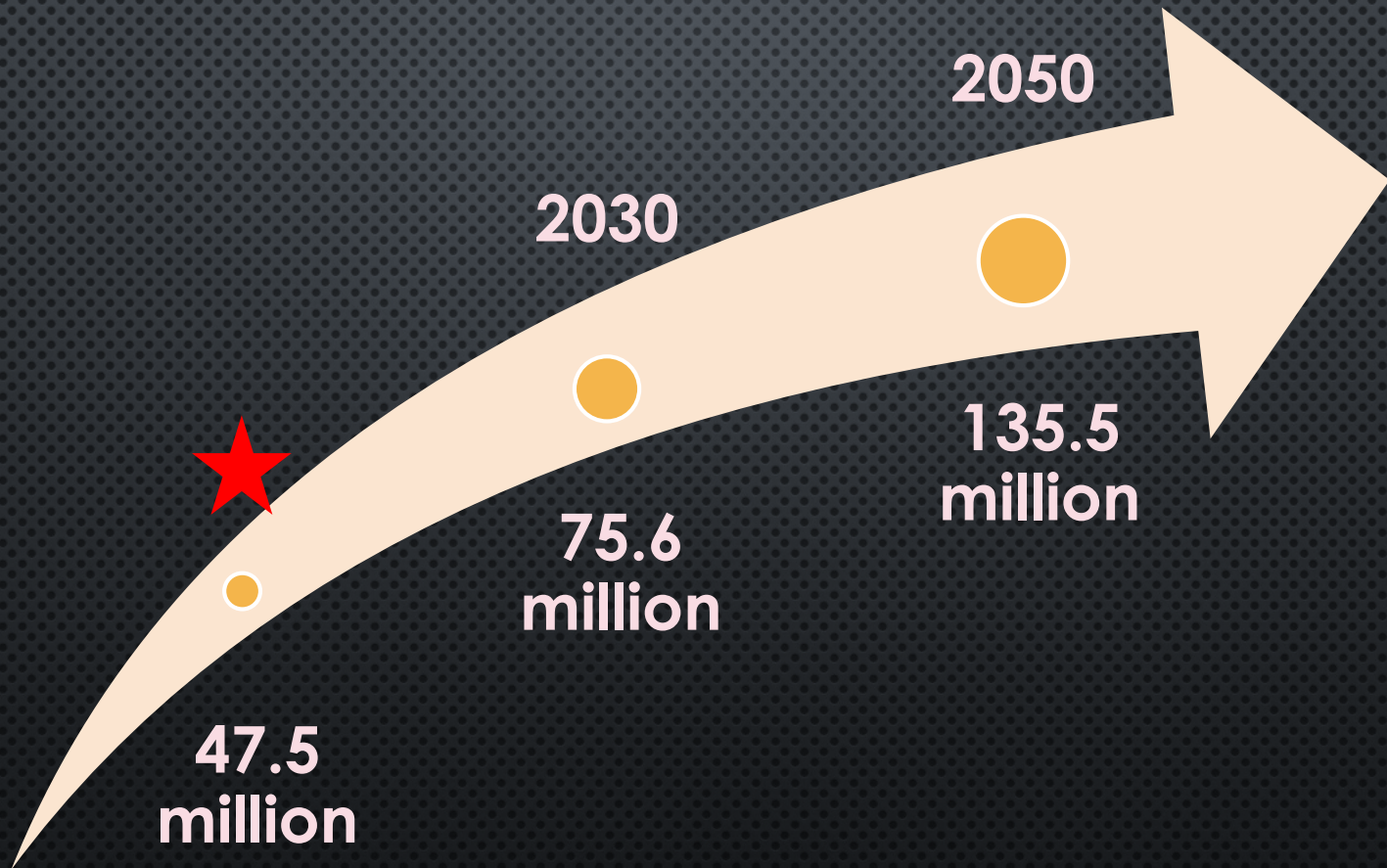


Figure 1: Data from the All Home King County (WA) continuum of care from 2011 - 2016. Left: the total population in King County has rapidly increased in recent years. Increased population creates increased demand for rental housing and community services. Middle: The number of homeless counted in King County has dramatically increased since 2014. Right: The median rent, as measured by the ZRI, demonstrates the same basic pattern of increases as the count of people experiencing homelessness.

