

# **Combatting Homelessness Among Older Adults in Los Angeles County (A STUDENT PROJECT)**

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# Combating Homelessness Among Older Adults in Los Angeles County

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## EXECUTIVE SUMMARY

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This literature review report supplements the accompanying data report, focusing on the impacts of the COVID-19 pandemic and lessons learned from programs supporting unhoused older adults. The pandemic created a unique opportunity for local governments to deploy new remedies to assist the older adult population. This report includes insights from both domestic and international service providers, as well as an assessment of LA County’s COVID-19 response, such as Project Roomkey and Homekey. This analysis finds that older adults require a tailored approach to addressing the housing, medical and other needs that are unique to this population. Furthermore, demographic trends indicate that racial disparities persist amongst older adults, consistent with previous years’ data. Both chronic homelessness and health conditions are growing challenges for older adults and underscore the need for specialized care.

## ISSUE OVERVIEW

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The senior homeless population is rapidly growing in Los Angeles County and is extremely vulnerable as service providers, nonprofits, and government entities have found that this group requires intensive services to exit homelessness (County of Los Angeles, Chief Executive Office, 2020). Securing housing for older adults experiencing homelessness is crucial as adults aged 50+ are most likely to become chronically homeless and experience health issues, life expectancy reductions, and substance abuse issues (County of Los Angeles, Chief Executive Office, 2020). Evidence from studies and perspectives from stakeholders point to age discrepancies in health outcomes (Davalos & Kimberlin, 2020; Bowen et al., 2019). Unhoused older adults often have health outcomes similar to housed individuals who are 20 years older. (United Way, 2021). Older adults account for 72 percent of all deaths among the unhoused (United Way, 2021). The COVID-19 pandemic exacerbated these vulnerabilities, as older adults were more likely to experience severe symptoms and suffer worse health outcomes after contracting the coronavirus (Culhane, 2020). The corresponding data report includes additional context on older adult homelessness, causal factors, and program analysis.

## **METHODOLOGY**

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This report utilizes a diverse array of literature, including government records, service provider reports, and research studies to conduct the analysis. A key limitation is that there is limited peer-reviewed literature on the subject of programs specifically developed for older adults experiencing homelessness and their outcomes, as this is a recently emerging focus of research. Furthermore, much of the data on program outcomes is outstanding due to the recent developments of the COVID-19 pandemic that changed the landscape of serving unhoused populations. This report corresponds with a more extensive data report that provides an analysis of unhoused older adults receiving services, whereas the literature review focuses on the unhoused older adult population at large. The demographics section provides comparisons between these two populations. Equity in outcomes across race and health conditions was the focus of the analysis due to the disparities in these amongst older adults.

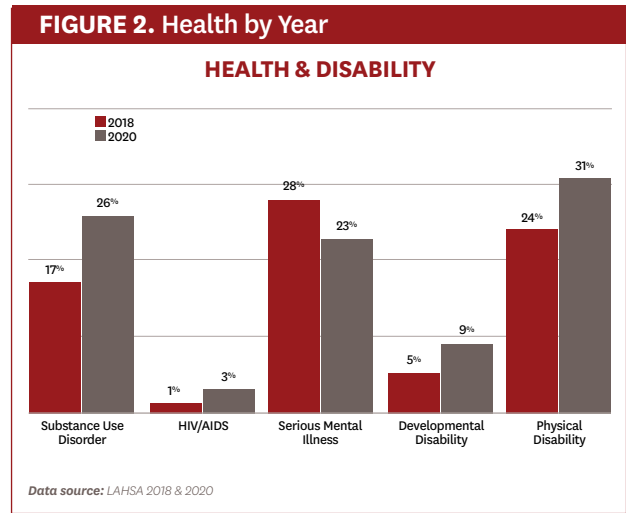
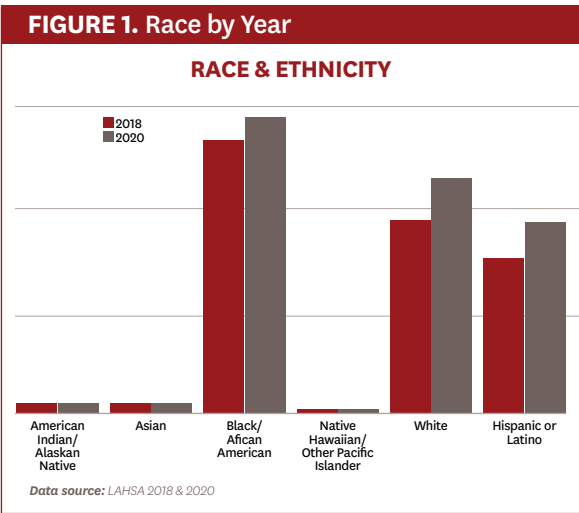
## **DEMOGRAPHIC ANALYSIS**

