USC Homelessness Policy Research Institute

Older Adult Specific Practice Brief

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Background

Over the past several years, homelessness among older adults has steadily risen, and identifying strategies to house and provide services to this subpopulation and meet its unique needs is a rapidly growing issue. The US Department of Housing and Urban Development (HUD) reported that about one in five people experiencing homelessness on a single night was age 55 or older in 2024, and nearly half of them were experiencing unsheltered homelessness.[1] In California, 48% of single homeless adults are above the age of 50.[2] The Los Angeles Homeless Service Authority estimated that there were 16,970 older adults in the 2025 homeless count. Older adults not only comprise a significant share of the unhoused population, but they are also the fastest growing demographic. The number of older adults experiencing homelessness nationally rose from 653,104 to 771,480 people in 2024, representing an 18% increase from the previous year.[3] Population forecasting models, utilizing data from Los Angeles, New York City, and Boston, indicate that the older population is expected to double or triple by 2030 in those

[1] de Sousa, T., Henry, M. (2024). *The 2024 Annual Homelessness Report (AHAR) to Congress*. The United States Department of Housing and Urban Development. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf

[2] Espinoza, M., Moore, T., Adhiningrat, S., Perry, E., & Kushel, M. (2024, May). *Toward Dignity: Understanding Older Adult Homelessness in the California Statewide Study of People Experiencing Homelessness*. University of California San Francisco Benioff Homelessness and Housing Initiative. https://homelessness.ucsf.edu/resources/reports/toward-dignity-understanding-older-adult-homelessness

[3] de Sousa, T., Henry, M. (n 1).

cities.[4] This trend has serious implications for how local governments, service providers, and others address homelessness as the population continues to age.

The older adult homeless population consists of both people who continue aging while experiencing homelessness and of people who are experiencing their first episode of homelessness later in their lives. The latter group comprises 41% of this subpopulation in California.[5] In 2022, researchers at the Benioff Homelessness and Housing Initiative conducted a large, representative study examining the demographics, pathways to homelessness, experiences, and barriers to regaining housing for the unhoused population across California. The authors report that "whether homeless for the first time in early or late life, older homeless adults' lives have been marked by deep poverty and trauma, mental health and substance use problems, and involvement with the criminal legal system."[6] Nearly half of unhoused older adults meet the definition for chronic homelessness, and tend to experience episodes of homelessness longer than those under the age of 50, likely due to their age-specific needs and barriers to re-housing.[7]

Older adults require more care and attention, but access to housing paired with caregiving is becoming harder to obtain. The American Health Care Association identified several contributing factors, including "continued nationwide labor shortages, record inflation and increasing operational costs, and chronic government underfunding," as main drivers.[8] As a result, managed care facilities have been forced to downsize, limit admissions, or close altogether. In the last 4 years, 774 nursing homes have closed, resulting in 62,567 fewer beds and the displacement of 28,421 older adult residents.[9] The demand for housing suitable for older adults will continue to grow, yet the supply is projected to shrink.

Permanent Supportive Housing (PSH) is a model that combines affordable, long-term housing with on-site or closely coordinated intensive case management services for people who have experienced homelessness, often those with chronic health and behavioral needs. At PSH sites, residents are required to pay only 30% of their monthly income towards housing, while the remaining costs are primarily covered by federal funding. Unhoused older adults could benefit from staying in PSH facilities, where they can have their housing and health needs addressed simultaneously. Smaller, one-time programs are certainly beneficial, but keeping older adults

[4] Culhane, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K. M., & Johns, E. (2019). *The Emerging Crisis of Aged Homelessness: Could Housing Solutions be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs*. University of Pennsylvania Actionable Intelligence for Social Policy (AISP). https://aisp.upenn.edu/aginghomelessness/
[5] Espinoza, M. (n 2).
[6] Ibid
[7] Ibid
[8] American Health Care Association. (2024). *AHCA ATC Report 2024*. American Health Care Association. https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/AHCA%20Access%20to%20Care%20Report%202024%20FINAL.pdf
[9] Ibid

housed in an environment where they can receive the services they need on an ongoing basis is likely most effective. This brief examines factors that put older adults at risk of homelessness, the physical and mental health challenges specific to their age group, and specialized care strategies that could be implemented in PSH facilities to further support their aging in place.