(Glynn and Fox)

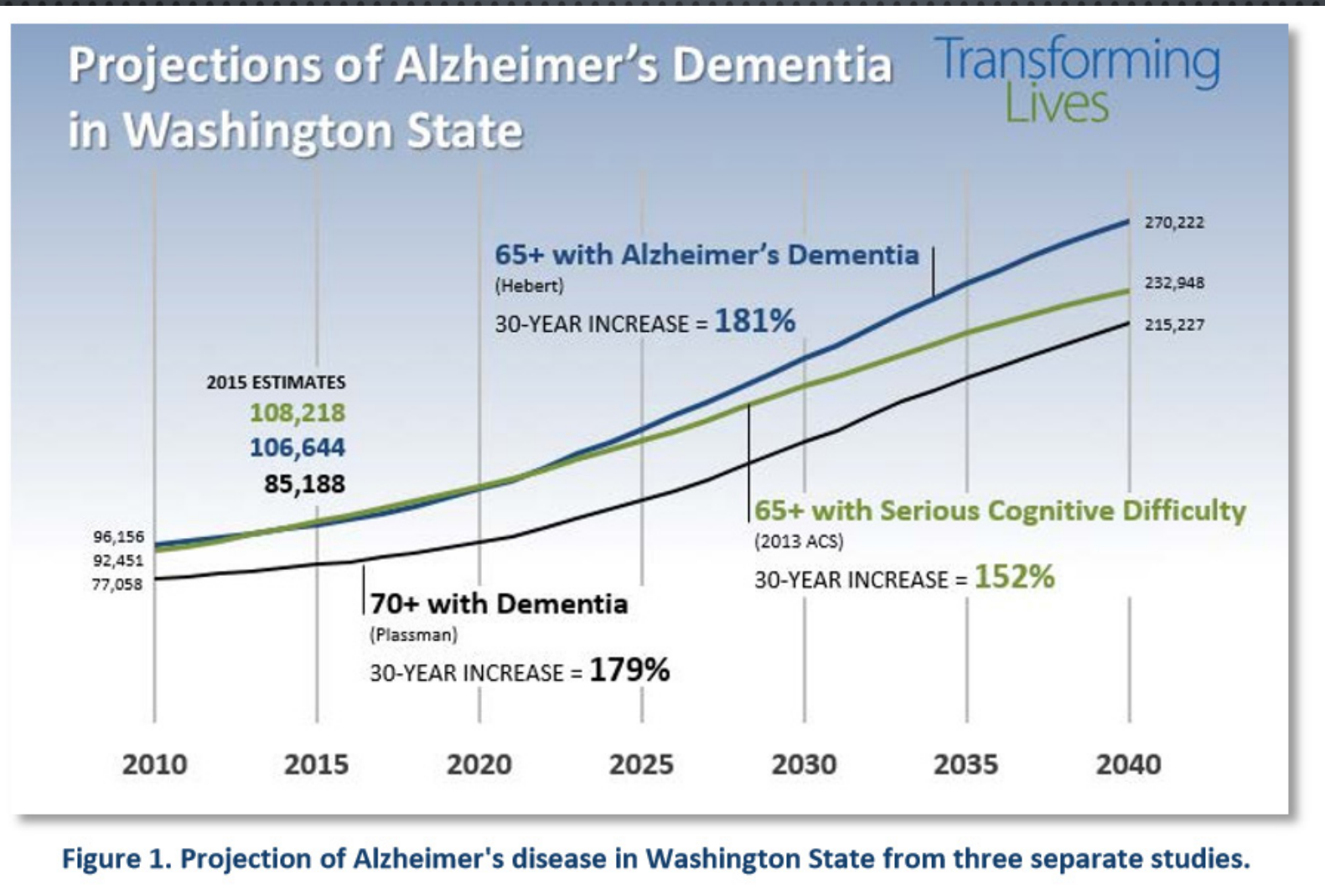
DEMENTIA: A PUBLIC HEALTH CRISIS



WHAT DOES THIS TRULY MEAN?



