Dear Friends of Crossroads,

Over the past three decades, we have seen dramatic changes in the homeless population. Today, we are serving many more women, families and older people who are becoming homeless due to economic vulnerability. Back in 2006, when we opened the Harold Lewis House in West Warwick as a residence for nine homeless adults over age 50, we had high hopes that vulnerable and aging Rhode Islanders would have increased access to supportive and affordable housing options and a secure social safety net. Instead, there is growing and alarming evidence that homelessness is becoming a serious problem for older adults, especially those aged 50-64 who are economically vulnerable and not yet old enough for Social Security or Medicare. Here’s a staggering fact: between 2010 and 2012 the number of homeless adults 50 years and older grew by 34%. This is compared to an overall homeless growth rate of 10.5%.

Homelessness is truly devastating, physically and mentally, for older people. This report looks at the problem of growing homelessness among older Rhode Islanders and across the nation, the pathways into homelessness for this population and what is being done to address the situation. No older person, no matter how he or she becomes homeless, should have to spend time in a homeless shelter or do without basic needs.

We would like to thank the people who helped us as we prepared this report, including Dr. Michael Fine Director of the Rhode Island Department of Health, Professor Eric Hirsch of Providence College, whose research on the impact of homelessness on American society has been invaluable, and Catherine Terry Taylor, Director of the Rhode Island Department of Elderly Affairs

Thank you for taking the time to read this report, visiting our website, learning about the issues and ultimately becoming part of the solution.

Sincerely,

Anne Nolan
President
Crossroads Rhode Island

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Foreword from Catherine Terry Taylor
Director of the Rhode Island Department of Elderly Affairs

I am indebted to Crossroads Rhode Island for drawing attention to the shameful problem of homelessness among the elderly in our state.

As this report shows, it’s really two problems – the rapid aging of the chronically homeless, and the special vulnerability of older citizens to becoming homeless for the first time.

There is a frustrating dearth of resources at our disposal to aid individuals whose bodies and spirits age prematurely due to life on the streets, but whose chronological age means eligibility for any kind of assistance is years away.

We do, however, have tools to avert new cases of homelessness among people 60 and older. Indeed, everything we do at the RI Division of Elderly Affairs (DEA) can be looked at through the lens of poverty and homelessness prevention.

DEA investigates instances of self-neglect and financial abuse that can put an elder at risk of poverty and homelessness. We can intervene in tax sales and connect elders with legal services that more often than not involve help in retaining their home. We administer the Assisted Living waiver program to support individuals living in the community who need a nursing-home level of care. DEA’s Older Americans Act programs take the risk factor of isolation head on, through support of congregate dining and Senior Center operations, as well as home-delivered meals for frail elders. Rhode Islanders can call THE POINT to gain access to the complex array of services and supports that are available to them. Reach us at (401) 462-4444.

It is for all of these reasons that Governor Chafee gave DEA a seat on the Interagency Council on Homelessness, where we are addressing the complex factors that give rise to homelessness for all populations in Rhode Island.

DEA’s mission is to preserve the dignity and independence of our state’s elderly and adults with disabilities. Nothing could be more central to an individual’s dignity and independence than having a home.
Letter from Dr. Michael Fine
Director of the Rhode Island Department of Health

It is hard for me to imagine homelessness, and harder still to imagine being homeless and being over 50 and being chronically ill. People's minds and bodies wear out on the street, a phenomenon health professionals call weathering, so homeless people who are fifty have the same medical problems of housed people at 75 or 80, problems like diabetes, heart disease, partial paralysis from stroke, cancer, infectious disease, tuberculosis, HIV – and at the same time suffer daily risk of intentional and unintentional injury. Imagine living with a chronic disease like cancer, HIV, or diabetes and being on the street; a chronic disease usually controlled by getting medicine, some of which that needs to be refrigerated, at the same time every day; a chronic disease that can be managed through regular doctors visits and treatments, all of which are nearly impossible to arrange, then you are homeless.