Unique Challenges of an Aging Population

Older adults are susceptible to most of the same systemic issues and individual causes that lead people into homelessness, but there are characteristics specific to their age group that can increase their likelihood of losing housing and create additional challenges to exiting homelessness. These characteristics may include, but are not limited to, employment and income constraints, accessibility needs, physical and cognitive health issues, and long-term care requirements.

Older adults' limited income and job prospects intensify the consequences of a scarcity of affordable housing and rising housing costs. Many older adults live on fixed incomes provided by Social Security, pensions, or retirement savings. Social security payments range from $1,576 to $1,975, depending on the category into which an older adult falls.[10] These fixed incomes aren't usually sufficient to afford housing comfortably. Roughly a third of older households nationally, both renters and homeowners, spend more than 30% of their income on housing, and over half of those households spend more than 50% of their income, meeting the definitions for cost-burdened and severely cost-burdened, respectively.[11] There are federal rental assistance programs, but only 36.5% of eligible households received that funding in 2025 because it is not automatically disbursed. Eligible households must apply for the funding through their local housing authorities and often end up on lengthy waiting lists due to underfunding and high demand for housing vouchers. Moreover, these programs only address rent burden, leaving low-income homeowners with no equivalent financial support.[12] These high housing costs place additional strain on households' budgets, which must factor in other basic necessities, like food and clothing, as well as age-specific expenses, such as at-home care or medical bills.

The contemporary older adult population, specifically those born between 1955 and 1965, is particularly economically constrained and prone to homelessness due to a "cohort effect." These people were born after the peak of the Baby Boom and faced "crowded labor and housing markets with higher competition for employment, downward pressure on wages, and

[10] *Social Security Fact Sheet*. (2024). Social Security Administration. https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf
[11] Molinsky, J. H. (n.d.). *Centering the Home in Conversations about Digital Technology to Support Older Adults Aging in Place*.
[12] Scheckler, S., Molinsky, J., Herbert, C., Arenas, J., Guytingco, K., & Soroya, S. (n.d.). *Pathways Into and Out of Homelessness*.

upward pressure on housing prices."[13] They entered the workforce during the back-to-back economic recessions of the mid-1970s to early 1980s. These early setbacks limited their ability to build savings, home equity, and retirement security, leaving many without stable financial foundations as they aged amid rising costs and stagnant wages. As a result, this cohort of late Baby Boomers is uniquely at risk of homelessness. Researchers compared this cohort to other age cohorts and found that the late Baby Boomers were 1.5 times more likely to experience homelessness than people born just a decade later.[14]

Older adults experiencing homelessness have complex, overlapping health and housing needs that often exceed what traditional shelters can accommodate. Many face accelerated aging, chronic illnesses, cognitive decline, mobility limitations, and untreated mental health or substance use issues, which are conditions that become harder to manage without stable, accessible housing. These health challenges directly affect their ability to perform daily tasks, maintain medical routines, or safely navigate typical rental units. These challenges certainly affect all older adults, but the impacts can be more severe for those experiencing homelessness, especially those whose experiences of homelessness began in their younger years. Their exposure to the elements, chronic stress, sleep deprivation, malnutrition, and lack of access to regular care make them more vulnerable to disease and hospitalization. Significant chronic health conditions, both physical and mental, can go untreated, inflaming their severity. The health status of unhoused older adults more closely resembles that of stably housed adults who are 20 years older, e.g., a 65-year-old unhoused older adult's biological age is closer to that of an 85-year-old who has lived in stable housing.[15] The mortality rates for unhoused older adults are correspondingly higher than the average adult in stable housing.[16]

Mental Health & Cognitive Issues

In the research article *"Geriatric Conditions Among Formerly Homeless Older Adults Living in Permanent Supportive Housing,"* Henwood et al. conducted a study of 237 adults aged 45 and older who were living in permanent supportive housing facilities in Los Angeles to assess their overall health status and housing histories.[17] The study identified common functional impairments, including cognitive and mobility limitations, as well as many other chronic health conditions experienced by older adults. These limitations might include difficulty processing

[13] Culhane, D. (n 4).

