University of Massachusetts Medical School eScholarship@UMMS

Senior Scholars Program

School of Medicine

2012-05-02

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

Jennifer Aborn Russo University of Massachusetts Medical School

Et al.

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

Russo, Jennifer Aborn and Upshur, Carole C., "Health Care for the Homeless: An Aging Demographic 2006 to 2010" (2012). University of Massachusetts Medical School. *Senior Scholars Program.* Paper 128. https://escholarship.umassmed.edu/ssp/128

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



Health Care for the Homeless: An Aging Demographic 2006 to 2010 Jennifer Aborn Russo and Carole Upshur, EdD University of Massachusetts Medical School Worcester, MA

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 (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.

•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).

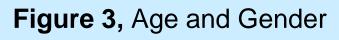
 Data collected in de-identified surveys and published in aggregate annual, national reports •Frequencies of key demographic variables and diagnostic, preventative health variables examined across 2006 to 2010

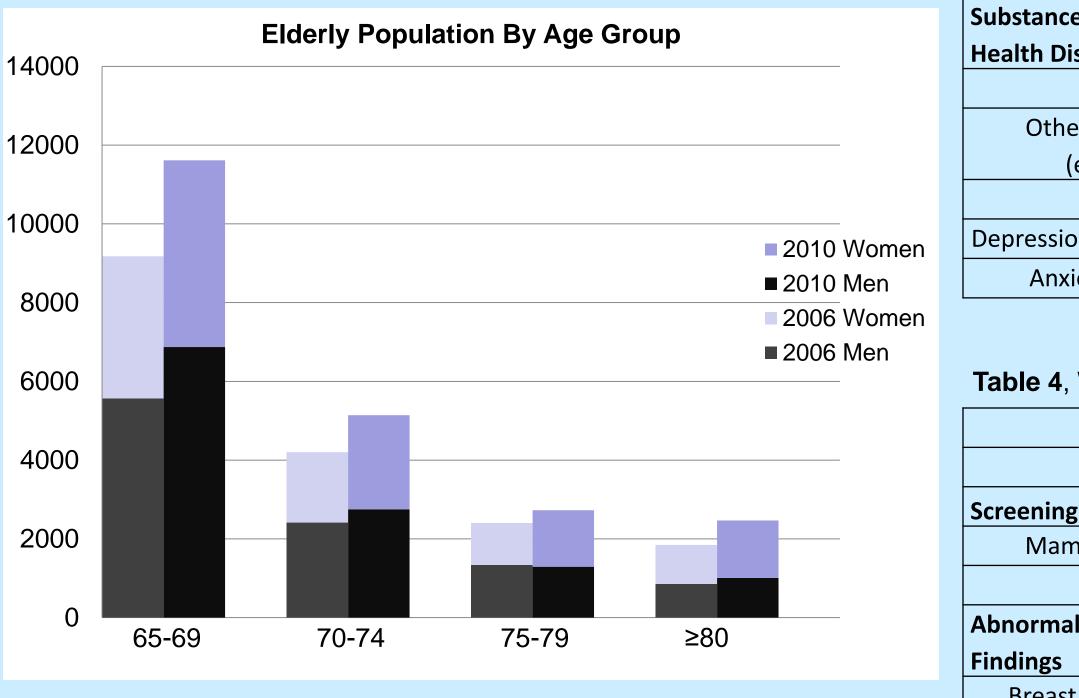
 Data were compared graphically and statistically using non-parametric Chi-square tests

