



# HEALTH & PSYCHOSOCIAL NEEDS OF OLDER PERSONS EXPERIENCING HOMELESSNESS UPON HOSPITAL DISCHARGE

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Celine Mauboules; Chloe Good

November 4, 2019

# ACKNOWLEDGEMENTS



This project is funded in part by the Government of Canada's Homelessness Partnering Strategy.





# Older Adults Who are Experiencing Homelessness

## INTRODUCTION

### HEALTH CONDITIONS:

- Frailty & Functional impairment
- Cognitive impairment & Traumatic brain injury
- Urinary incontinence
- Hearing & visual impairment
- Arthritis, hypertension, diabetes, asthma



# Older Adults Who are Experiencing Homelessness

Substance Use Disorders

Mental Health Disorders

Depression

Anxiety & PTSD

## HEALTH CONDITIONS

- Frailty & Functional impairment
- Cognitive impairment & dementia
- Urinary incontinence
- Hearing & visual impairment
- Arthritis, hypertension, diabetes, asthma

INTRODUCTION



# Older Adults Who are Experiencing Homelessness

## LOCATIONS OF CARE:

- Hospital emergency departments
- Street outreach

INTRODUCTION



# Research Question

What are the health and psychosocial supports required for older adults who are experiencing homelessness upon discharge from the hospital?

# DESIGN & METHODS

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## CBPR

Community-based  
participatory research



# DESIGN & METHODS

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## CBPR

Community-based  
participatory research

## SAMPLE

**10** Shelter/housing  
providers



## SAMPLE

**10** Healthcare  
providers



# DESIGN & METHODS

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## CBPR

Community-based  
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## SAMPLE

**10** Shelter/housing  
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## SAMPLE

**10** Healthcare  
providers

THEMATIC ANALYSIS

# Growth in Older Adult Population

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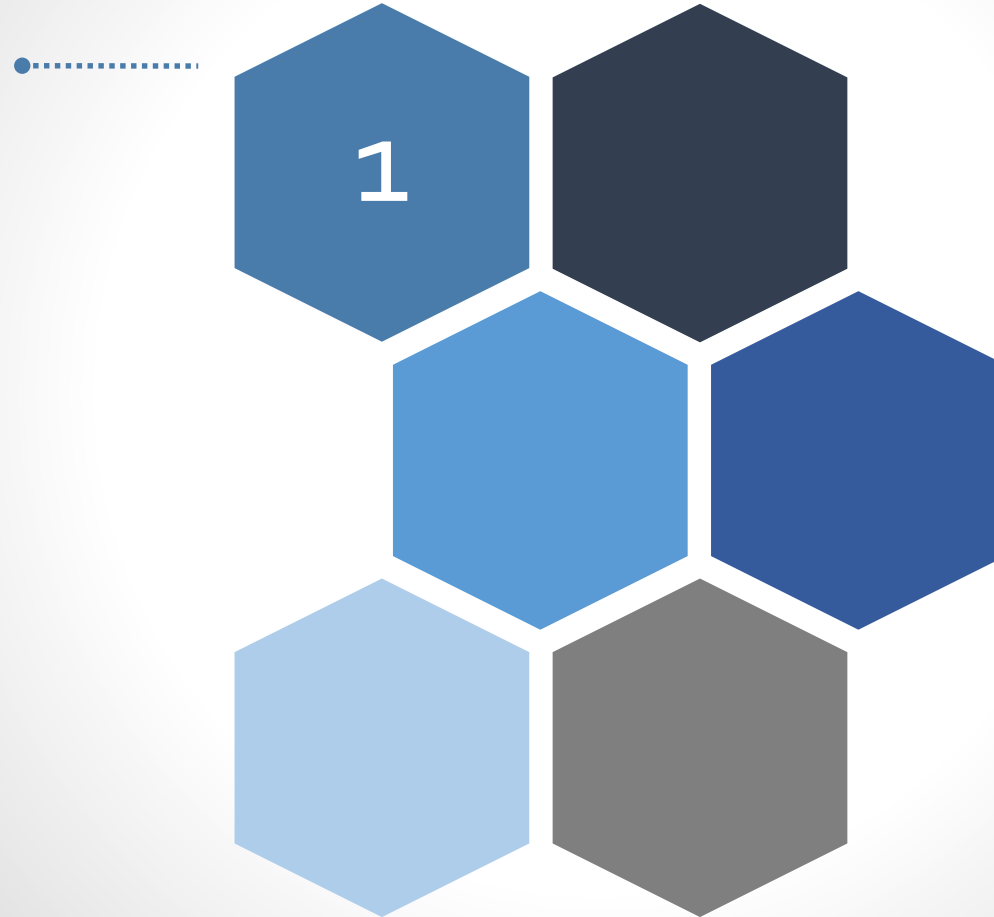
We're seeing more seniors getting sick and living on their own without any proper supports.

— Shelter/housing participant

# THEMES

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UNIQUE  
vulnerabilities





# 1. Unique Vulnerabilities

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One thing we've noticed...as people age, and it's not even all that old, 40-to-60, the chronic disease starts to mount and their illnesses start to mount and they can't really manage independent living.

— Shelter/housing participant

# THEMES

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UNIQUE  
vulnerabilities



INAPPROPRIATE

general population shelters  
following discharge



## 2. GENERAL SHELTERS

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Inappropriate for older adults



There was a fellow...he is obese and has chronic cellulitis in his legs, mobilizes using a manual wheelchair and became quite sick while he was at the shelter. They had to return him to hospital because they were not able to assist him to transfer.

- Shelter/housing participant



You have a frail 70-year-old being discharged into a shelter with a lot of young people, where this 70-year-old can be rendered very socially and economically vulnerable.

– Healthcare participant



# THEMES

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UNIQUE  
vulnerabilities



INAPPROPRIATE  
general population shelters  
following discharge

LIMITED  
shelter/housing options





### 3. LIMITED SHELTER/HOUSING OPTIONS

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“

I have to call every morning and be like, ‘Hey do you have a shelter bed for a patient who needs a bottom bunk and no stairs?’ A lot of these shelters will have six beds for those kind of people and those are always full.

– Healthcare participant

With the seniors population...a lot of these guys don't fit in the shelters, but they can't get into independent living because they don't have enough money, they can't get into assisted living because they're alcoholics, and a lot of the seniors' homes here they don't support folks who've got alcohol issues, or brain injuries and dementia coupled with substance use—there's no supports for these guys. So, what happens is the only 'option' available is really a shelter...