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The 2020 Los Angeles Homeless Services Authority (LAHSA) Homeless Count data indicates that the unhoused older adult population continues to increase even faster than anticipated and remains largely Black and male. Homelessness Policy Research Institute's (HPRI) 2018 analysis of LAHSA's Homeless Count found that out of the 12,698 older adults experiencing homelessness, 42 percent are Black, 76 percent are male, 85 percent are unsheltered, 24 percent are physically disabled, and 35 percent are chronically homeless (HPRI, 2018). That year's data also shows that 15 percent of unhoused older adults are veterans (LAHSA, 2018). The 2018 report indicated that this population would continue to grow at staggering rates, increasing 5 percent by 2030 (HPRI, 2018). According to 2020 data, Los Angeles had already far surpassed many of these predictions. The 2020 count recorded 14,896 older adults experiencing homelessness, a jump of about 14.8 percent (LAHSA, 2020). This reflects increases for every race and ethnicity group except for Native Hawaiians/ Other Pacific Islanders, who saw a minimal decrease in their numbers (LAHSA, 2020). While the 2020 data shows that Black older adults now represent 39 percent of the entire unhoused older adult population, a decrease of 3 percent from 2018, there was still an almost 8 percent increase in Black older adults experiencing homelessness (LAHSA, 2020). This highlights the rapid pace at which older adult homelessness is rising across all groups but still disproportionately impacting Black individuals. Oscar Cruz, COO of United Way, mentioned that only 8 percent of Los Angeles County is Black, yet 42 percent of the unhoused are Black (Isaad, 2020). However, the HMIS data analysis report suggests that targeted outreach is working to connect with Black older adults as they comprise 52 percent of unhoused older adults receiving services, despite comprising 42 percent of unhoused older adults generally (LAHSA, 2020).

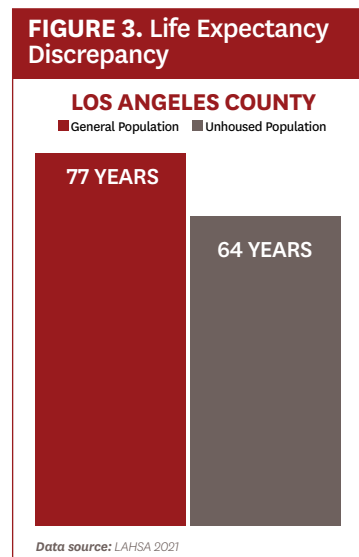
Gender data remains essentially unchanged, with males representing most older adults experiencing homelessness in similar proportions as previous years' counts (LAHSA, 2020). However, Los Angeles service provider Downtown Women's Center determined that older women are one of the fastest-growing homeless populations (AMHSA, 2021). The average age is now 50 for women on skid row, up from 44 (AMHSA, 2021).

Rates of chronic homelessness also increased in large numbers, with 48 percent of older adults experiencing chronic homelessness, a 13 percent jump from 2018 (LAHSA, 2020). The unsheltered rate among the unhoused older adult population remains the same as in 2018 at 80 percent (LAHSA, 2020). There were also jumps in most chronic health conditions, particularly substance use disorder (LAHSA, 2020). The “Health & Disability” figure reflects the percentage of older adults reporting one of the conditions. This data was gathered before the pandemic, so some of these categories that were already increasing may have much higher numbers now due to COVID-19 creating additional physical and mental challenges (University of California San Francisco, 2022).



