

Shelter Status and Geriatric Conditions among Older Homeless Adults

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Introduction:

Over one-half of homeless adults are currently age 50 and older, as compared to 11% in 1990. Sheltered homeless adults age 50 and older have rates of geriatric conditions higher than the general population age 70. Environmental modifications play a critical role in the management of geriatric conditions in the general population; however, with a dynamic variation in residential status, older homeless adults may be unable to adjust their environment to match their abilities. There is limited data on how the prevalence of geriatric conditions varies by shelter status. Thus, we studied the proportion of time spent unsheltered and its associations with geriatric conditions among older homeless adults.

Methods:

We conducted population-based sampling in Oakland, CA to enroll 350 individuals who were age 50 and older, currently homeless, and able to provide informed consent. Participants underwent in-depth structured baseline interviews and clinical assessments with trained study staff. We defined the following geriatric conditions as dependent variables: (1) Falls in the past 6 months, (2) Vision problems (Snellen visual acuity assessment worse than 20/40 in either eye), (3) Functional impairment (Katz ADL Scale), and (4) Cognitive impairment (Modified Mini-Mental (3MS) score below 25th percentile). Our independent variable was self-reported shelter status in the past 6 months, categorizing participants as: (1) sheltered (unsheltered 0 days of the past 6 months); (2) intermediate sheltered (unsheltered between 1 day and 5 months of the past 6 months); or (3) unsheltered (unsheltered 5 or more months of the past 6 months). We compared geriatric conditions by shelter status using chi-square analysis with $p < 0.05$ as statistically significant.

Results:

Approximately two-thirds of the participants were age 50-59. Three-quarters of the participants were men and 80% were black. Of the participants, 31% had two or more ADL impairments and almost half had cognitive impairment. Almost one-fifth of participants were sheltered, over half intermediate sheltered, and approximately one-third unsheltered. About one-third of participants reported falls and 45% had vision problems. Vision problems differed among participants when compared by shelter status. Of those sheltered, 44% had vision problems; of those intermediate sheltered, 40% had vision problems; and of those unsheltered, 57% had vision problems ($p=0.03$).

Conclusions:

Homeless adults 50 and older have high rates of geriatric conditions, including falls, ADL impairments, cognitive impairment, and vision problems. Unsheltered older homeless adults have higher rates of vision problems than sheltered and intermediate sheltered older homeless adults. Knowledge of high rates of geriatric conditions and associations between shelter status and vision problems among older homeless adults may be useful in designing a unified approach to optimizing the care of this population.

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