— Healthcare participant



# THEMES

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UNIQUE  
vulnerabilities



INAPPROPRIATE  
general population shelters  
following discharge

LIMITED  
shelter/housing options



MEDICAL RESPITE  
for stabilization and  
convalescence



# 4. MEDICAL RESPITE

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For stabilization and convalescence



“ It would be awesome if there was a place that they would put people from the hospital so that they can heal, have medical attention, before they're deemed able to live independently.

— Shelter/housing participant

We really need medical beds...I've worked in group homes for mentally challenged where staff there do all the personal care, do all the cooking, you get trained in lifting, moving people, I don't understand why that's not done in the homeless community. We don't have a facility that responds to medical needs. It's really needed. It's really, really needed. And if this core group of group homes can do it, I don't see why it's not done in our field.

— Shelter/housing participant



# THEMES

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**UNIQUE**  
vulnerabilities



**INAPPROPRIATE**  
general population shelters  
following discharge

**LIMITED**  
shelter/housing options



**MEDICAL RESPITE**  
for stabilization and  
convalescence

**SENIOR-SPECIFIC**  
shelters/housing for first-time  
homeless and chronic substance  
users



If there was a low-barrier shelter or housing where they had their own room, but they still had a community where they could have meals. Or there was a care aide that checked in on them once a week... But if they want to go stand on their balcony and smoke their meth pipe, that's okay... A seniors-only place so that the younger predators can't come in and stay there, so that they're secluded enough into separate seniors housing or seniors shelter only so that they have that protection.

— Shelter/housing participant



# THEMES

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UNIQUE  
vulnerabilities



INAPPROPRIATE  
general population shelters  
following discharge

LIMITED  
shelter/housing options



MEDICAL RESPITE  
for stabilization and  
convalescence

SENIOR-SPECIFIC  
shelters/housing for first-time  
homeless and chronic substance  
users



COMMUNITY  
supports are needed  
following discharge



## 6.COMMUNITY SUPPORTS

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A lot of people don't have skills around the activities of daily living. So, they really do need support around that.

— Shelter /housing participant



A lot of the problems, also, are financial management...  
Some of them have just really, really bad management  
but also some of them, some of the clients aren't capable  
cognitively to—they might be able to live on their own,  
but they can't organize payments and all that stuff. It's  
too complicated now for people. So, there's a real gap  
there.

— Shelter/housing participant



Unique health conditions and life course trajectories suggest that different groups require different supports to meet their unique needs.

The health, shelter, and housing needs of older homeless adults are becoming increasingly important issues for healthcare delivery.



DISCUSSION/IMPLICATIONS

# Exploring Social Engagement Strategies that Support Senior Renters' Ability to Successfully Age-in-Place

November 4, 2019

*Carolina Ibarra, BA, MSSc  
Director of Strategic Initiatives*



# Introduction



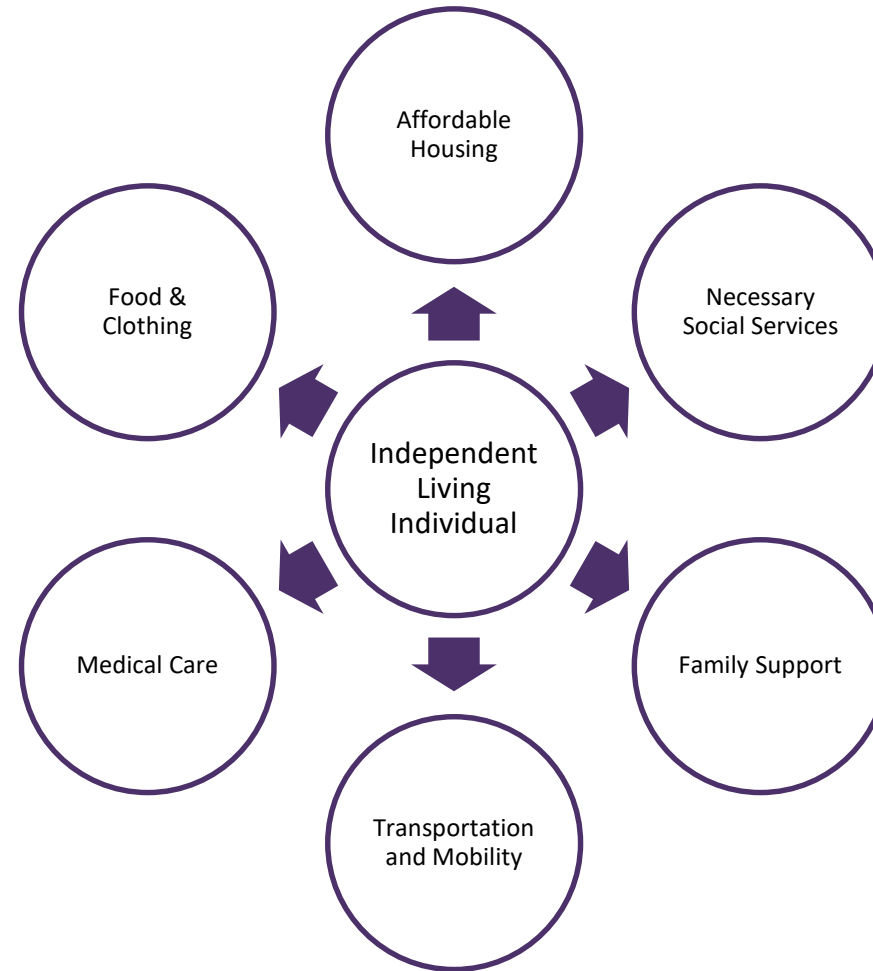
## Brightside Community Homes Foundation

**Vision:** A future where people of all income levels have a home within a vibrant and healthy community.

**Mission:** Build resilient communities, throughout Vancouver, with safe and secure homes, for those struggling to meet the demands of market housing.

**Values:** resourceful, progressive, inclusive, clarity.

# Social Determinants of Health



# Community Enhancement Survey



# Community Enhancement Survey



## Purpose:

- Capture residents needs for supports from their own perspective.
- Obtain detailed information about challenges faced by residents in order to propose solutions to improve their housing security.
- Gather information that would guide the development of an action plan.
- Assess interest in community development activities and events.
- The survey was designed by integrating concepts related to the social determinants of health, as well as property management.