## IMPACTS OF COVID-19

Older unhoused adults were particularly vulnerable during the COVID-19 pandemic. Roughly 3.1 out of 10 older adults experiencing homelessness have physical disabilities compared to two out of every 10 for the entire unhoused population (LAHSA, 2020). Chronic illness is also ten percent more likely among the older unhoused population compared to the general unhoused population (LAHSA, 2020). As of 2021, the



life expectancy of unhoused adults was 64 years old, compared to 77 years old for the general population (LAHSA, 2021). LAHSA set several priorities to assist older unhoused individuals during the pandemic. LAHSA has prioritized building partnerships, expanding shelter access, increasing hygiene, outreach, and informing providers and communities (Los Angeles Homeless Services Authority, 2020).

Emergency powers have been activated by local, county, state, and federal governments to address the issue of homelessness during the pandemic. Mayor Garcetti and the LA City Council utilized \$20 million in reserves to fund emergency efforts to assist the homeless population (City of Los Angeles, 2020). The City of Los Angeles also received more than 6,000 beds from American Blue Cross and activated the Disaster Service Worker program, which allowed for the use of city

employees to temporarily assist in the efforts to serve the unhoused population during the pandemic (City of Los Angeles, 2020). The City of Los Angeles also partnered with LAHSA and other providers to identify unhoused individuals most at risk during the pandemic (City of Los Angeles, 2020). The pandemic required social distancing therefore isolated spaces and hotel rooms were used to provide shelter in non-congregate settings (The Framework for an Equitable COVID-19 Homelessness Response, 2020). Older adults, pregnant women, and those with pre-existing conditions received priority housing assignments (The Framework for an Equitable COVID-19 Homelessness Response, 2020). Temporary shelter was in high demand, and during the pandemic, emergency shelters became even more difficult to provide due to social distancing and capacity concerns. This led to a decrease in bed counts in congregate shelters. In response to this issue, Mayor Garcetti announced in 2021 that he would allocate \$362 million dollars in Prop HHH funds to provide 5,600 housing units — with a focus on older adults (Oreskes & Zahniser, 2021).

Food insecurity among the older adults experiencing homelessness also worsened during the pandemic. Oscar Cruz of United Way reported that DignityHealth and Everytable provided over 9,000 meals to new shelters during the pandemic (LA County Housing Authority, n.d.). Cruz elaborated on the older unhoused population by stating, “Homelessness already takes a terrible toll on health, with people in their 50s showing the health problems of people in their 80s. Many people are afraid and everyone is incredibly vulnerable” (LA County Housing Authority, n.d.). Housing insecurity, lack of access to healthcare, and food insecurity were all prominent issues among this population prior to the pandemic (Tong et al., 2019). However, emergency powers allowed for an expedited government response to these vulnerabilities in programs such as Project Roomkey and Project Homekey (Center for Healthcare Strategies, 2020).

### **Project Roomkey & Project Homekey**

Project Roomkey was a groundbreaking program created by Governor Newsom as a response to COVID-19 that proved addressing homelessness requires a housing-first approach coupled with intensive services. California secured Project Roomkey funding via the 600 to pay for 75 percent of the costs of motel and hotel rooms (Office of Governor Gavin Newsom, 2020). Project Roomkey participants received supportive services, including meals, case management, and healthcare (Office of Governor Gavin Newsom, 2020). The goal was to secure 15,000 rooms, particularly in areas with high COVID-19 transmission or large unhoused populations (Office of Governor Gavin Newsom, 2020).

Despite meeting this threshold, challenges in occupancy and services stifled the program’s success. While over 15,000 rooms were secured statewide by July 2020, by March 2022, that was down to only 8,768 with an occupancy of only 66 percent (Delianne et al., 2020; COVID-19: Homeless Impact Dashboard, 2020). Los Angeles had among the lowest occupancy rates at 52 percent (COVID-19: Homeless Impact Dashboard, 2020). Many unhoused individuals were reluctant to participate in the program due to extensive rules which included not being allowed visitors, not being allowed to stay overnight outside of the hotel room, not being allowed more than two bags of personal belongings at

