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Homelessness Among Elderly Persons

NCH Fact Sheet #15

Published by the National Coalition for the Homeless, August 2007

According to a 2005 American Community Survey by the United States Census Bureau, 9.9 % of the nation's citizens 65 and older live below the poverty line. Among this growing population of older adults living in poverty are people forced to grow old in the streets and in shelters, elderly persons who have recently become homeless or who remain at constant risk of losing housing. The number of elderly adults who have become homeless has increased around the country. An example of this increase has occurred in Massachusetts, where from 1999 to 2002, the number of people over 55 using shelters increased by 60% (HEARTH, 2007).

DEFINITIONS AND DIMENSIONS

Definitions of aged status in the homeless vary from study to study. However, there is a growing consensus that persons aged 50 and over should be included in the "older homeless" category. Homeless persons aged 50-65 frequently fall between the cracks of governmental safety nets: while not technically old enough to qualify for Medicare, their physical health, assaulted by poor nutrition and severe living conditions, may resemble that of a 70-year-old.

Although the proportion of older persons among the homeless population has declined over the past two decades, their absolute number has grown (Cohen, 1996). A recent survey conducted by the U.S. Department of Housing and Urban Development revealed that between February 1 and April 30, 2005, 10.3% of the nation's sheltered homeless persons were between 51 and 61 years old.

CAUSES

Increased homelessness among elderly persons is largely the result of poverty and the declining availability of affordable housing among certain segments of the aging. Throughout the nation, there are at least 9 seniors waiting for every occupied unit of affordable elderly housing (HEARTH, 2007). Among households with very low incomes, households headed by an elderly person have almost a one-in-three chance of having worst case needs, despite the fact that housing assistance has been heavily directed toward elderly people. 37% of very low income elderly people receive housing assistance (U.S. Department of Housing and Urban Development, 1998).

The number of older people experiencing homelessness in Massachusetts increased in the past decade. A study of selected urban areas in the USA, Australia, and England published in 2004 revealed that the City of Boston experienced a 39% increase since 1993 (Crane, 2004).

Supplemental Security Income (SSI) greatly reduces the depth of poverty and hardship experienced by the low-income elderly. In 2002, more than 2.1 million people had their disposable incomes lifted above the poverty line by SSI (Center on Budget and Policy Priorities, 2005). However, many elderly people are still poor and in need of housing assistance. The current maximum monthly SSI benefit (\$850.33 for an individual) remains well below the poverty line.

With less income for other necessities such as food, medicine, and health care, these populations are particularly vulnerable to homelessness. Overall economic growth will not alleviate the income and housing needs of elderly poor people, as returning to work or gaining income through marriage are often unlikely.

Isolation also contributes to homelessness among older persons; in a 2004 survey, one half of the recipients of SSI (50 years and older) had been living alone before losing their homes (Crane, 2004).

CONSEQUENCES

Once on the street, elderly homeless persons often find difficulty getting around. They distrust the crowds at shelters and clinics, and so become more likely to sleep on the street. Studies show that elderly homeless persons are more prone to victimization and more likely to be ignored by law enforcement. In 2006, 27% of the homeless victims of violent crimes were between 50-59 years of age (NCH Hate Crimes Report, 2007). Older homeless persons also suffer more frequently from a variety of health problems such as chronic disease, functional disabilities, and high blood pressure than are other homeless persons (Cohen, 1996). According to the 2007 report by the U.S. Department of Housing and Urban Development, individuals 62 and older constituted only 2% of the country's sheltered homeless population from February to April 2005, compared with 15% of the housed population (U.S. Department of Housing and Urban Development, 2007). This smaller proportion could be the result of successful safety net programs such as Supplemental Security Income, Social Security, Medicare, and senior housing; it could also reflect the bodily harm caused by extended periods of homelessness, which can cause and exacerbate poor health.

People who experience homelessness for long periods of time simply do not reach age 62 as often as the general population, accounting for their small numbers within the homeless population (U.S. Department of Housing and Urban Development, 2007). In a comparison study of homeless mortality rates in seven cities throughout North America and Europe, statistics showed that homeless persons are 3-4 times more likely to die than members of the general population. In all of the case studies evaluated, the average life expectancy for a person without permanent housing was placed between 42 and 52 years, far below the country's average expectancy of 80 years. The review also indicated that premature death most often results from acute and chronic medical conditions aggravated by homeless life rather than either mental illness or substance abuse (O'Connell, 2005).

PROGRAM AND POLICY ISSUES

Many older homeless persons are entitled to Social Security benefits. However, these benefits often fail to cover the cost of housing. A person receiving Supplemental Security Income (SSI) cannot afford housing at the Free Market Rate (FMR) anywhere in the country. The National Low Income Housing Coalition considers housing affordable if it costs no more than 30% of a person's income. For the District of Columbia, the monthly SSI payment for an individual is

\$603. If SSI represented an individual's entire income, \$181 would be an affordable rental price for housing. The FMR for a one-bedroom apartment in Washington D.C. is \$1,134 (NLIHC, 2007). Even in West Virginia, the state with the smallest gap between FMR and rents affordable to SSI recipients, SSI recipients can afford less than half of the FMR on efficiency apartments (NLIHC, 2004).

Even if the SSI grant does cover the rent in some states, only a few dollars remain for other expenses. Moreover, some homeless persons are unaware of their own eligibility for public assistance programs and face difficulties applying for and receiving benefits. Elderly homeless persons in particular often need help navigating the complex application process. To prevent elderly Americans from becoming homeless, we must provide enough low-income housing, income supports, and health care services to sustain independent living. For older adults who have already lost their homes, comprehensive outreach health and social services must become available, as well as access to existing public assistance programs. Finally, like all people who are homeless or at risk of homelessness, elderly people require adequate income, affordable housing, and affordable health care in order to stay securely housed.

FOOTNOTES

1. "Worst case needs" refers to those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing. [Back].

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