## 2019 Survey Response

- 26% response rate from 22 buildings
- 5.2% increase from 2018 (conducted in 26 buildings)
- Results based on 178 of the 210 surveys received

## Resident Profile (per Brightside Constitution)

- Independent seniors
- Families
- People with disabilities

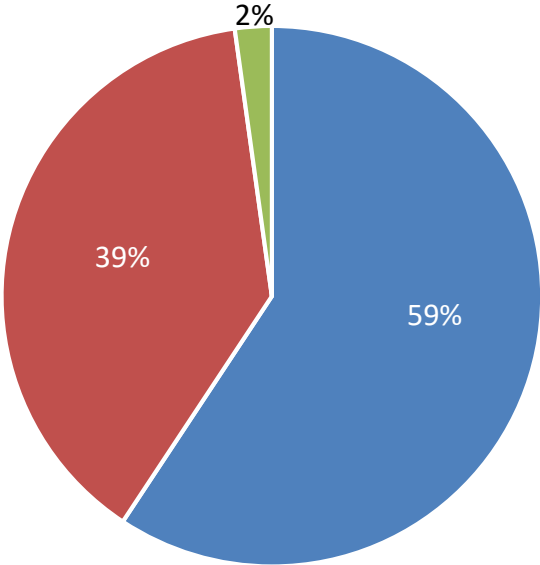


## But Really, Who Are Our Residents?



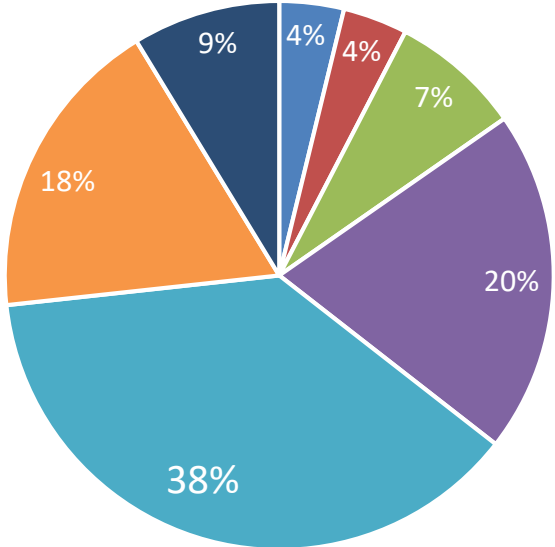
# Brightside Resident Demographics

Gender Participation



■ Female ■ Male ■ Others

Age Range



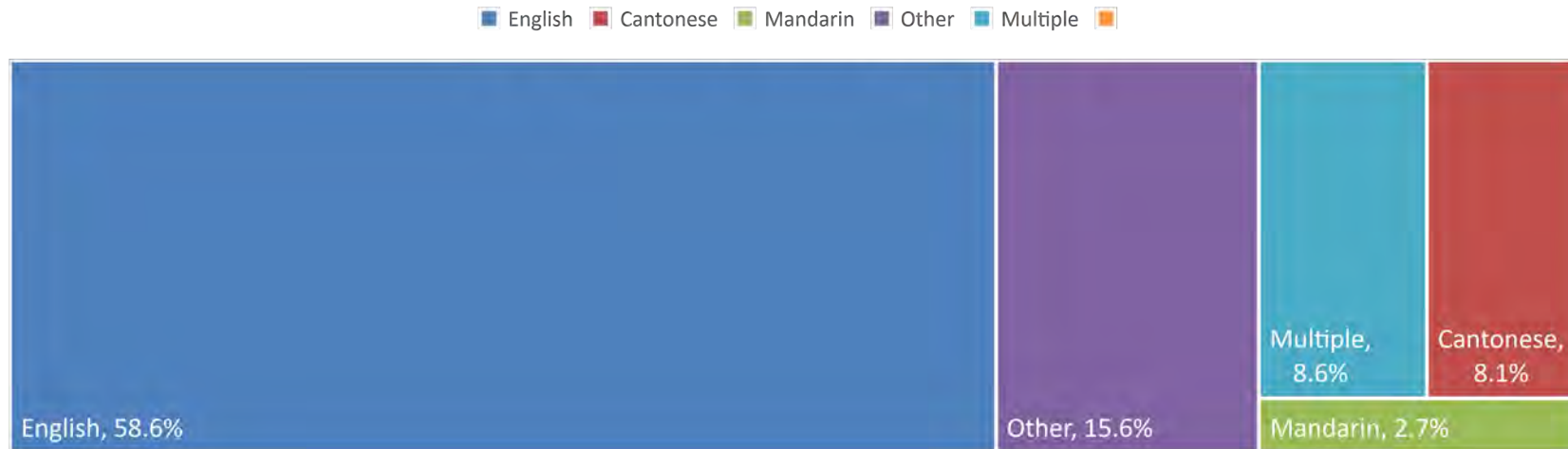
- 19 to 34 years in age
- 35 to 44 years in Age
- 45 o 54 years in age
- 55 to 64 years in age
- 65 to 74 years in age
- 75 to 84 years in age
- 85 + years in age