DEMENTIA CRISIS: WASHINGTON STATE



INTERSECTIONS BETWEEN HOMELESSNESS AND DEMENTIA

- ▶ **Cognitive impairment & psychosocial instability**
 - Decreased social networks
 - Age
 - Isolation
 - Female
 - Economic instability



HOUSING SERVICES

- ▶ Essential Services
- ▶ Shelter (overnight, 24 hour)
- ▶ Drop-in
- ▶ Transitional
- ▶ Permanent Housing
- ▶ Permanent Supportive Housing

PATHWAYS TO HOUSING AND SUPPORT

- ▶ Coordinated entry

PATHWAYS TO HEALTH AND WELLNESS THROUGH THE HOUSING FIRST MODEL

INTRODUCED BY DR. SAM TSEMBERIS – *PATHWAYS TO HOUSING*

- ▶ Based on simple philosophy that housing is not a reward but a human right
- ▶ Evidence-based intervention for homelessness
- ▶ Not about “readiness” or meeting “goals” such as sobriety



The Vicious Cycle of Homeless Policy



COMMUNITY-BASED PARTICIPATORY RESEARCH

What it is...

- Involves all partners in ALL aspects of the research process
- All partners lend expertise
- Shared responsibility & ownership
- Enhances understanding of the phenomenon
- Increased translational impact

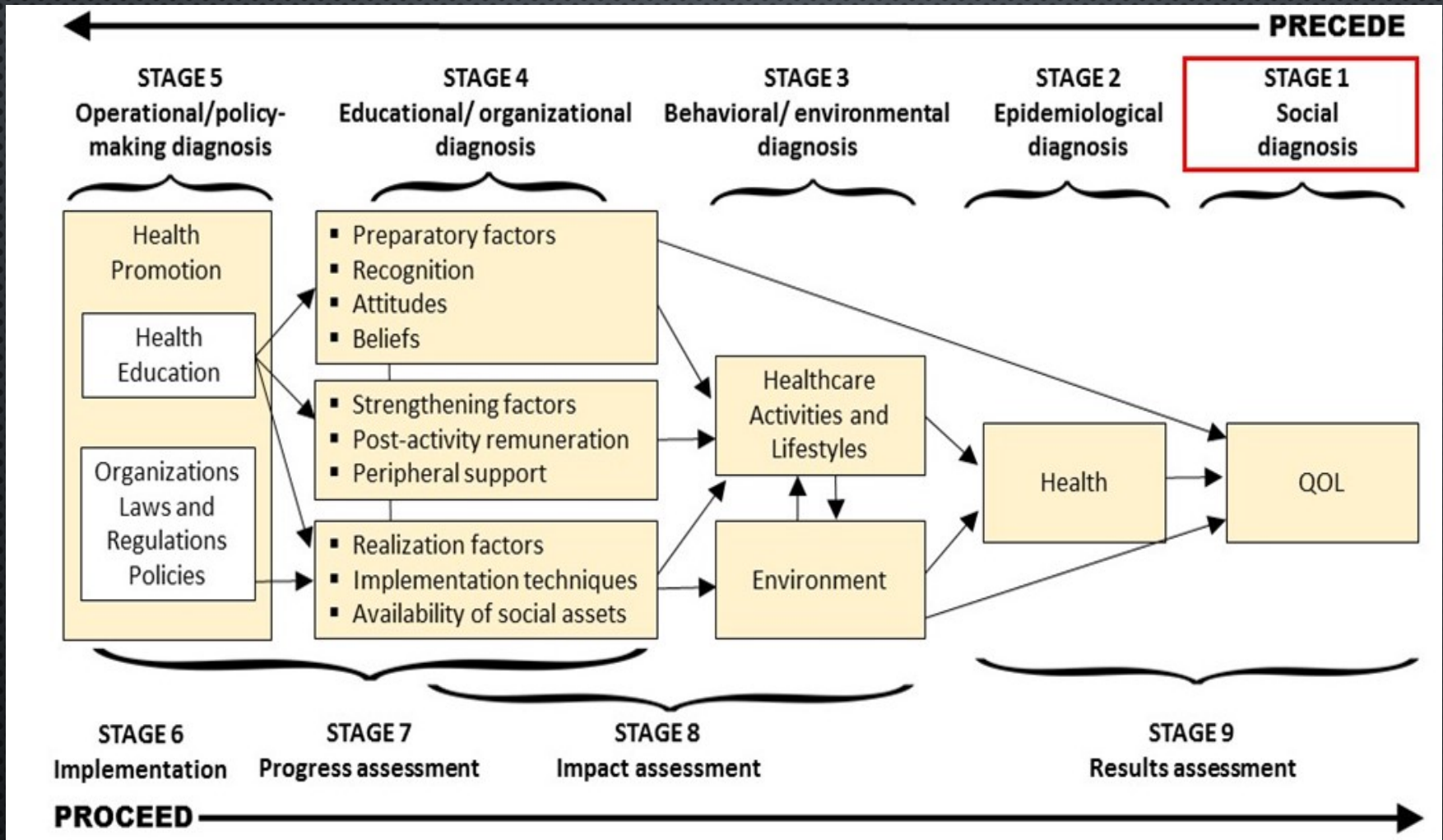
What it is NOT:

- Specific method or research design
- Quick solution

KEY PRINCIPLES OF CBPR (Israel et al., 1998, 200)

- ▶ Recognize community as a unit of identity
- ▶ Build on community strengths and resources
- ▶ Promote collaborative and equitable partnership (power sharing)
- ▶ Facilitates co-learning and capacity building
- ▶ Balances research and action for mutual benefit of all partners
- ▶ Focuses on determinant of health from local standpoint
- ▶ Disseminates findings to all partners and involves them in the dissemination process
- ▶ Promotes long-term process and commitment

COMMUNITY-BASED PARTICIPATORY FRAMEWORK



STAGE 1: SOCIAL DIAGNOSIS

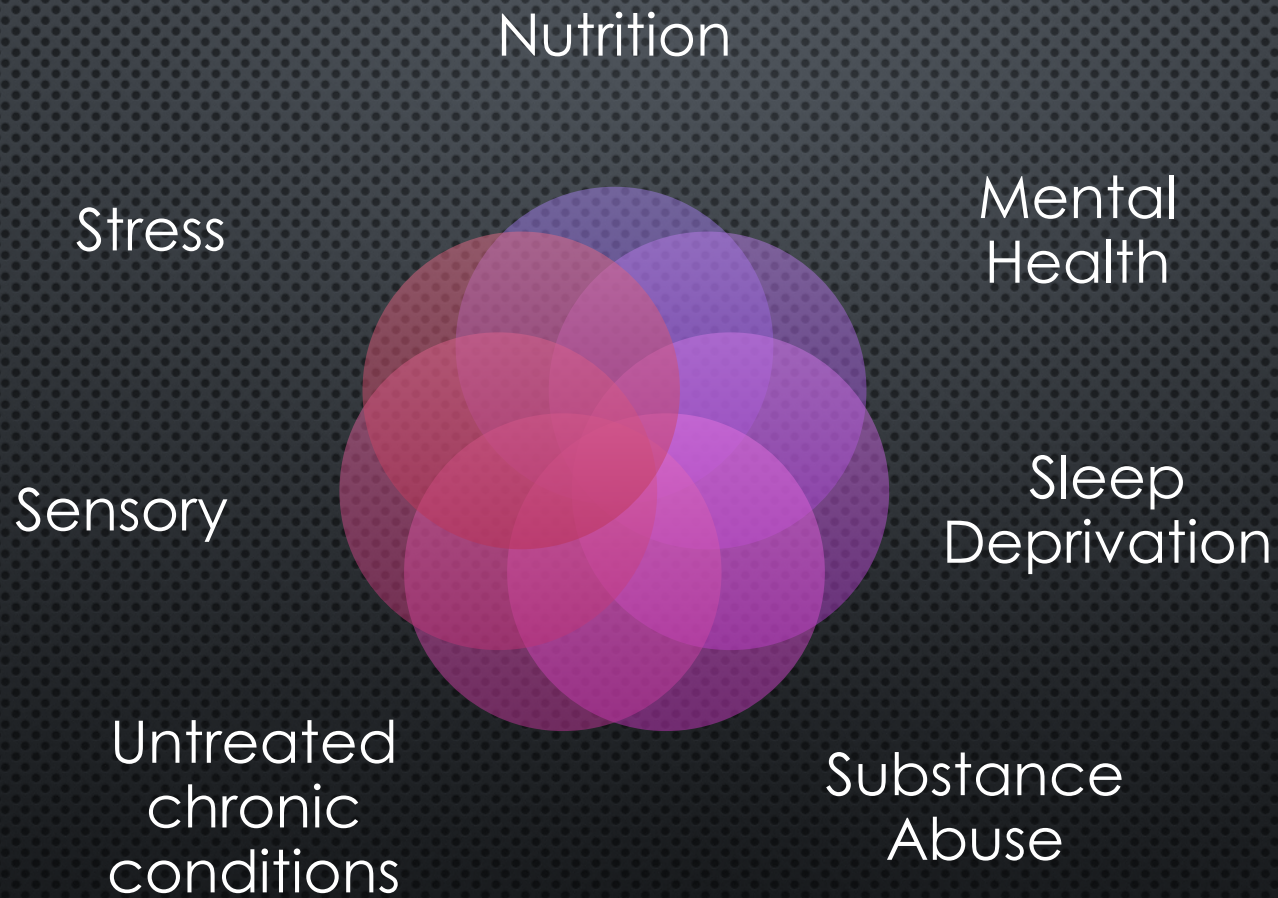
AIMS

- ▶ To better quantify the extent of cognitive impairment among homeless older adults.
- ▶ To articulate the challenges of cognitive impairment within the homeless housing network.
- ▶ To better quantify the dementia knowledge of direct service providers.

SAMPLE DEMOGRAPHICS (N=12)

	MEAN / %
Age	39 years
% Female	42% (n=5)
English as first language	92% (n=11)
Have had a formal dementia education course or workshop	0%
Immediate family member with dementia diagnosis (yes)	17% (n=2)
Provided professional care to a person experiencing dementia (yes)	17% (n=2)