[14] Byrne, T., Doran, K. M., Kuhn, R., Metraux, S., Schretzman, M., Treglia, D., & Culhane, D. P. (2024). Persistence of a Birth Cohort Effect in the US Among the Adult Homeless Population. *JAMA Network Open*, *7*(12), e2452163. https://doi.org/10.1001/jamanetworkopen.2024.52163

[15] Espinoza, M. (n 4).

[16] Suh, K., Beck, J., Katzman, W., & Allen, D. D. (2022). Homelessness and rates of physical dysfunctions characteristic of premature geriatric syndromes: Systematic review and meta-analysis. *Physiotherapy Theory and Practice*, *38*(7), 858–867. https://doi.org/10.1080/09593985.2020.1809045

[17] Henwood, B. F., Lahey, J., Rhoades, H., Pitts, D. B., Pynoos, J., & Brown, R. T. (2019). Geriatric Conditions Among Formerly Homeless Older Adults Living in Permanent Supportive Housing. Journal of General Internal Medicine, 34(6), 802–803. https://doi.org/10.1007/s11606-018-4793-z

and remembering information, the inability to concentrate, low vision and hearing, and reliance on mobility aids like canes, walkers, and wheelchairs. These limitations create additional obstacles for older adults seeking employment, housing, and services. Mental health issues are serious and common impediments as well. The aforementioned Benioff study found that 81% of unhoused older adults reported at least one mental health condition, with depression and anxiety being the most prevalent. 28% of participants attempted suicide at least once in their lives.[18] The harsh conditions of homelessness, difficulty accessing mental health services, infrequent care, loneliness, and loss of hope all compound the issue.

Physical Health Challenges

Older adults living in Permanent Supportive Housing often face mobility limitations, functional impairments, and sensory or cognitive challenges that make standard housing designs unsafe or difficult to navigate. Research by Henwood et al. found that among formerly homeless adults in PSH, "nearly 42% of respondents reported having any ADL difficulty, 68% reported any IADL difficulty, and 40% reported urinary incontinence. More than half of respondents reported a fall in the past year (57%) or current mobility problems (51%).[19] One fifth (21%) met criteria for cognitive impairment on the MMSE, and 44% on the TMT-B. Around one third of respondents reported hearing impairment (33%), and 62% had visual impairment. Beyond mobility issues, older adults also deal with chronic health conditions that impact their physical well-being, such as high blood pressure, asthma, chronic bronchitis, emphysema, COPD, cardiovascular disease, diabetes, liver disease, cancer, and kidney disease.[20]

These statistics highlight the urgent need to intentionally modify PSH developments serving older adults to address their age-specific needs, ensuring they can live safer, more comfortable lives as they age in place.

Improving PSH for Older Adults

To address these health needs, specialized care strategies in PSH should integrate behavioral health services that combine on-site counseling and psychiatric support. The National Institute on Aging asserted in their article, "*Social isolation, loneliness in older people pose health risks*,"[21] that social isolation and loneliness are linked to "higher risks for a variety of physical and mental conditions," including high blood pressure, heart disease, a weakened immune