# Brightside Resident Demographics

## Ethnicity

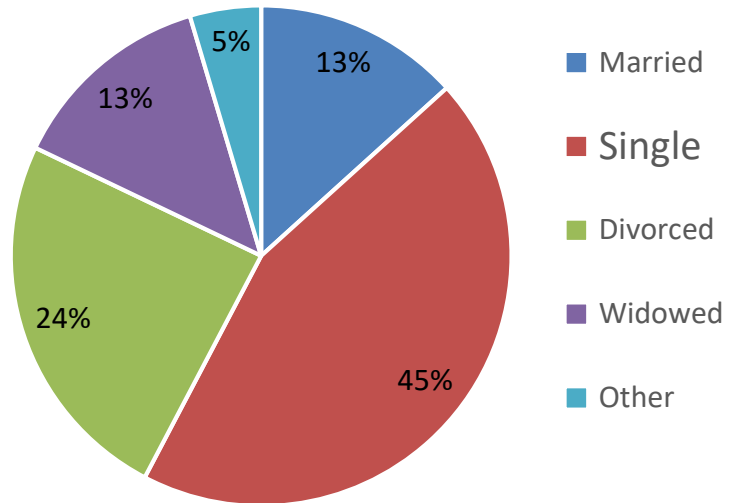


## Language Spoken at Home

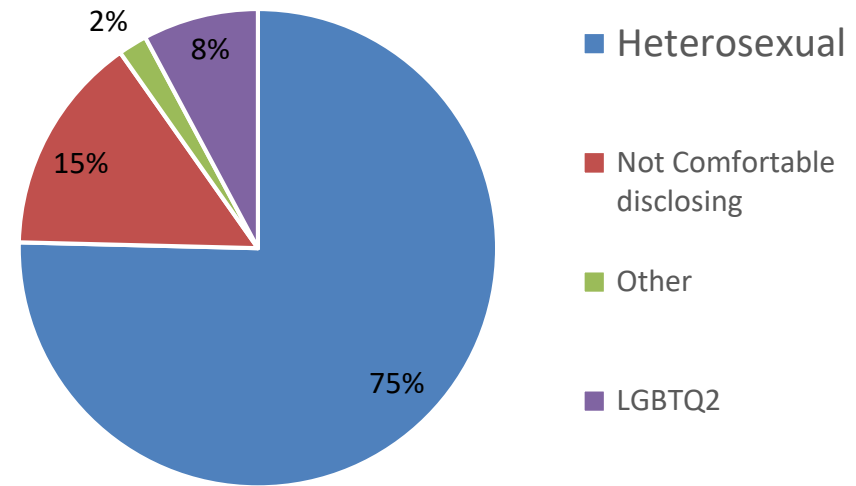


# Brightside Resident Demographics

Relationship Status

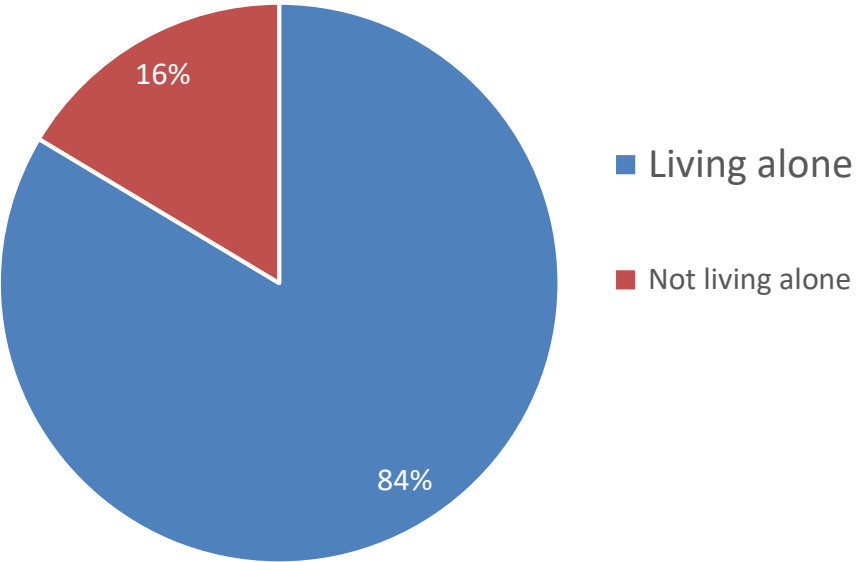


Sexual Orientation

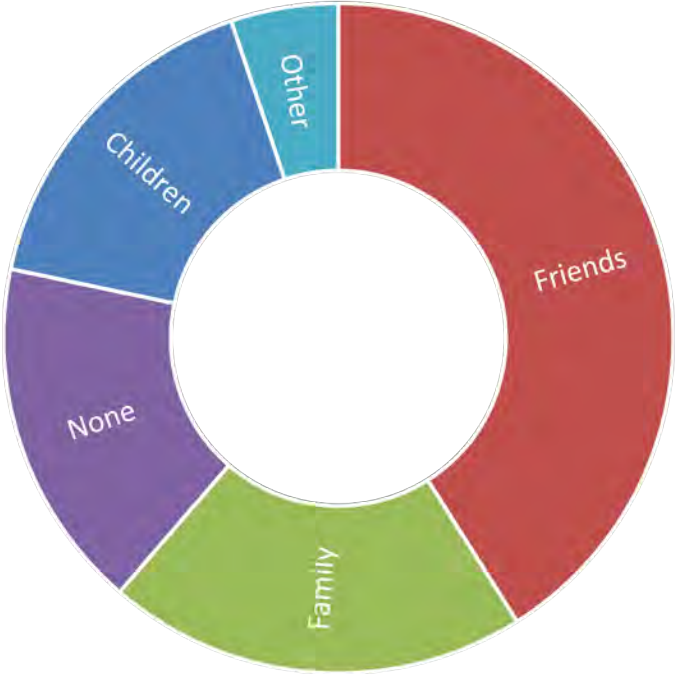


# Brightside Resident Demographics

Household Composition



Social Supports



## Top Barriers to Housing Stability

2018	2019
Food security	Food security
Lack of mobility	Fear of move / change ("renoviction" / demolition)
Poor mental health	Unresolved conflicts (with Brightside or with neighbours)
Lack of appropriate home-care	Approachability / communication with Brightside

