Aging homeless:
Shifting demographics of Iowans experiencing homelessness

Ehren Stover-Wright, PhD
Institute for Community Alliances

Abstract

While the population in the United States is aging overall, the population experiencing homelessness is aging at a significantly higher rate than the population as a whole. The impact is most clearly demonstrated among those clients in permanent supportive housing. Some of this impact is the result of changes in policy in 2012 pertaining to definitions of chronicity and requirements for extended documented homelessness and diagnosed disabilities, both of which are difficult for in-tact families to demonstrate. Much of this is, additionally, the result of changes in policy pertaining to the welfare of aging Americans at the national level following welfare reform in the 1990's. A move away from social policies protecting elderly Americans form the worst impacts of sever inequality have not kept up with the concentration of wealth and changes to the economy making it more likely that aging Americans will be forced out of their housing and into periods of prolonged instability.

Corresponding author:
Ehren Stover-Wright
Senior Analyst
Institute for Community Alliances
1111 9th Street Suite 380
Des Moines, Iowa 50311
Email: ehren.wright@icalliances.org

Introduction

The population of the United States is aging. In 2020 the U.S. median age was 38.1 years. In 2010 it was 37.2 years, and as recently as 1970 the median age was 28.1 years. The causes are complex, having to do with shifting demographics following the Second World War, improved medicine, and general prosperity. Even as the U.S. population has grown, much of that growth owing to a declining crude death rate, 10 in 1970 and only 8 in 2010, increasing again in recent years to 9 in 2019 (2020 saw a COVID related spike). This. in spite of a falling crude birth rate has fallen from 13 in 2010 to 11 in 2020, down from 18 in 1970. The major change in survival rates provides much of the explanation. 88% survival to 65 among women and 80% for men and an overall life expectancy above 79 years, we are becoming an older nation. (census.gov)

Economics trends are creating a situation where a significant portion of the aging population is in poverty. One of the original motivating factors behind the development and implementation of the New Deal, under the Roosevelt administration, was the overwhelming and visible injustice of seeing people who had worked hard their entire lives entering old age and unable to continue working as they had in their youth consequently descend into poverty and homelessness. As much as that sentiment is hard to phrase without loaded language, a clear sense of ablism, as well as implicit divisions between deserving and underserving poor, that was the ethos of the moment. There was, at the time, a sense that regulating the aspects of the economy that created a circumstance where a person could, for no reason but their age, become insolvent financially was unjust. This led to the introduction of many programs including the Federal Deposit Insurance Corporation which at the time assisted with the recovery of defaulted home mortgages through the work of the Home Owners Loan Corporation. The Department of Agriculture introduced programs to make food secure, particularly for older Americans. Housing was provided in part through low-income projects under the United States Housing Act of 1937 targeted at elderly Americans. And, of course, Social Security and Medicare and government pensions. (Busch 2019, Orlická 2015, Engelhardt, Gary and Gruber 2004, Shaefer and Edin 2018)