[18] Espinoza, M (n 5)
[19] Henwood et al. (n 17).
[20] de Sousa, T., Henry, M. (n 2) & Espinoza, M (n 6).
[21] Social isolation, loneliness in older people pose health risks. (2019, April 23). National Institute on Aging. https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

system, anxiety, depression, cognitive decline, and even death. The study also stated that people who engage in "meaningful, productive activities with others tend to live longer" while finding a sense of purpose. PSH programs should consider organizing support groups to provide safe spaces for residents to forge social connections, share their experiences, and recover from the frequently experienced traumas of homelessness, while simultaneously reducing social isolation and fostering peer connections. In addition, incorporating enrichment activities that promote social engagement, creativity, and emotional well-being would benefit older adults' minds and bodies. Regular community events, art or music workshops, gardening clubs, or similar activities can help residents foster a sense of belonging within their housing community while remaining physically and cognitively active. Offering technology "crash courses" that teach basic smartphone, computer, and AI tools can empower residents to stay connected to the world and their families while remaining informed about their own medical and financial records. Beyond specific programming, the strong benefits of social connection also underscore the importance of PSH sites' connections to their local communities. Older adults will be more successful and healthier in places where they can exercise independence while organically connecting with those in their environment. PSH sites in walkable neighborhoods with community resources, such as libraries or museums, can provide these connections.

PSH sites should also address the chronic physical and health conditions that are prevalent among older adults. They should have robust health care connections to enable regular health screenings and recurring care, whether through mobile clinics or by establishing partnerships with local hospitals or community health organizations. Housing sites could also consider services that promote overall wellness. Nutrition workshops and community meals that teach residents how to prepare affordable, yet balanced meals can combat poor diet and malnutrition. In addition, workshops that can help residents access hygiene supplies and on-site wellness checks help promote overall well-being and confidence. Employment support or volunteer placement initiatives can strengthen residents' sense of purpose and financial independence, especially for those who are capable of re-entering part-time work or community service but previously lacked access to such opportunities.

Making Living Environments Accessible

PSH facilities can further accommodate older adults by incorporating design elements that increase accessibility and make daily activities easier. In common areas, design concepts like "zero-step" or minimal-step entryways, wide and clear hallways, and leveled, non-slip flooring can help reduce falls and accommodate walkers and wheelchairs. Existing facilities can also make small improvements like installing handrails along corridors and ramps. Some design features may not prevent acute incidents, like falls, but can make life in PSH more comfortable for older adults. For example, motion-sensor lighting and automatic doors do not require any

physical effort to operate, which is especially beneficial for individuals living with disabilities. Individuals who struggle with vision loss can also benefit from glare-free, clearly labeled signage to safely identify rooms and exits. In addition to common areas, individual residential units could be further modified to accommodate older adults. Kitchens could feature lower countertops, pull-out shelving, and automatic shut-off systems for stoves and ovens to prevent accidents caused by residents with memory or mobility limitations. Built-in benches and handrails inside showering areas are convenient additions. Previous studies have shown that thoughtful modifications for the aging population have "the potential to increase the ease of completing activities of daily living, which promotes a continual engagement in life."[22] By integrating these thoughtful design elements, PSH providers can build living environments that prevent adverse health events, add convenience, and make it easier to safely age in place.

Case Study: CAPABLE

Communities Aging in Place - Advancing Better Living for Elders (CAPABLE) combines individualized, clinical care and home environment modifications to help older adults age safely in place. In this program, an occupational therapist (OT), a registered nurse (RN), and a handyman visit an older adult in their home to work with them on designing personal goals and action plans related to their daily life and activities that can improve their health, safety, and ability to live independently in their own home. A key feature of the CAPABLE program is that clients identify their goals and what they would like to work on, not the providers. Common goals include the ability to bathe and dress themselves, cook their own meals, or get up and down stairs. The program consists of up to ten one-hour sessions, conducted over a four-month period.

In the first few sessions, OT's assess the client and their living environment, examining how the client performs certain functions and identifying characteristics of their home that limit their ability to perform basic tasks. OT's share educational materials and strategies to improve in areas important to the client's goals after reviewing how well they function. Environmental barriers, such as holes in walkways, uneven carpeting, and missing railings or banisters, are noted, and a list of assistive devices and housing repairs is sent to the handyman after consulting with the client.[23] OT's teach clients how to conserve energy during tasks, use assistive devices, improve their balance with balance and fall techniques, and simplify tasks .

