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

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Health Care for the Homeless: An Aging Demographic 2006 to 2010 Jennifer Aborn Russo and Carole Upshur, EdD
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## 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, genderrelated disease, mental health illness, lack of coping skills and poor resources.

## Background

- Health Care for the Homeless $(\mathrm{HCH})$ 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 2010,1.59 million people spent at least one night in an emergency shelter, transitional housing program.
$\cdot 2.8 \%$ 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 2006 to 2010
-Data were compared graphically and statistically using non-parametric Chi-square tests


## Summary

-Elderly homeless population is increasing; elderly females rising more rapidly than males. -Elderly female population has unique comorbidities 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 patients living 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

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