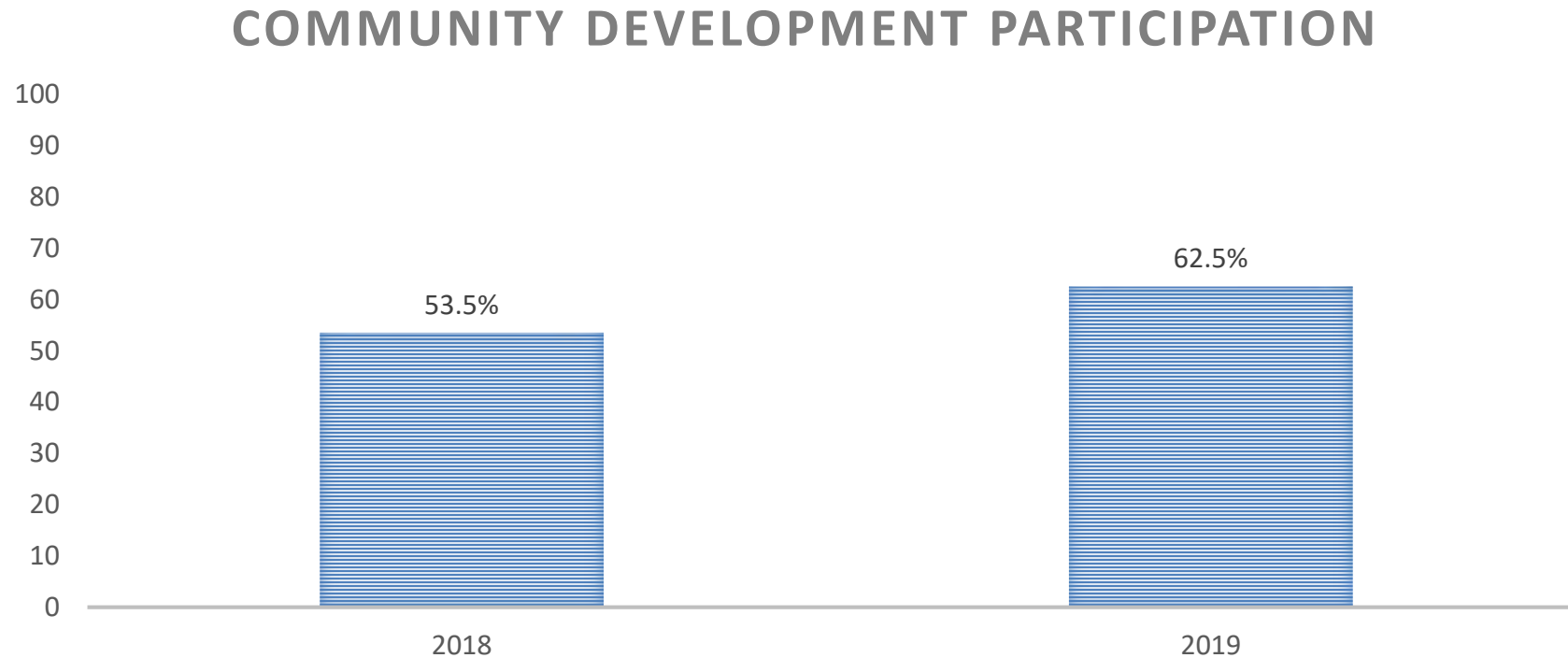


## Social Connectedness: Relationships



## Community Development Participation

53.5% of survey respondents indicated participation in one or more community development initiatives – **an increase of 9%** from 2018.



## Community Development Participation

In 2018, the Holiday Party, Annual BBQ, and Community Gardens were the most popular community development initiatives in 2018.

The Community Gardens and the Annual BBQ continue to be the most popular initiatives in 2019.

*“The community gardens have brought a lot of joy to us tenants. We have been very active in planting & harvesting vegetables. The flower garden in front of the building has created and maintained by tenants. There is a strong connection between neighbours.”*

-Brightside Resident, 2019

## Communication and Housing Stability

The survey suggests a positive correlation between a resident's level of satisfaction in communications with Brightside and that resident's overall housing satisfaction.

**77.4%** of residents found Brightside approachable



Respondents that positively rated the communication level were **1.8**  
**times** more likely to experience housing satisfaction than those that rated it is neutral or unsatisfied

## Communication and Housing Stability

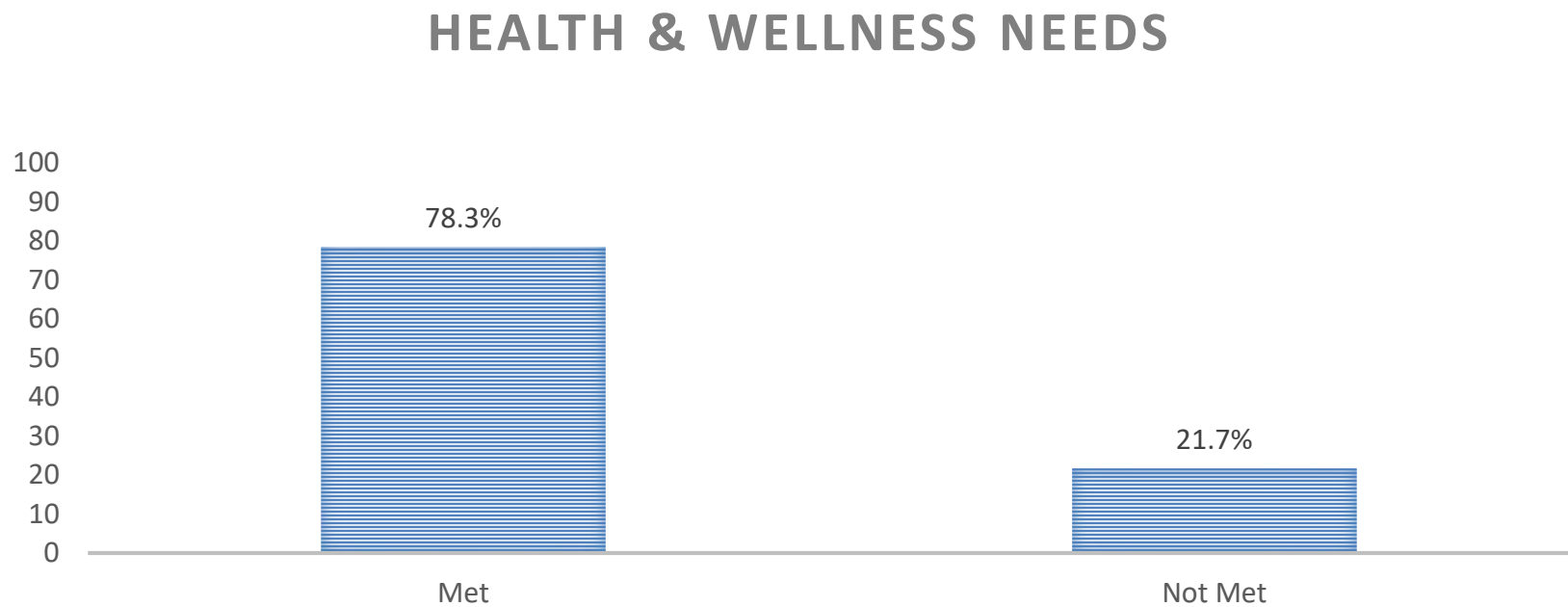
Respondents indicating their needs are not being met indicated **physical limitations** and **conflict with neighbours** as the key reasons for unmet health and wellness needs.

# Health and Wellness



## Health & Wellness

The majority of 2019 respondents indicated that their health and wellness needs were being met with the support of Brightside's community development initiatives, supported by qualitative data.



## Food Security and Housing Stability in 2019

- 6.74% of people indicated that they experience food insecurity
- This is notably higher than the 2.4% of all older adults in Canada experiencing food insecurity as presented in recent literature (Leroux, Morrison & Rosenberg, 2018)