[22] Ibid.
[23] Szanton, S. L., Thorpe, R. J., Boyd, C., Tanner, E. K., Leff, B., Agree, E., Xue, Q., Allen, J. K., Seplaki, C. L., Weiss, C. O., Guralnik, J. M., & Gitlin, L. N. (2011). Community Aging in Place, Advancing Better Living for Elders: A Bio-Behavioral-Environmental Intervention to Improve Function and Health-Related Quality of Life in Disabled Older Adults. *Journal of the American Geriatrics Society*, *59*(12), 2314–2320. https://doi.org/10.1111/j.1532-5415.2011.03698.x

Sessions are spread out to give clients enough time to practice the skills they learned from the OT and familiarize themselves with assistive devices installed by the handyman. Sessions with the RN focus on health-related issues, both physical and mental, that might impact daily function. RN's follow a similar protocol: they assess the client, educate them on strategies, design obtainable goals, and share how these lessons might help the client when dealing with other challenges.

Multiple peer-reviewed studies have evaluated CAPABLE using randomized controlled trials, where the outcomes of interest were reductions in ADL and IADL disabilities. In these studies, the intervention groups consistently showed greater improvement than the control groups. Initial studies primarily served low-income, older adults of color in urban areas, namely, Baltimore. Since then, however, CAPABLE has been tested in several other locations across the country with different implementation organizations, housing stocks, and clients. In those tests, researchers concluded that "the program greatly improved both physical function and mental health outcomes, while also making homes safer for participants, even 7 months after they completed the program," suggesting that CAPABLE can benefit older adults of all kinds across the nation.[24] As of 2022, CAPABLE is implemented across 45 sites in 23 different states.[25]

Permanent Supportive Housing providers in California should consider implementing CAPABLE into their residential facilities. In the aforementioned study comparing CAPABLE performance across different locations, California's intervention group showed the greatest improvement in reducing ADL limitation scores and improving other key health outcomes, including mean quality of life, falls efficacy, IADLs, depression, and the number of falls in the past year.[26] Furthermore, that intervention group was composed of formerly homeless seniors who were considered unlikely to access a health clinic. In 2023, researchers tested the CAPABLE model with PSH tenants in Los Angeles County and found that the intervention groups showed significantly improved health outcomes compared to the control group.[27] The Downtown Women's Center is the only location in Los Angeles currently utilizing the CAPABLE model.

[24] Breysse, J., Dixon, S., Wilson, J., Szanton, S. (2021). Aging Gracefully in Place: An Evaluation of the Capability of the CAPABLE Approach. National Center for Healthy Housing. https://nchh.org/resource-library/article_2021.09.02_breysse-et-al_aging-gracefully-in-place_an-evaluation-of-the-capability-of-the-capable-approach_accepted.pdf

[25] Fischer, R. (2022). New Skills, Exercises, and House Modifications Promote Safely Remaining at Home. Johns Hopkins University. https://giving.jhu.edu/story/capable-program/

[26] Breysse, J. (n 26)

[27] Henwood, B. F., Semborski, S., Pitts, D. B., Niemiec, S. S., Yay, O., Paone, D. L., & Szanton, S. L. (2023). A pilot randomized controlled trial of CAPABLE in permanent supportive housing for formerly homeless adults. *Journal of the American Geriatrics Society*, *71*(5), 1587–1594. https://doi.org/10.1111/jgs.18235

Conclusion

Public funding and resources to support older adults are diminishing, which means that more people will struggle to afford housing and the care they need, ultimately driving more people towards housing insecurity and homelessness. Cities and service providers should reconsider how they address the housing and health needs of the broader unhoused population, taking into account the specific needs of older adults. Making targeted investments, modifying and building more accessible housing, and prioritizing permanent supportive housing can ensure that unhoused older adults maintain stability, dignity, and safety.