In the decades following the New Deal era many of those programs were defunded or scaled back. For those reasons as well as other broader structural reasons we are seeing increasing economic disparity and a new emerging class of Americans who find they are unable to maintain their housing for no factor but their age, as well as a much larger number for whom age is among a set of factors leading to housing instability. Welfare reform of the mid 90s created a situation where the demographic changes of the 21st century combined with changes in the broader economy created a crisis of elder poverty. (Danziger et. al. 2018, Crus and Ahmed 2018, Shaefer and Edin 2018)
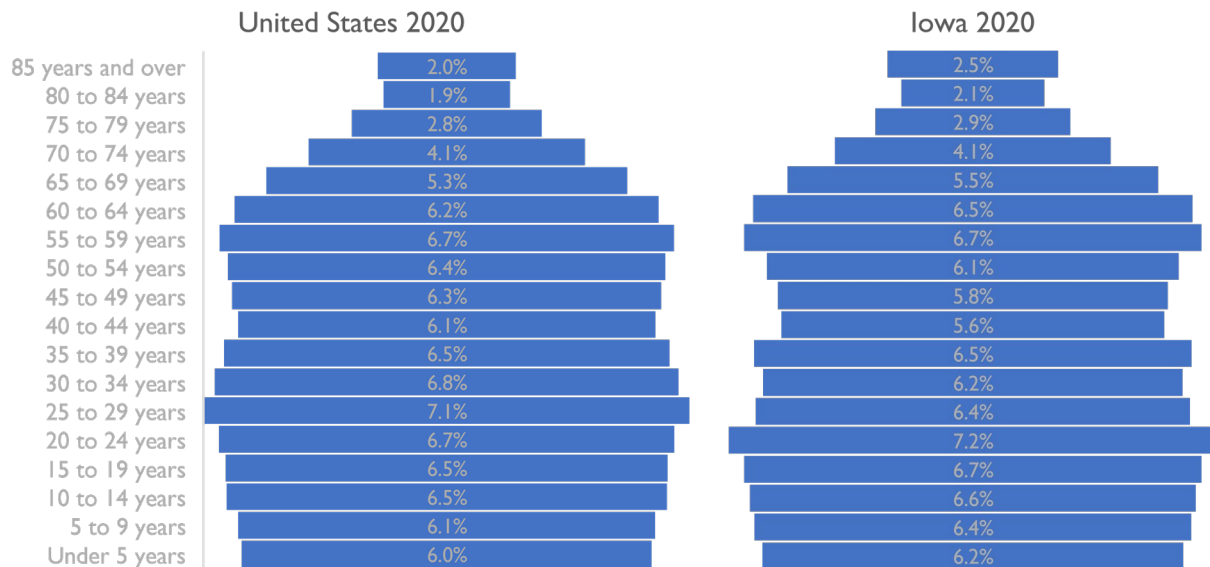
Figure 1. Funnel diagram of United States and Iowa populations in 2020.

Nationally, the homeless population is aging (Culhane et. al 2019). The population experiencing poverty, and further the population experiencing extreme forms of poverty, is aging and so the population experiencing

homelessness is aging as well. Homelessness is well understood as the confluence of factors causal of poverty, including but not limited to race, ethnicity, gender, family economic history, access to education, and increasingly age. In the general population across the United States compared to the general population in Iowa, the story of the last 16 years has been one of the United States catching up to Iowa's already older population. In 2006, the median age in the US was 36.5 years compared to Iowa, where the median age was 37.7 years. In 2021 they were both 38.3 years.

Traditionally, homelessness has skewed younger than the general population. This is the result of family homelessness. Many young families in poverty with children move through family shelters. This brings down the average age. Additionally, there are more programs available to place older Americans in housing or which are exclusively available to older populations, compared to those available to single parents with children. This has been particularly true following the Personal Responsibility and Work Opportunity Act of 1996, which added significant restrictions and requirements on young parents with children. This means that there is an imposed social force pressing the median age of homelessness down compared to the general population.