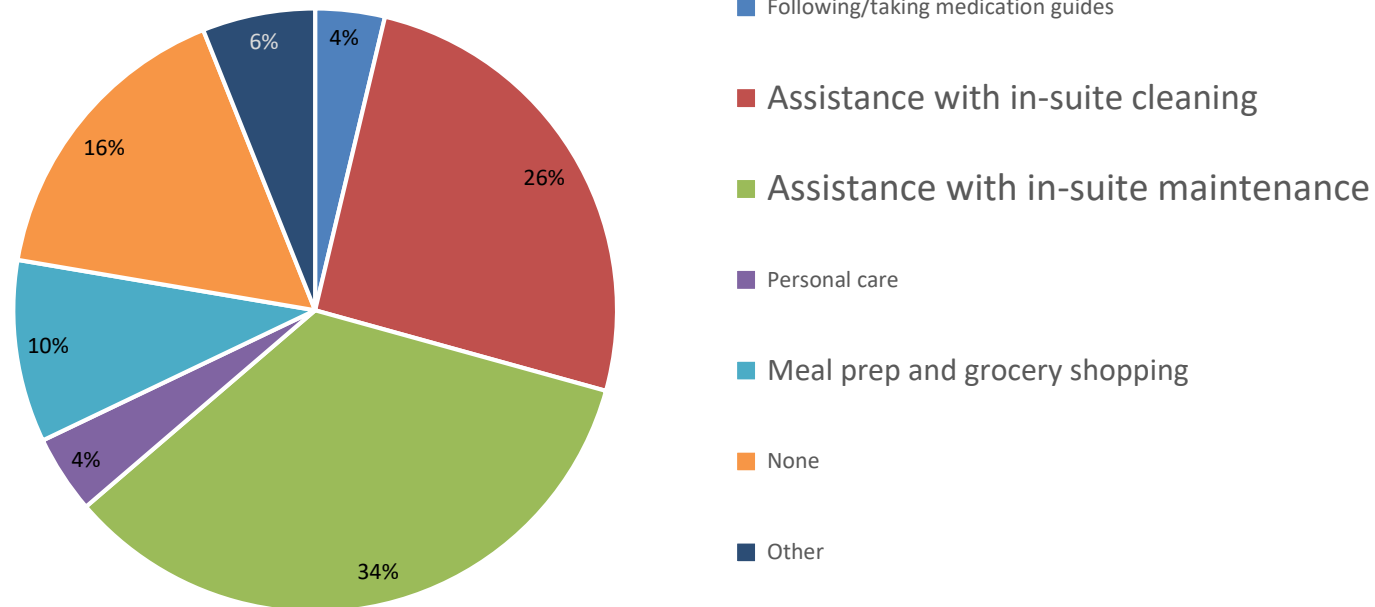
# Physical Environment



# Physical Environment

In 2019, support with in-suite maintenance persisted as the dominant response as vital for respondents with physical limitations to live independently.

Supports re. Physical Limitations



*“Brightside: congratulations on making Lions View a safer, more secure, improved grounds keeping, better communication with staff and general caring attitude towards tenants!”*

- Brightside Resident, 2019

*“I appreciate the effort made in doing the survey, as other tenants (seniors) are shy, timid & their language or communication problems. It helps & encourages the senior’s people to come out & express themselves, esp. with the help of an interpreter.”*

- Brightside Resident, 2019

*“Brightside staff are very nice and polite, even though I can't speak English well”*

- Brightside Resident, 2019

## Key Takeaways on Housing Stability from 2019 Survey

- Increased survey participation among residents
- Increased resident participation in Brightside community initiatives resulting in better met needs
- Resident needs relating to housing stability expressed in 2018 survey are largely being met; top barriers have changed in 2019
- Food security remains a persistent challenge for housing stability among residents

A stylized, outlined letter 'B' is centered on a dark purple background. The letter has a color gradient from red on the left to orange on the right. The background is decorated with several thin, wavy lines in red and yellow, creating a sense of motion and depth. The lines are arranged in a way that they appear to flow around the central letter.

B

# QUESTIONS



Dr. Harvey Bosma

Providence Health Care

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Full text available:

<https://www.ncbi.nlm.nih.gov/pubmed/31228238>



# ***Temporary Housing Program***

**Joe Humphries, Kara-Leigh Bloch, and Kyoko Takahashi**  
**November 4, 2019**

***VISION:*** A community where seniors live with dignity in a safe, comfortable and healthy home.



***MISSION:*** To connect adults 60+ with individual supports & housing navigation services to enhance their lives.



# ***Our Clients: Seniors 60+***

- ✓ Single
- ✓ Multiple physical or mental health struggles
- ✓ Loss of loved ones
- ✓ Low fixed incomes/struggling financially
- ✓ Renters
- ✓ Victims of violence, abuse, and discrimination
- ✓ Limited social networks
- ✓ Experience ageism
- ✓ Inactive and forgetful



# Programs

1. Community Education (*Metro Vancouver*)

2. Housing Navigation Services

(*Metro Vancouver*)

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3. Support Services (*New Westminster*)

4. Volunteer Opportunities (*New Westminster*)



## Why are seniors homeless?

- Eviction
- Physical or mental health problems
- Loss of a loved one
- Depleted finances
- Priced out of home (rent increases)
- Cost of living in Metro Vancouver
- Not knowing what to do when faced with prospect of moving
- Victims of violence, abuse and discrimination
- Isolation



## *Barriers to housing:*

- Addictions, hoarding, mental health, physical health, pets, smoking, financial insecurity

# Common Reasons for Evicting Senior Tenants



1. **Non-payment of rent**
2. **Not following building rules**
3. **Hoarding and/or bed bugs**
4. **Dangerous behavior (fires, etc.)**
5. **Conflict with other tenants**
6. **Noise complaints**
7. **Refusing assistance**
8. **Alcohol and/or drug use**

## Temporary Housing Program (THP)

**16** private, furnished apartments for seniors who are either homeless or at-risk. The client is supported by an Outreach Worker and they pay **35%** of their income. Average stay: **6-12** months.

BC's first and largest  
seniors transitional  
housing program

Funded through BC Housing



# Program Steps

## Step 1: Intake

Referrals received from community organizations, hospitals and healthcare, family and friends, or self-referral.

Client must be 60+, independent, able to complete ADLs and IADLs, must be able to actively participate in housing search and maintain housing while in the program.

# Program Steps

## Step 2: Interview

After eligibility determined, face-to-face interview with THP coordinator to:

- Build relationship between client and staff
- Assess which units in the THP are best suited to the clients needs
- Promote collaboration and consensus-making
- Collect important personal identification info (ID, bank statements, tax assessment, etc.)

# Program Steps

## Step 3: Move-in

Notify BC Housing of client move-in.

Orientation package about the building supplied to the client.

Client given **2 weeks** to get acclimatized to the suite and their surroundings before beginning the housing search.



# Program Steps

## Step 4: Housing search

After 2 weeks, THP coordinator works with client to co-create an action plan for the housing search.

Client can **veto up to 2 options** during the search.

The housing search is a partnership with the client to find the most suitable location to ensure the selected housing is a permanent solution.

## Program Steps

### Step 5: Securing permanent housing and ongoing support

THP coordinator conducts monthly inspections of units. Support and assistance is offered as needed/requested.

Clients are offered assistance with moving, damage deposit, etc. **Three-month deadline** may be extended if no suitable housing found.