But the right treatment for homelessness in older Americans isn't medical care. Medical treatment can help control the diseases of older Americans, when you have a place to sleep and three regular meals. The right treatment for homelessness in older Americans is still housing.

Thank you for taking the time to read this report, for thinking with Crossroads Rhode Island about how to address the health problems of homeless older Americans. We can make Rhode Island the healthiest state in the nation, but we can only do so when all Rhode Islanders who can and want to work have jobs; when all Rhode Islanders live in safe and healthy housing; when all Rhode Islanders have healthy and nutritious food, and when all Rhode Islanders have medical care that matters, which is usually primary care, that is affordable, accessible and close by. Thank you for helping Crossroads make those things happen.

Mission

The mission of Crossroads Rhode Island is to help homeless or at-risk individuals and families secure stable homes. Those we serve achieve this by engaging in our range of services including housing, basic needs, shelter, case management, referrals, and education and employment.

Crossroads Rhode Island Values
Safety – Promoting an environment free from physical and emotional harm and ensuring a feeling of security and comfort to all.
Respect – Acknowledging the intrinsic worth of every person.
Effectiveness – Delivering services and managing the organization with efficiency, professionalism, innovation and accountability.

Overview

The number of Americans age 55 and over is expected to double between 2000 and 2030. Overall, these older Americans are better educated and more affluent, and they are looking forward to a "third stage" in life that promises continued productivity and freedom from want.

Not every older American has such rosy prospects. Income inequality is growing in our country, and as Baby Boomers (Americans born between 1946-64) approach retirement age, many of them are still recovering from the economic downturn of the past few years. Growing numbers are facing a harsh reality of diminished expectations of economic security as they grow old. Many Americans who had envisioned aging in place with comfortable retirement incomes now struggle to pay for housing, health care and basic needs. The lack of employment opportunities for older workers and the limited stock of affordable housing available to people under age 62 are factors that increase chances of becoming homeless later in life.

Because low-income and unemployed older people aged 50-62 are not eligible for Social Security, Medicare or housing programs for the elderly, they are especially vulnerable to financial disaster resulting from medical expenses, high housing costs, rising costs of food and basic needs. At the same time, more of those who are 65 or older and have access to benefits, struggle to survive on fixed incomes that do not keep up with costs of living. Many of these vulnerable seniors are in danger of losing their housing. They are becoming the invisible homeless—older adults in precarious housing and living on the edge, doubling up with family and friends, but eventually ending up in homeless shelters.

Older homeless people come from all backgrounds. Many are new to homelessness. They include people from any town or neighborhood, men and women who have worked all their lives but lack resources to sustain their housing when a financial crisis occurs. They are veterans who have served their country, people who suffer from physical or mental illness, and others who have become homeless after a divorce, loss of a partner or roommate, or losing a job.
Every year, the chronic and long-term homeless population is getting older, too. Aging on the streets increases vulnerability to violence and exploitation. And the streets are hard on people, a phenomenon known as weathering. The bodies of homeless people wear out much sooner than their housed peers, and homeless people experience as much as a 30-year reduced life expectancy and a greatly increased incidence of chronic disease. It is a double-edged problem: homelessness causes chronic disease, at the same time, chronic disease often makes people vulnerable to poverty and contributes to growing homelessness.

The Growing Problem Among Homeless Adults

The National Alliance to End Homelessness estimates that the number of homeless adults over 50 years of age will increase by 33% within the next 10 years and will double by 2050 when more than 90,000 seniors will be in homeless shelters or living on the streets.

Dennis Culhane, a professor at the University of Pennsylvania who has been studying the demographics of homelessness over the past 3 decades, states that in 2012, half of the chronically homeless population was aged 51-61, and he projects that those numbers will double over next 3 years.