move-in, and consenting to potential daily inspections by hotel staff (Housing Authority of the County of Riverside, 2020; Khairzada, 2021). These rules lacked a trauma-informed approach to enforcing community safety and did not consider individuals' potential experiences with the carceral system (Khairzada, 2021). There was also a shortage of case managers, leaving Project Roomkey with limited resources to manage both outreach and effective supportive services (Tobias, 2022). This also applied to medical support, as unhoused older adults had far more severe medical conditions than anticipated, so it was a challenge for practitioners to meet these needs (Donesky et al., 2021). Another concern was a lack of exits to permanent housing—out of the 33,141 individuals that exited Project Roomkey by July 2021, only 6,710 went into permanent housing (California Governor's Office of Emergency Services, 2021). That means that 80 percent of participants were not able to secure permanent housing leaving them vulnerable to returning to homelessness, with Black residents being more vulnerable to experiencing this outcome (Tobias, 2022).

California developed Project Homekey to address the issue of returning to homelessness, creating a pathway for a long-term solution through permanent housing. Project Homekey projects had to be permanent housing with all residents experiencing or at risk of homelessness, below 30 percent area median income, or impacted by COVID-19; however, while supportive services were encouraged, they were not a requirement of the program (Department of Housing and Community Development [HCD], 2020). Localities statewide received a portion of \$600 million to subsidize expedited acquisition and operating expenses for motels and other buildings that can serve as long-term housing for individuals experiencing homelessness (HCD, 2020). This represented a vast shift in housing strategy as instead of funding construction of affordable housing, this was funding the acquisition of market housing that was already built or in the process of completing construction. The 2021 NOFA for the second round of Project Homekey more than doubled the funding with \$1.45 billion dollars offered (HCD, 2021). Third-round funding has already been allocated in the 2022-2023 state budget to the amount of \$1.3 billion (Legislative Analyst's Office, 2022).

Early data available for Project Homekey look promising, but the program lacks enough supportive services to sufficiently support the most vulnerable participants. The first round of Project Homekey secured 6,029 units of housing statewide, with 1,832 units in the Los Angeles region alone (HCD, 2022). This provided housing to 8,264 individuals, 1,207 of whom were older adults (HCD, 2021). Although a complete racial breakdown of residents is not provided, expenditure reports show that Homekey racial composition is similar to the general unhoused population, meaning many are Black and male (Turner Center for Housing Innovation, 2022). Previous analysis shows that Black participants of permanent supportive housing programs exit into homelessness at a significantly higher rate than other groups (Los Angeles Homeless Services Authority [LAHSA], 2018). While Project Homekey targets racial groups disproportionately impacted by homelessness and COVID-19, it does not explicitly outline how it will address these differential outcomes. In fact, services are underfunded, leaving the program struggling to provide "culturally responsive and trauma-informed care" (Turner Center for Housing Innovation, 2022). Housing authorities administering Homekey spoke to this point, with representatives from both the Los Angeles and San Luis Obispo housing authorities saying individuals coming into Homekey rank high on



the VI-SPDAT vulnerability index that surveys individuals to assess the level of risk and prioritization status, so case managers need much more training than what is currently provided (Turner Center for Housing Innovation, 2022). This is particularly concerning for older adults as they have far greater physical, mental, and emotional needs.

## **HELPFUL PRACTICES ABROAD**

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The UK is a particularly valuable example because of its homelessness task force that outlines local government responsibilities to address homelessness (Minnery & Greenhalgh, 2007). While this doesn't speak specifically to older adult homelessness, it shows a unique approach that allocates resources specifically to this issue. This allowed for the development of several effective programs, like the "Rough Sleepers Unit" and the "Bed and Breakfast Unit," both of which successfully met their program targets and made significant gains in reducing the number of rough sleepers and families relying on bed and breakfasts as their housing (Minnery & Greenhalgh, 2007). However, their generalized approach actually increased older adult homelessness specifically, showcasing that older adults need a targeted approach to improve their outcomes (Minnery & Greenhalgh, 2007).