Department of Family Medicine and Community Health

Results

	20	06	2010		CHANGE		
	PATIENTS	% TOTAL	PATIENTS	% TOTAL	PATIENTS	% TOTAL	
Total Patients	701,623	100.0%	805,064	100.0%	103,441	114.7%	
Age							900
<20 years old	118,411	16.9%	125,959	15.6%	7,548	-1.2%	800
20-64 years old	565,489	80.6%	657,159	81.6%	91,670	1.0%	700
≥65 years old	17,723	2.5%	21,946	2.7%	4,223	0.2%	
Gender							600
Total Male	402,780	57.4%	453,326	56.3%	50,546	-1.1%	500
Race							400
Caucasian	232,299	33.1%	353,131	43.9%	120,832	10.8%	300
African American	244,585	34.9%	265,696	33.0%	21,111	-1.9%	
Hispanic or Latino	148,291	21.1%	178,232	22.1%	29,941	1.0%	200
Asian/Pacific Islander/American Indian/Alaska Native	24,040	3.4%	32,973	4.1%	8,933	0.7%	100
Unreported/ Refused to Report	52,408	7.5%	129,802	16.1%	77,394	8.7%	Fig
>1 Race			23,462	2.9%			
Housing Status							
Shelter	278,405	39.7%	284,488	35.3%	6,083	-4.3%	25
Transitional	82,663	11.8%	107,927	13.4%	25,264	1.6%	25
Doubling Up	112,518	16.0%	176,018	21.9%	63,500	5.8%	
Street	70,704	10.1%	75,310	9.4%	4,606	-0.7%	20
Other	67,274	9.6%	79,818	9.9%	12,544	0.3%	
Unknown	56,051	8.0%	47,041	5.8%	-9,010	-2.1%	15
Income as Percent							
Poverty Level							10
Known							
≤100%	534,116	76.1%	632,625	78.6%	98,509	2.5%	5,
101-150%	36,444	5.2%	38,991	4.8%	2,547	-0.4%	5,
151-200%	8,994	1.3%	15,816	2.0%	6,822	0.7%	
>200%	9,689	1.4%	12,965	1.6%	3,276	0.2%	
Unknown	112,380	16.0%	104,667	13.0%	-7,713	-3.0%	
Insurance, % Total							
Population	402.020	70.404			20.420	F 20/	Table
Uninsured	492,026	70.1%	522,165	64.9%	30,139	-5.3%	
Medicaid	153,041	21.8%	205,246	25.5%	52,205	3.7%	
Medicare	23,880	3.4%	29,607	3.7%	5,727	0.3%	
Other Public Insurance	15,416	2.2%	24,748	3.1%	9,332	0.9%	Cardio Diseas
Private Insurance	17,260	2.5%	23,298	2.9%	6,038	0.4%	