From San Francisco to Wichita to Boston to Houston and all across the country, providers are seeing many more older homeless adults who are using the shelter system, soup kitchens and filling up emergency rooms. Most shelters are not equipped to assist older people suffering in long lines to get a bed or accommodate those who can’t get to the shelter on time. The lack of adequate security in most congregate shelters leads to exploitation of vulnerable older people who are less able to defend themselves. Those who flee to the streets must try to survive in even more dangerous places. Personal hygiene needs and taking care of health problems become less important as the struggle for day-to-day survival and a safe place to rest become the major goals of each day. Older people who experience homelessness for the first time in later life may have a lack of knowledge of ways to stay safe on the streets and become easy targets for violent crimes.

Pathways to Homelessness for Older Adults

The two main pathways to older homelessness are: the aging of the chronically homeless and elderly adults becoming homeless for the first time, even after age 65.

Today, we are seeing more first-time homeless older adults in shelters. These are people who have lost their housing because they can’t afford to stay in their homes, have no savings or family support. Their stories are similar. They can’t find a job because they are too old or too sick. They have lost a spouse, partner or roommate that contributed to housing costs. Some lost their housing while recovering from a serious illness. Others have been victims of elder abuse or financial fraud. Being new to homelessness at an advanced age is extremely traumatic, and it may take days or weeks to find appropriate and affordable housing, especially if the person is not quite old enough to qualify for elderly housing or has no income at all.

Sub-populations and their needs

Older homeless adults include sub-populations of women, chronically homeless individuals, people with mental illness, economically homeless, and veterans, many of whom left the military with other than honorable discharges and are not eligible for veterans’ benefits. In all these sub-groups, there are older homeless people who have been incarcerated and/or spent time in mental health care and substance abuse facilities. Homelessness, whether it lasts for one day or years, is traumatic and debilitating and impacts the lives and actions of all homeless people, especially those who are older and frail.

Women

Older, economically vulnerable and precarious housed women are more likely than men to be homeless for the first time later in life. Homeless women suffer from economic inequalities related to gender, such as having histories of low-paid unemployment and/or years devoted to childcare resulting in lower earnings. They often struggle as caregivers for ailing partners whose illnesses consume their financial resources, and leave the survivors bankrupt. Women are more likely than men to have experienced domestic violence, especially if they have survived in the shelter system or on the streets. Older homeless women have special health care needs related to aging, and they have to worry about breast cancer and diseases of the reproductive system. They are
especially vulnerable to violence on the streets, hunger, physical ailments and exposure to the elements. Severe depression is common and can lead to abuse of alcohol and substances and increased vulnerability to chronic homelessness. There are more dangers for women who become homeless for the first time after age 50 and may enter a shelter with no street smarts to help them stay safe. Because few shelters are available just for women and most congregate shelters with separate areas for women offer no amenities or any special services for them, homeless women are easy targets for violence, sexual assault and exploitation.

Older Chronically Homeless Individuals

Under the Department of Housing and Urban Development’s definition, a chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. A family with an adult member who meets this description would also be considered chronically homeless. Chronically homeless adults utilize multiple service systems, including hospitals, shelters, jails and institutional care. They tend to have very complex health care needs, including serious physical and mental illnesses, alcohol and drug addictions. The chronically homeless utilize more than 50% of all resources available for homeless services, but comprise 20% or less of the total homeless population.

People Who Suffer From Mental Illness

Mental illness exacerbates homelessness. Many of the older adults in shelters live with mental health problems, and without income, health insurance or access to regular mental health care, they go without treatment and medications they need. Sometimes their behavior results in banishment from the shelter system, and they end up on the streets, sleeping rough and self-medicating with substances or alcohol. Some of them have been homeless for years, others episodically. Many are not yet old enough to qualify for housing or health insurance programs for the elderly and others have not applied for benefits for which they may be eligible.

Veterans

Homeless veterans are getting older, and increased national efforts to help them transition to housing have been successful in reducing the number of chronically homeless veterans still living on the streets or in shelters. Compared with younger veterans, older veterans have less social support, greater employment challenges and more significant health care needs. Although the number of women veterans is growing, homeless veterans are more likely to be male and older than people in the adult non-veteran homeless population.