## Temporary Housing Program Attributes & Highlights:



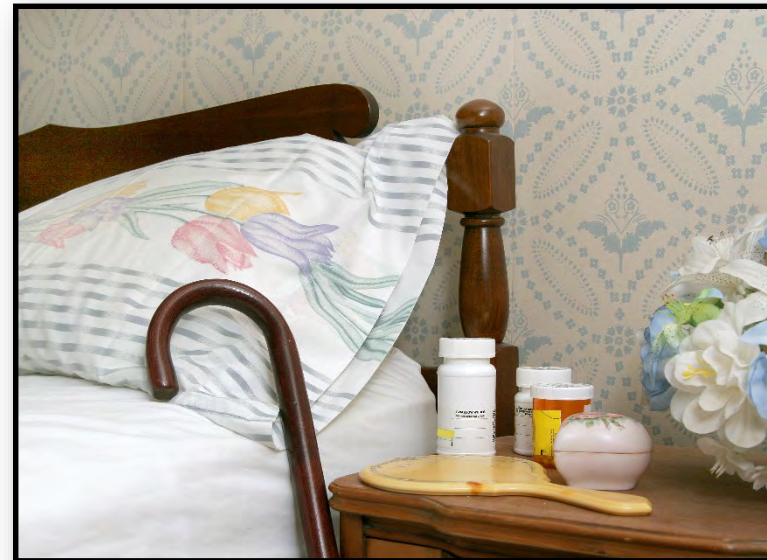
- Proven cost effectiveness: Average cost per senior is **\$40**/day vs **\$100**/day in a traditional shelter
- Of the seniors who have moved on from the program, **50%** were housed in non-profit subsidized housing; **23%** were housed in private market rental housing; and **9%** into BC Housing units

# Successes and Challenges

~**285** seniors have used this program as a step to permanent housing  
*(since 2008)*

**90%** success rate

Annually we turn away over **200** seniors as we are at capacity



# Questions?

Thank you.

Joe Humphries

604-783-7118

[joe\\_humphries@sfu.ca](mailto:joe_humphries@sfu.ca)

# Medical Respite as an Intervention for Older Adults' Post-Discharge Recovery

**Scott Small**

**Harvey Bosma, Sarah Canham, Karen  
Custodio, Celine Mauboules, Chloe Good**

November 4, 2019



# Background







**For homeless adults, the main point of entry into the healthcare system is often hospitals and emergency departments.**



**When persons experiencing homelessness are discharged from the hospital, they are often unsupported and unable to continue recovery or adhere to follow-up care.**



(Shutterstock)

## Why hospitals are getting into the housing business

Many hospitals realize it's cheaper to provide a month of housing than to keep patients for a single night



MARKIAN HAWRYLUK

OCTOBER 12, 2019 1:03AM (UTC)

*This article originally appeared on [Kaiser Health News](#).*

**It costs \$2,700 a night to keep someone in the hospital.**

**Patients who are prime candidates for the transitional units stay on average 73 days, for a total cost to the hospital of nearly \$200,000.**

**The hospital estimates it would cost a fraction of that, about \$10,000, to house a patient for a year instead.**

**What types of health supports are needed for homeless patients when they are discharged from the hospital?**



# Scoping Review

(Arksey & O'Malley, 2005)

