

A Lifetime of Independence

Recommendations to the New York City Supportive Housing Task Force

In November 2015, New York City Mayor Bill de Blasio set forth a bold new initiative in response to the City's unprecedented homeless problem. The Mayor proposed the creation of 15,000 supportive housing units (roughly 7,500 newly-constructed, congregate units and 7,500 scattered site units) over the next 15 years. This 15,000-unit plan is the largest commitment to supportive housing the City has seen to date and holds significant promise to improve the lives of thousands of New York's most vulnerable people. The New York City Supportive Housing Task Force, comprised of leading practitioners, experts, and advocates in the field including CSH, was established after the Mayor made his announcement to help the City implement the plan. What follows are a series of recommended guiding principles to the Task Force to support their efforts to advance healthy aging-in-place for New York City's extremely vulnerable **aging and elderly homeless**.

A Graying City

New York City's senior population is growing larger, living longer, and getting poorer. Mirroring general population trends, the homeless population is also aging, and quite rapidly. Nationwide, currently half of single homeless adults are aged 50 and older, compared to 11% in 1990.¹ Not only are those on the streets getting older, but their health is deteriorating at rates much faster than the general population. Pressing chronic health and geriatric conditions exacerbate the housing crisis for thousands of unsheltered New Yorkers over 50. Researchers have found that homeless older adults over 50 had higher prevalence of geriatric conditions than that seen in housed adults 20 years older. Such findings suggest that housing and services addressing geriatric conditions are needed for older homeless adults living across varied environments.²

Housing as a Platform for Better Health

Social determinants of health are the economic and social conditions that affect health outcomes and are the underlying, contributing factors of health inequities. Access to safe, quality, affordable housing - and the supports necessary to maintain that housing - constitute one of the most basic and powerful social determinants of health. Two decades of research on supportive housing tells us that this model of housing can appreciably improve a person's health after they have experienced the trauma of homelessness.³ Studies also show that those older adults who have a home, such as a supportive housing unit, want to age in place, so they can continue to live in their own homes or communities.⁴ However, late life needs are significant, as nearly half of all adults in the United States over age 65 have difficulty, or receive help, with daily activities.⁵ Consequently, more focus will be needed on the special services required by older adults aging in place in supportive housing.

¹ 1.Rebecca T. Brown, Kaveh Hemati, Elise D. Riley, Christopher T. Lee, Claudia Ponath, Lina Tieu, David Guzman, and Margot B. Kushel. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist*, February 2016 DOI Retrieved <http://gerontologist.oxfordjournals.org/content/early/2016/02/17/geront.gnw011.full>

² Ibid

³ CSH, *Housing is the Best Medicine*, July 2014. Retrieved from <http://www.csh.org/resources/housing-is-the-best-medicine-supportive-housing-and-the-social-determinants-of-health/>

⁴ Nicholas Farber, J. a. (2011). *Aging in Place: A State Survey of Livability Policies and Practices*. AARP, National Conference of State Legislatures, Public Policy Institute. Washington, DC: NCSL.

⁵ Freedman, Vicki A., and Brenda C. Spillman (2014) Disability and care needs among older Americans. *Milbank Quarterly*. Vol. 92, No.3 Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/77136/NHATS-DCN.pdf>



PROMOTING HEALTHY AGING IN PLACE AS CORE PRINCIPLES TO CITY'S SUPPORTIVE HOUSING PLAN

The groups listed above, dedicated to promoting health and stability for New York City's most vulnerable residents, suggest the following recommendations to support promising healthy aging-in-place practices in future supportive housing initiatives.

- Recognize that the City's aging homeless population experiences "accelerated aging" as a result of years of hard living on the street or in shelters and unattended health needs. Ensure that affordable housing with comprehensive support services is available for formerly homeless adults age 55 and older.
- Create service contracts that provide a comprehensive and age-appropriate range of services that can be made available onsite and include: specialized outreach services, assistance with activities of daily living, 24-hour crisis assistance, physical health care, mental health care, substance use treatment, transportation services, payee services, care coordination with community providers, nutrition and meal services, and community building activities aimed at reducing isolation.⁶ Self-directed care plans must take into account the interplay of the chronic, often co-occurring, health conditions along with

⁶ National Leadership Initiative to End Elder Homelessness. Ending homelessness among older adults and elders through permanent supportive housing. 2011 Available at: http://www.csh.org/wp-content/uploads/2012/01/Report_EndingHomelessnessAmongOlderAdultsandSeniorsThroughSupportiveHousing_112.pdf

the normal physical and psychological changes that come with age.⁷ As residents in supportive housing age, contract budgets should allow for flexibility to adjust service contracts that were intended for a younger population to now reflect the unique and emerging needs of an older aging population. For example, Brooklyn Community Housing and Services' (BCHS) aging program brought on a part-time onsite nurse for a walk-in clinic, added case management and medical and senior-specific programming as well as a geriatric case manager with a smaller, targeted caseload to provide additional case management services for residents 55 and over and developed several social and wellness groups for aging residents including movie nights and peer led groups on nutrition. As a result of these program changes, inpatient hospitalizations decreased by 92% and resulted in annual savings of over \$400,000. When the program first started in 2007, there were 415 days of in-patient medical stays. By 2013, there were only 30 days of in-patient medical stays and resulted in greater housing stability.⁸

- Promote cultural sensitivity toward New York's diverse aging population and their beliefs and attitudes toward aging. According to a report from the Center for Urban Research at the CUNY Graduate Center, 44% of New York's seniors are foreign-born and speak an estimated 170 languages.⁹ Services and providers must make every effort to sufficiently respond to cultural norms around aging and devise care plans that are reflective of those norms. Culturally-appropriate care and services should be made paramount across the continuum of care – from the availability of culturally appropriate assessment tools, culturally-sensitive social service programs and the staff capable of administering them. Staff caring for those aging in supportive housing should also include professionals and paraprofessionals who possess knowledge of geriatric health care principles, are sensitive to the fears and concerns of older homeless adults and have the emotional and professional support they need to serve people who are aging and may be dying. Supportive housing agencies applying for contracts should provide ongoing training to improve basic understanding and respect for cultural norms and cultural sensitivity/ stigma to aging.
- As the population in supportive housing ages, social engagement is critical to ensuring that residents can safely age at home. Robust social programs aimed at decreasing social isolation and malnutrition as well as wellness groups that focus on chronic disease and end of life care issues for aging tenants should be targeted to older residents and sufficiently financed. Supportive housing agencies applying for contracts should be able to demonstrate the appropriate linkages to DFTA senior centers, home health care agencies, community civic centers and faith-based organizations.
- The ability to safely age in place requires housing that is adaptable for individuals for as long as they live. While newly constructed units will adhere to universal design principles to enable individuals to stay in their homes for as long as possible, contracts should include flexibility for scatter-site units to allow for appropriate capital improvements to support residents' ability to safely age in place including adding emergency pull chords, handrails, and raised toilet seats, etc.
- Ensure that the vast Medicaid reforms intended to promote integrated medical and behavioral health services are meeting the needs of the older Medicaid population to help avoid costly and premature institutionalization in nursing homes and avoidable hospital and ER use.

⁷ Ibid

⁸ CSH. *Best Practices for Serving Aging Tenants in Supportive Housing*. July 2014 retrieved from <http://www.csh.org/resources/best-practices-for-serving-aging-tenants-in-supportive-housing/>

⁹ Finkelstein, Ruth and Tom Kamber "The Aging City" Toward A 21st Century City for All (2013) Retrieved from <http://www.21forall.org/content/aging-city>