Self Rating of dementia knowledge	
1 = no knowledge	17% (n=2)
2	42% (n=5)
3	33% (n=4)
4	8% (n=1)
5 = high level of knowledge	0%
Race	
Black/African-American	27% (n=3)
White	73% (n=8)

COMPOUNDING IMPACT OF DEMENTIA



SPECIAL CONSIDERATIONS FOR THOSE EXPERIENCING HOMELESSNESS

- ▶ Presentation of symptoms are complex
- ▶ Monitoring changes over time are more challenging given point of contact
- ▶ Absence of proxy reports
- ▶ Healthcare access



RISK

- ▶ **Abuse**

- Physical, sexual, and financial

- ▶ **Wandering**

- ▶ **Accidents**

- Medication errors
 - Driving
 - Falls

- ▶ **Special consideration for trauma histories**

EXTENDING THE AGE FRIENDLY PARADIGM



INCORPORATING CHARACTERISTICS OF NURTURING ENVIRONMENTS (BIGLAN, 2015)

- ▶ Minimize biologically and socially toxic conditions
- ▶ Encourage prosocial behaviors amongst residents and clients
- ▶ Limit risky behaviors and victimization of others
- ▶ Create culture that supports agency staff in promoting a nurturing environment

DEVELOPING A NURTURING MINDSET: REDUCING TOXIC CONDITIONS

Housing is Health...

but that means so much more for older adults.

- ▶ Trauma Informed
- ▶ Harm Reduction
- ▶ Culturally Sensitive and Culturally Responsive