**Consultation**

**Summarize & Report**

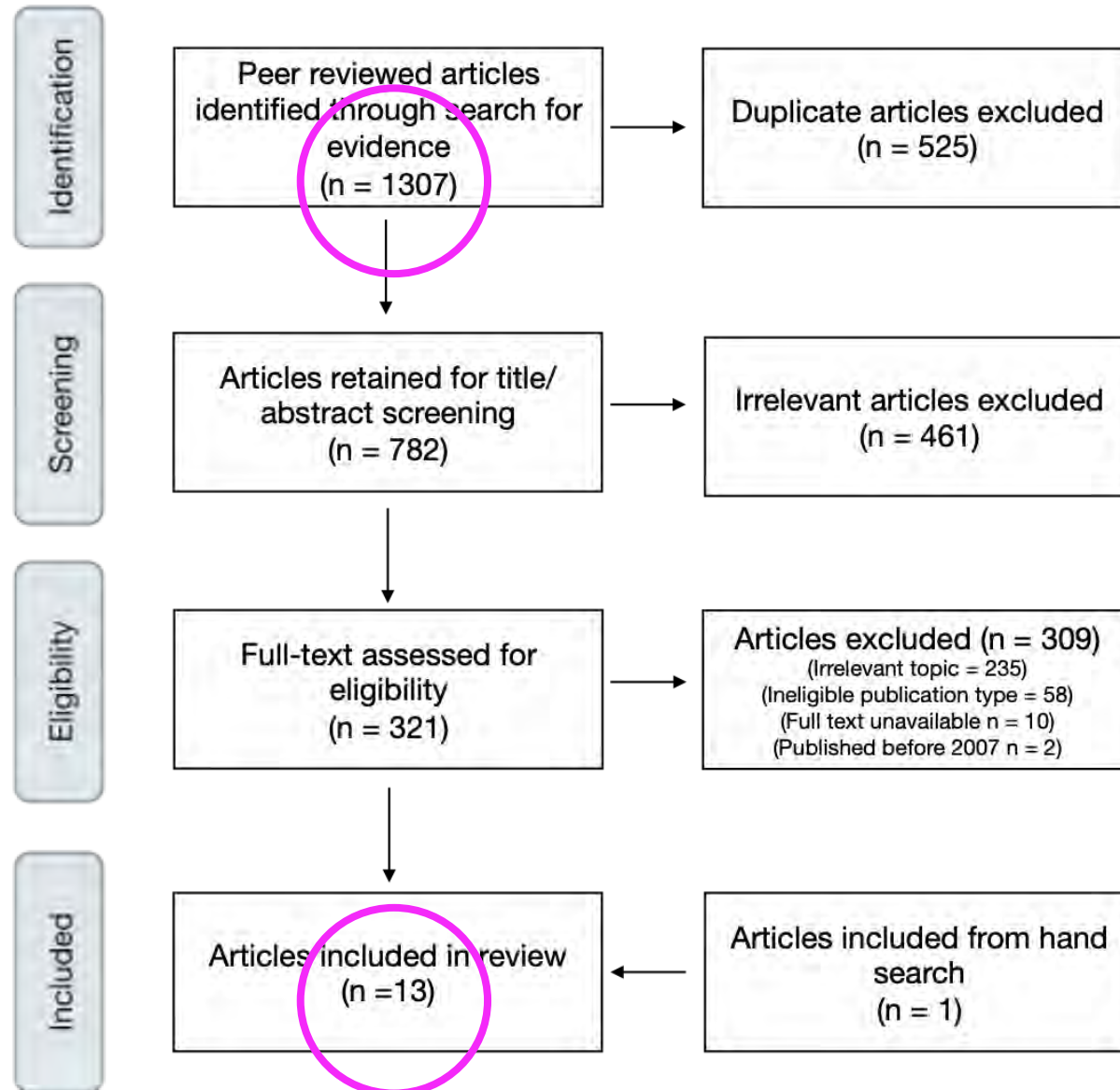
**Chart Data**

**Select Studies**

**Identify Studies**

**Identify Question**

# PRISMA Diagram of Literature Inclusion



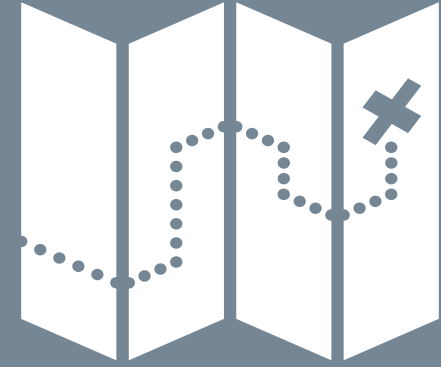
# Themes



**Understanding and  
Respectful Approach to Care**



**Housing Assessment**



**Communication,  
Coordination, and Navigation**



**Supports for After-care**



**Complex Medical Care and  
Medication Management**



**Basic Needs and  
Transportation**

## Understanding and Respectful Approach to Care



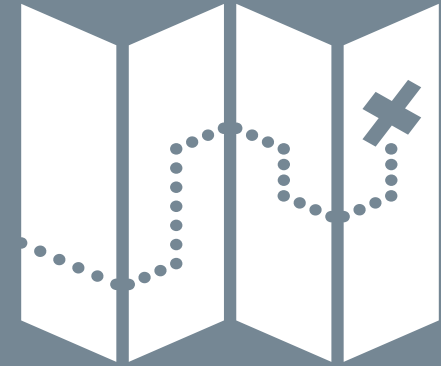
Providers need to understand the lived experience of homeless people and offer a welcoming, friendly, and respectful service engagement.

## Housing Assessment



Early awareness of housing status is associated with better quality discharge for persons experiencing homelessness.

## Communication, Coordination, and Navigation



Healthcare and shelter/housing services function in different silos, challenging patient care.



## Supports for After-care



Once patients have been discharged, adequate supports for after-care are crucial.

## Complex Medical Care and Medication Management



Shelters are typically ill-equipped to provide medical care due to a lack of staff, clean space, supplies, and resources.

## Basic Needs and Transportation



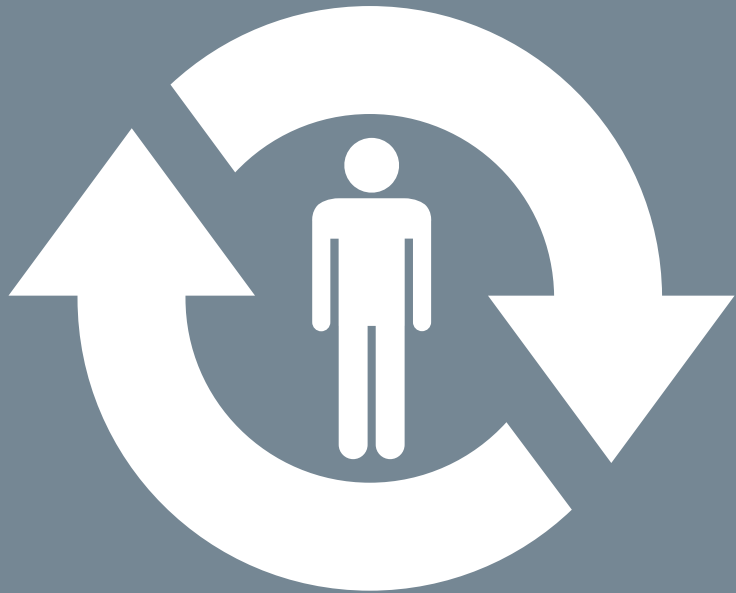
At discharge, homeless patients not only lack safe and appropriate housing, but also lack clothing, food, money, and transportation.

# Knowledge Café



- 23 health and shelter service providers
- Three-hour knowledge cafe
- To validate findings from the scoping review
- To uncover gaps in the existing literature

# Knowledge Café Themes



**Trauma-informed and  
Patient-centered Care**



**Housing as a Human Right**



**After-care Respite Housing**

# Recommendations



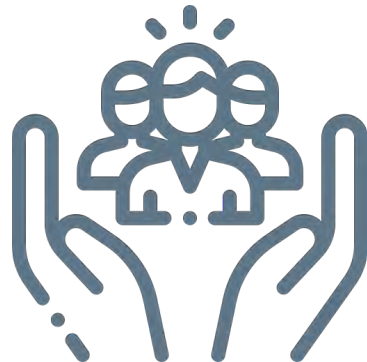
**Professional Training and Education**



**Intersectoral Collaboration and Communication**



**Hospital Admission, Assessment, and Discharge Planning**



**Integrated Case Management**



**Discharge Locations**

## Professional Training and Education



**Develop and implement training opportunities for reducing stigma and understanding causes of homelessness for those working with PWLEs in hospital and shelter/housing.**

# Intersectoral Collaboration and Communication



**Diminish divisions between healthcare and shelter/housing and emphasize overlaps between the sectors.**

**Build trust and knowledge sharing through formal and informal communication.**

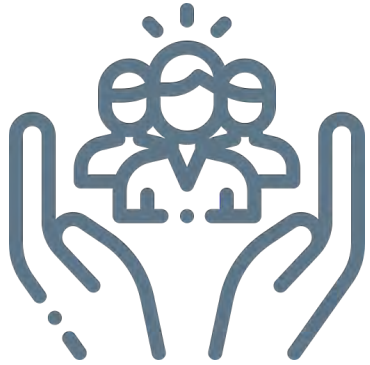
# Hospital Admission, Assessment, and Discharge Planning



**Use a non-stigmatizing and trauma-informed approach to managing discharge for PWLEs.**

**Meet PWLEs ‘where they are at’ to best meet their needs.**

## Integrated Case Management



**Immediate needs, such as safe transportation, healthy food, suitable clothing, and appropriate housing be identified and addressed at discharge.**

**PLWEs should be connected to a case manager as part of an integrated care team to help with housing and healthcare follow-up.**



## Discharge Locations



**Expand range of discharge locations, including medical respite, housing, and shelters.**

**A variety of options along the housing continuums should be affordable, accessible, and safe.**

# Medical Respite

- Safe locations for individuals to continue medical recovery
- Patients have been found to experience:
  - Improvements in quality of life, medication stabilization, access to health and community care, insurance, income, and housing
  - Reductions in substance use following treatment
- Programs have demonstrated: reduced future hospital admissions, inpatient days, and hospital readmissions among homeless patients, resulting in significant healthcare system cost savings





Thank You!

Scott A. Small

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Charities Shelter Services

Archdiocese of

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