First Time Homeless Older Adults

There is no doubt that Americans who first become homeless later in life require more preventive action. Federal housing programs that define eligibility as being age 62 and above create barriers to those who are physically aged but have not reached the required numerical age for housing. Many of the 50-64 year olds have great economic hardships due to inability to work and lack of eligibility for housing and income programs. Those over 65 may be living on just Social Security and/or Supplemental Security Income with the threat of homelessness always with them. While the housing first approach is reducing chronic homelessness for older people, there are no safety net social welfare programs that address the special needs of the 50-64 year old non-chronically homeless population.

Crossroads Rhode Island Solutions

Despite the facts presented in this report, Crossroads Rhode Island is working hard to address the special needs of the aging homeless population in Rhode Island. Here are some of the solutions to address this issue.

Rapid rehousing/Housing first

Crossroads Rhode Island’s focus on securing stable homes for homeless and at-risk individuals will help assist the aging homeless population—both the chronic and first time homeless. By focusing on special needs of older homeless adults and providing them with supportive, wrap around services that enable them to stay stably housed, we can help them live with dignity and respect in their own homes.

Crossroads Meals Program

The meals program provides more than just food to the homeless and low-income people we serve. It serves to address overall food security issues that our clients face every day. In addition to providing the food program, we help every eligible individual to apply for benefits from the Supplemental Nutrition Assistance Program. Through the efforts of the Crossroads’ Chef and community health volunteers, elderly residents learn about nutrition and healthy life styles. Our Chef works diligently to ensure that every meal includes fresh vegetables and fruits and adheres to high nutritional standards.

The Harold Lewis House

In 2006, Crossroads opened the Harold Lewis House in West Warwick as a supportive residence for nine older homeless individuals. In 2013, we have added five new units for homeless elders with special preference to veterans. The facility is named in memory of Harold Lewis, a Korean War veteran who passed away several years ago, alone and homeless, in the Crossroads Community Room.

“This house saved my life. I don’t know where I would be without this place.”
- A Harold Lewis House resident
Profile: Terry Jones

Crossroads Rhode Island’s Harold Lewis House offers formerly homeless elders a quiet, stable home in a village setting. The residence provides a supportive environment where people can age in place or improve their lives and move on to other housing.

One of the residents, Terry, a homeless veteran, settled in at Harold Lewis House after having bounced from shelter to shelter and surviving on the streets for more than a decade. The hardships and misery of homelessness had already taken a toll on his life, but since the day he arrived at Harold Lewis House, he has thrived and become an active member of the West Warwick community.

Terry is a valuable asset to Harold Lewis House, and he insists on volunteering to help with the yard and garden work, overseeing all the re-cycling and taking the bins to the curb. He loves to cook and often makes breakfast or a special meal for the other residents.

Terry has made many friends in the community. People driving by the Harold Lewis House wave to him or stop to visit. One neighborhood resident, Steve, has become friends with Terry and taken a special interest in the elder residents of the Harold Lewis House. Sometimes he cooks for them and, in the summer, he hosts a picnic and a cook-out in the back yard. Every year, Steve and Terry work together to make a holiday feast for the residents.

“For Harold Lewis House is one of the best places in the world to be,” Terry tells other homeless elders who might think that West Warwick is too far from Providence. “It is quiet and peaceful here, and everything you need is really close by—the Senior Center, health clinic, church, all just a quick walk.” This year, Terry will turn seventy-two, and he feels well and is looking forward to a great year.

“This day couldn’t come fast enough. My life is starting to begin”

-Harold Lewis House resident
upon moving into her apartment

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For more information on aging and homelessness visit
www.crossroadsri.org/agingreport

www.crossroadsri.org/agingreport

“Breaking homelessness. Repairing lives.”

Crossroads Rhode Island 2013 Report on Aging and Homelessness