The United Kingdom (UK) also created its own version of Project Roomkey but with a much more coordinated and expedited system that could serve as an example to guide California. UK's "Everyone In" effort gave localities forty-eight hours to ensure every unhoused individual received housing (Musaddique, 2021). As a result, 90 percent of the unhoused population was offered housing in under three months, with 37,000 ultimately housed (Ministry of Housing, Communities & Local Government, 2020; Musaddique, 2021). Everyone In was successful through political will, substantial financial support, and the joint efforts of local officials, nonprofits, and public and private sector partnerships (Ministry of Housing, Communities & Local Government, 2020). However, similar to California, there are already worrying indicators that many people will return to homelessness due to uncertainty over future funding for emergency hotel accommodations (Musaddique, 2021).

The UK also has a variety of programs to address older adult homelessness in particular, and a key characteristic of them is centering the importance of senior socialization and supportive services. These models acknowledge that the goal of programs for younger people experiencing homelessness is to get those individuals to self-sufficiency; however, older adults often require ongoing care due to the impacts of aging, illness, and inability to work (Pannell & Palmer, 2004). Many of the programs offer private spaces for older adults as opposed to communal shelter care, as those have proven to work poorly for older adults (Pannell & Palmer, 2004). The programs also ensure plentiful shared spaces and engagement programs within the buildings to prevent loneliness and isolation and provide extensive nursing care and other supportive services (Pannell & Palmer, 2004). Many UK programs also include "tenancy sustainment" programs to ensure older adults continue to meet their basic needs and keep their housing long-term (Pannell & Palmer, 2004). This requires additional training for case managers as older adults have different needs from younger populations, such as providing technical assistance, bodily maintenance, and nutritional support (Pannell & Palmer, 2004).

Canada has been investing several resources into older adult homelessness, reiterating the need for research-based practices that develop through a focused assessment of the target population. Canada's National Housing Agency is currently building a program called "Aging in the Right Place," a five-year program evaluating current strategies to develop best practices, create partnerships between researchers and service providers, and holistically meet the needs of older adults experiencing homelessness (Canada Mortgage and Housing Corporation [CMHC], 2021). While the results of this program are still pending, this is an innovative approach that brings together diverse stakeholders to address older adult homelessness in a data-driven way. Through this program, the Aging in the Right Place Partnership was formed which is a "community-based participatory research study" focusing on Montreal, Calgary, and Vancouver (CMHC, 2021). The research will assess eleven "promising practices" in these three cities and will be used to guide the National Housing Strategy (CMHC, 2021).

Outside of this effort, the notion of "Aging in Place" is a recurring theme in Canada's approach to older adult homelessness. Aging in place includes programs like Canada's Shelter Aid for Elderly Renters (SAFER) program, which provides subsidies for older adult renters to stay in their homes and not be priced out or evicted due to rent increases (Pitman, 2019). To build on aging in place, Canada also focuses on "aging in community" and leads efforts in "age-friendly communities" (Pitman, 2019). This concept argues for not just creating housing but rather creating communities for seniors that incorporate relationship building, health services, and general needs into one area accessible to older adult residents (Pitman, 2019). One such community expanding in Ontario is known as the "Naturally Occurring Retirement Community" (NORC) model, which allows for the development of small communities for older adults where they can live and access most things that they need on a day-to-day basis without leaving their community (Pitman, 2019). This supports older adults in socializing while also alleviating some accessibility concerns that risk older adults' safety or housing stability.

Morocco and Peru also developed promising programs that address older adult needs for accessibility and socialization. Morocco has a Social Center for the Elderly that specifically serves individuals aged sixty and older, providing housing, medical care, and therapy with no limit to program access once an individual is admitted (Charidah, 2016). This center has strict criteria for admission, meaning participants must be sixty or older, have no family support, have no income sources, and have no residence (Charidah, 2016). This center houses forty individuals full-time and eight individuals part-time (Charidah, 2016). While small in scope, there has been conversation about Morocco expanding centers like this one. At present, there are around sixty centers throughout the country, thirty of which have been rehabilitated, with efforts still ongoing (Islamic Educational, Scientific and Cultural Organization [IESCO], 2019). The centers illustrate that older adults need spaces that are catered to their needs rather than simply placing them in shelters shared with all age groups.