STEPS TOWARDS A NURTURING ENVIRONMENT: PROMOTING PROSOCIAL BEHAVIORS

▶ **Examining Staff Roles and Training**

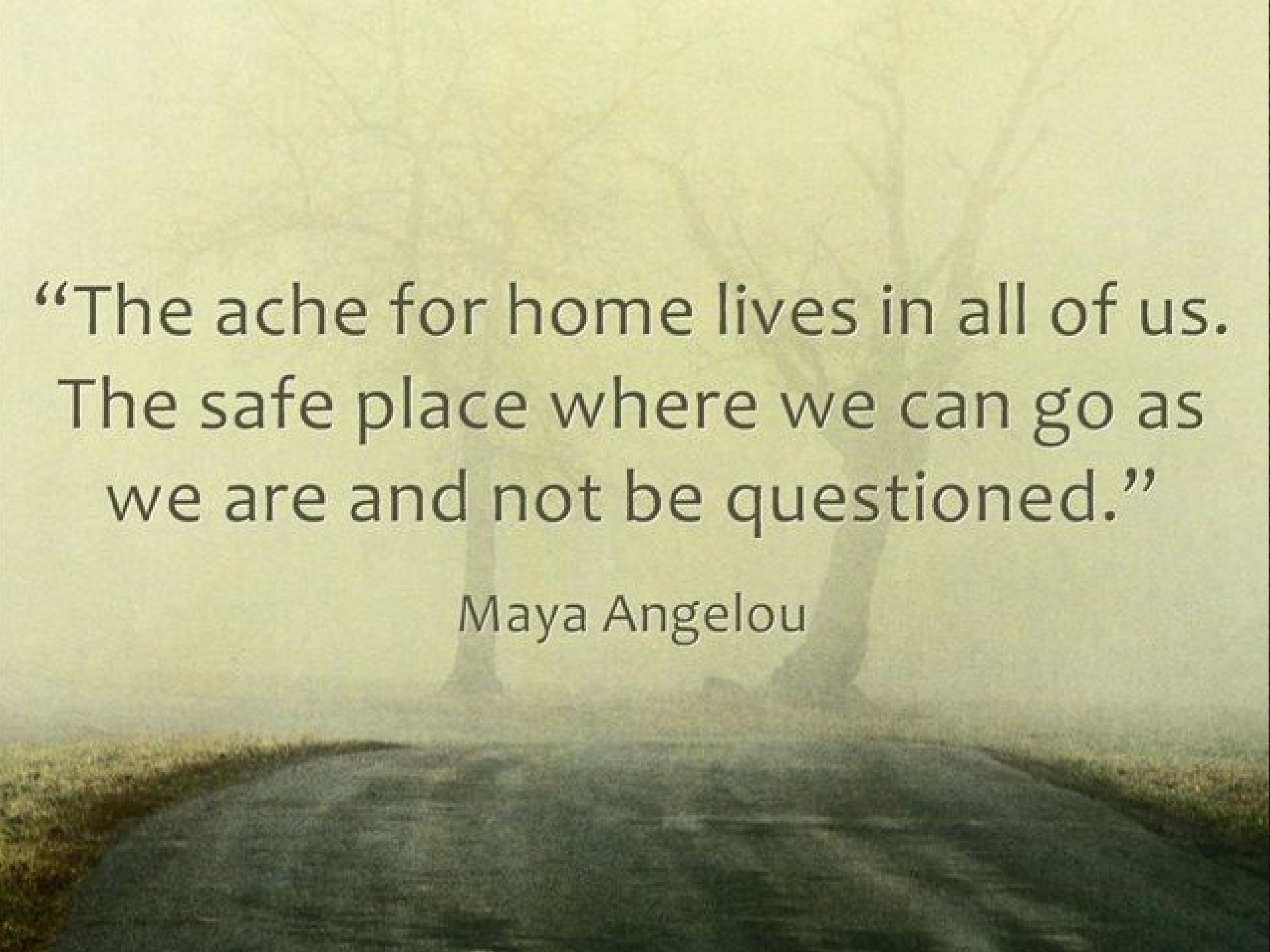
- New roles as advocates
- More integration of health services and housing

▶ **Community Collaborations**

- New connections amongst homeless services, housing, healthcare, and aging services

▶ **Program Development**

- Informed by data and utilizing evidence based practices from multiple perspectives

A misty, foggy landscape with a dirt road leading towards large, bare trees in the background. The scene is hazy and atmospheric, with the road curving slightly to the right. The trees are tall and thin, their branches reaching out against the fog. The overall tone is somber and reflective.

“The ache for home lives in all of us.
The safe place where we can go as
we are and not be questioned.”

Maya Angelou