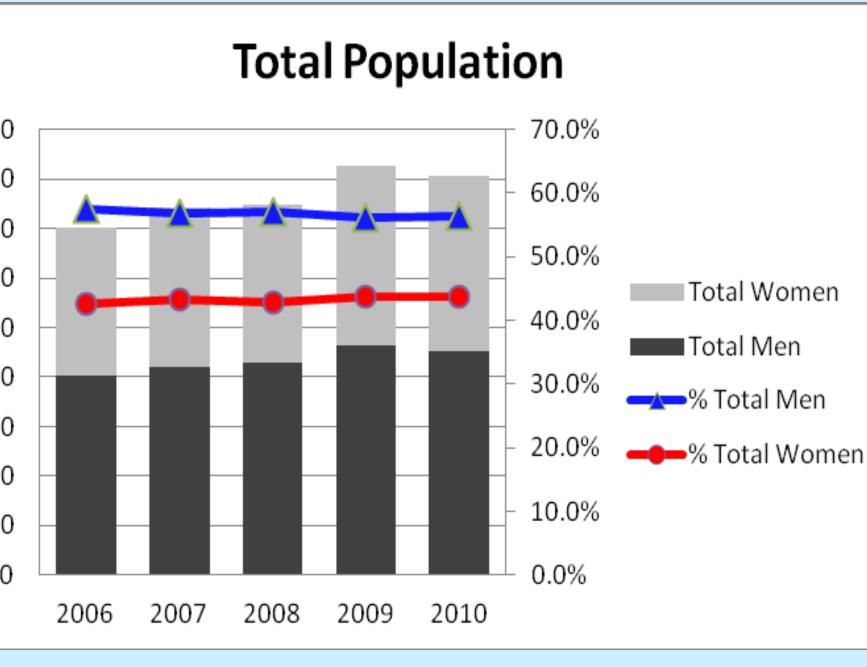




Breast Cervical

Anxi

1, Total Patients by Gender



2, Elderly Patients aged ≥65 years old by Gender

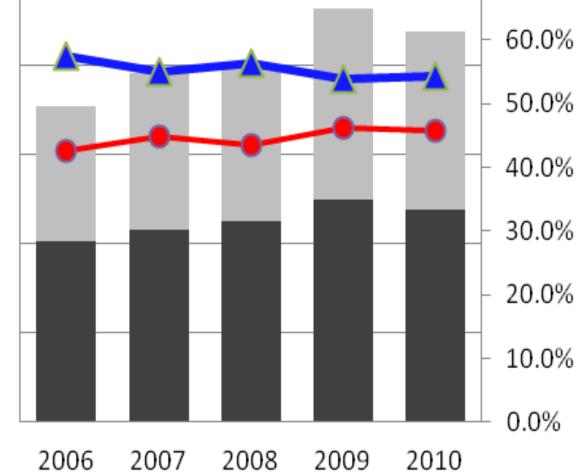


Elderly Women

Elderly Men

<u>→</u>% Elderly Male

----% Elderly Female



Select Primary Diagnoses

, , ,									
	20	06	203	10	СНА	NGE			
	PATIENTS	% TOTAL	PATIENTS	% TOTAL	PATIENTS	% TOTAL			
scular Related									
Diabetes Mellitus	34,637	4.9%	51,256	6.4%	16,619	1.4%			
Heart Disease	8,087	1.2%	9,933	1.2%	1,846	0.1%			
Hypertension	62,495	8.9%	92,790	11.5%	30,295	2.6%			
Overweight/Obese			11,574	1.4%					
e Abuse/Mental									
isease									
Alcohol Abuse	21,483	3.1%	21,555	2.7%	72	-0.4%			
er Substance abuse	23,572	3.4%	26,884	3.3%	3,312	-0.1%			
excluding tobacco)									
Tobacco			11,695	1.5%					
on/Mood Disorders	34,520	4.9%	63,833	7.9%	29,313	3.0%			
iety including PTSD	11,393	1.6%	25,069	3.1%	13,676	1.5%			

Table 4, Women's Health Screening

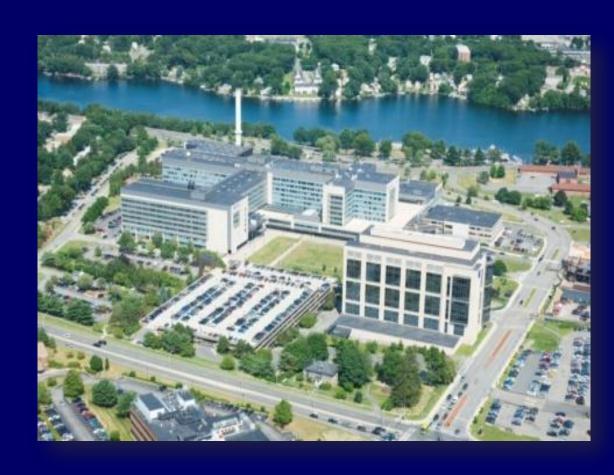
	2006		20	10	CHANGE		
	PATIENTS	% GROUP	PATIENTS	% GROUP	PATIENTS	% GROUP	
g Exams							
nmogram	5,300	10.3%	9,294	12.2%	3,994	1.9%	
Pap Test	28,602	12.8%	38,622	14.5%	10,020	1.7%	
l I							
t Findings	632	11.9%	1,120	12.1%	488	0.1%	
l Findings	1,876	6.6%	3,348	8.7%	1,472	2.1%	

Summary

doubled-up

Contact Information

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



•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 patients living in homeless shelters, on the street; more in transitional living facilities,
- •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