Peru’s Casa de Todos program also takes this older adult-focused approach (Vital Strategies, 2021). Casa de Todos started in 2020 in partnership with the Peruvian government and served almost two hundred older adults impacted by COVID-19 within one year (Vital Strategies, 2021). Originally a bullfighting ring, Casa de Todos became a shelter site where all residents exit into long-term housing and receive food and healthcare during their stay (Vital Strategies, 2021). A unique and powerful element of Casa de Todos is its family reunification strategy that connects shelter residents with long-lost family members (Vital Strategies, 2021). This method provided housing to sixteen residents who were able to move in with reconnected family members (Vital Strategies, 2021). Residents who did not have this option moved to a downtown location that provided long-term housing (Vital Strategies, 2021). This program was initially similar to Project Roomkey but had a more cohesive plan for resident exits that accounted for older adult isolation and the need to provide long-term, not just temporary, support. Since a major cause of older adult homelessness is severance of close relationships, this family reunification strategy is an innovative approach that, even if it does not always result in housing, at least provides older adults with the connection and socialization essential for mental health wellbeing. The local government in Lima is already looking to expand Casa de Todos to broaden its impact (Ruiz et al., 2020).

## LESSONS LEARNED FOR LOS ANGELES COUNTY

Programs such as Project Roomkey and Homekey, as well as strategies implemented abroad provide valuable insights that Los Angeles can incorporate in its solutions for older adult homelessness. A central theme was that older adult homelessness needs to be addressed as a separate issue from homelessness overall. The UK’s examples of programs like “Rough Sleepers Unit” and “Bed and Breakfast Unit” show that programs that are successful for the overall homeless population do not necessarily translate into successful solutions for the older population. Peru’s Casa de Todos program reflects the challenge of social isolation and family disconnection that significantly impacts older adults and the impact that comes from rejuvenating some of these relationships. California is

increasingly relying on programs like Project Roomkey and Project Homekey, and while these are promising initiatives, they may do little to support older adults without a more specialized approach. Older adults need stability, socialization, and ongoing support to sustain their housing, so providing accommodation and traditional supportive services like counseling is not enough.

### MODEL PROVIDER PRACTICES:

#### *The Corporation for Supportive Housing on Principles for Serving Older Adults*

- Understanding specific needs of the older unhoused population
- Assisting older adults with benefit enrollment
- Planning for medical and cognitive decline

Source: (The Corporation for Supportive Housing, 2013)

The Corporation for Supportive Housing uses a fine-tuned approach to help this older population (The Corporation for Supportive Housing, 2013). These model principles are explored further below.

## Understanding the Specific Needs of Homeless Older Adults

The American Society on Aging emphasized the need for specialized approaches by stating, “Understanding the precipitants of homelessness in late life: job loss, marriage break-up, illness in self or spouse, or death of spouse or parent — could help to direct prevention efforts. Because many older adults live on fixed incomes, another strategy to prevent or end homelessness is to use shallow subsidies” (Kushel, 2020). Shallow subsidies are need-based payments that could target older adults so they do not re-enter the unhoused population after they receive temporary housing (Kushel, 2020). Optimal approaches also emphasize that providers must build trust with the older adults that they serve. In practice, service providers often document that older unhoused individuals do not participate in programs or accept help as they fear losing their independence, having their money stolen, or being monitored (The Corporation for Supportive Housing, 2013). The Corporation for Supportive Housing summarized that “Professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults, therefore, best serve older homeless adults.” (The Corporation for Supportive Housing, 2013)

Acquisition and retention of supportive housing for this older population must prioritize mobility and accessibility. Accommodating mobility concerns means ensuring housing units are close to transportation, shopping centers, and health care centers (Joint Center for Housing Studies of Harvard University, 2014). As shown in the demographic analysis above, more than 30 percent of the older adult unhoused population suffers from a physical disability (LAHSA, 2020). Therefore, ADA-accessible units are needed to provide access to housing for this population. More specifically, only 1 percent of all United States housing units have all five suggested features to assist disabled occupants. These five features include no-step entry, single-floor living, extra-wide doorways and halls, accessible electrical controls and switches, and lever-style door and faucet handles (Joint Center for Housing Studies of Harvard University, 2014). HUD’s Section 504 sets the requirement that five percent of dwelling units in a multifamily development must be accessible for individuals with mobility impairments (Airgood-Obrycki and Molinsky, 2020). However, the large proportion of unhoused older adults with physical disabilities suggests that at least a third of units developed for this population should be accessible for those with disabilities or mobility issues.

Isolation is common among this population, especially among women, as 40 percent of households in their 70s and 60 percent of households in their 80s have a single occupant. Prioritization of independent living skills can help with accommodations as well. (Joint Center for Housing Studies of Harvard University, 2014). Isolation can lead to limited access to resources, communities, and ultimately the long-term care needed for this population.

## **Provide Assistance in Navigating Systems and Accessing Benefits**

Benefits enrollment is an important factor in providing a pathway out of homelessness, as receiving benefits can greatly improve these individuals' financial situations. Model practices include assisting older adults with completing and submitting benefit applications, as well as following up with providers (The Corporation for Supportive Housing, 2013). More specifically, this older unhoused population faces issues with accessing mail or responding to phone or electronic requests due to technical difficulties or accessibility and mobility issues. Cognitive decline, lack of familial support, and age-related physical problems such as hearing issues and loss of sight all lead to a need for accommodations in the application process (Caraviello, Renahan, Riemerman and Viola, 2017).

Reforms going forward should acknowledge and accommodate for gaps in assistance. For example, subsidized housing is available at age 62 and Medicare/SSI benefits become available at age 65 (National Coalition for the Homeless, 2013). However, an increasing number of older adults under 62/65 but over 50 are experiencing homelessness. Northern California Grantmakers has found that at least half of the unhoused population nationwide is over 50 (Northern California Grantmakers, 2020). There are challenges in accessing support programs and safety net programs, which, compiled with limited benefit award amounts, contribute to housing insecurity among older adults (Davalos and Kimberlin, 2022).

## **Plan for Medical and Cognitive Decline**

Best practices must take into consideration the medical and cognitive state of older adults experiencing homelessness. These individuals are more likely to need special geriatric care due to experiencing severe health issues such as dementia (Mecca, 2020). Current approaches are often not proactive about medical and cognitive decline, which should be expected for this age group. Older adults may need assistance with daily activities: over 30 percent of unhoused older adults in their 50s and 60s have functional impairments that prevent them from completing daily activities such as bathing and dressing (Goldberg et al., 2016). This vulnerable population therefore needs assistance in accessing healthcare by scheduling in-home care or making healthcare decisions, in order to maximize their health outcomes. The more severe the case/circumstance, the more hands-on approach may be needed as hospice, nurses, and intensive levels of care may be necessary (The Corporation for Supportive Housing, 2013). In order to secure access to healthcare, housing units where in-house medical care can be provided are essential for serving this age group.

Planning for medical and cognitive decline is also a preventative medicine issue. This older adult population needs to be evaluated often to ensure there are no underlying health issues. Prescriptions also have to be reviewed frequently, creating a need for a 'medical home' for patients to easily access their primary care doctors (Joint Center for Housing Studies of Harvard University, 2014). Preventative health care for older adults experiencing homelessness also reduces reliance on emergency room visits and institutionalization, which lessens societal costs and improves quality of life for these individuals (Goldberg et al., 2016).

## CONCLUSION

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Economic and health projections indicate the unhoused older population is likely to grow. Black older adults face a greater risk of becoming unhoused. As immigration increases, other racial groups such as Asians and Hispanics could make up an increasingly larger portion of this population (Joint Center for Housing Studies of Harvard University, 2014). To address these trends, Los Angeles needs to look to other countries and lessons learned from recently developed programs to create effective solutions. For instance, Project Roomkey and Homekey need to focus on funding services as much as housing to ensure that providers have proper training to support extremely vulnerable populations. Service providers need to apply best practices when assisting this population, including assistance with benefit enrollment, accounting for accessibility for those who are disabled or have limited mobility, and devoting resources to supporting older adults with their interactions with the healthcare system. These findings are supported in the data report analysis, which showcases that older adults have a high prevalence of disabling conditions, confirming that accessibility is a crucial consideration for this group. Furthermore, the data report also found that older adults access more temporary services than younger populations, showcasing the need for long-term service-oriented housing for older adults. As this issue becomes more prevalent, service providers need to follow a tailored approach that considers this population's specific health, social, economic, and housing needs.

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