In 2006 the median age for all clients served by providers of services to prevent or address homelessness in Iowa was 24 years compared to a population wide median of 37.7 years in Iowa. The median age of homeless clients had been trending generally up. In 2008 to 2009 there was a dip in the median age attributable to the Homelessness Prevention and Rapid Re-housing Program (HPRP) launched in early 2009 in response to the home mortgage crisis. Since then, the median age of people experiencing homelessness has continued to rise steadily at a higher rate than the rise of the median age of the general population. In 2021 the median age of clients was 31 years compared to Iowa's population wide median age of 38.3 years.
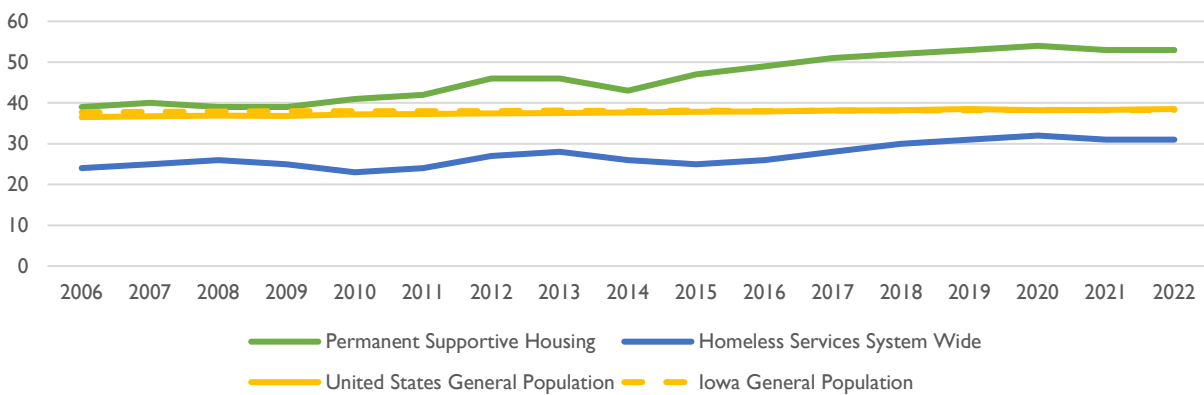

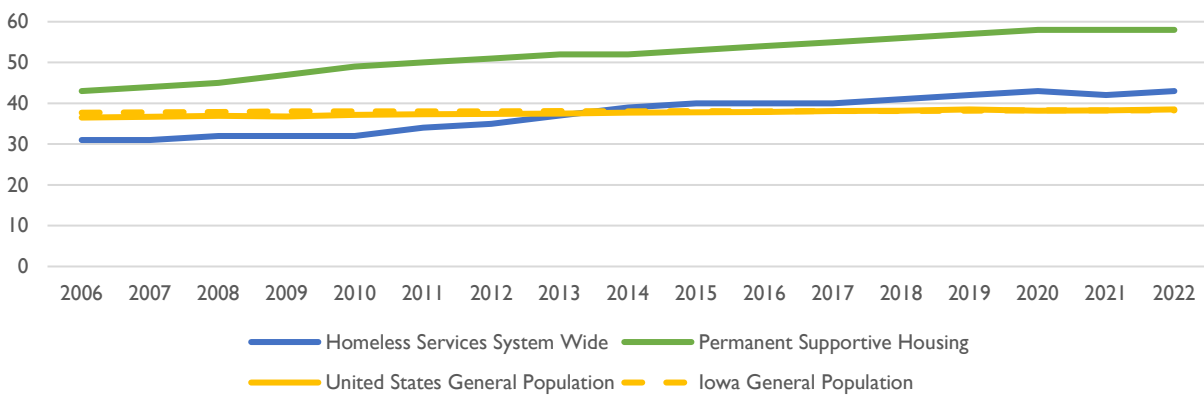**Figure 2.** Median Age Among All Clients.

Figure 3. Median Age Among Heads of Households.

In the ten years between 2010 and 2020 there was a major demographic change in the population experiencing homelessness, seeking services for homelessness prevention, or served in permanent housing solution for people with disabilities. Not only has the volume of population captured in HMIS data increased, but it aged significantly. In 2010 there were 30,551 records compared to 33,716 in 2021, though the population fluctuates wildly with available funding and macroeconomic conditions. The distribution of that population across program types has changed significantly, moving away from emergency and transitional types toward prevention, permanent housing, and rapid-rehousing. Between 2006 and 2008 around 1% to 1.25% of clients were served in permanent supportive housing while 35% to 37% of clients were enrolled in projects delivering supportive services. At that same time the median age of people in permanent supportive housing was 39 years old. By 2021 the median age in permanent supportive housing had risen to 53 years old. By 2019 to 2021, 5% to 6% of clients were served in permanent supportive housing solutions and about 13% of clients were enrolled in projects delivering supportive services.

By focusing on heads of households, we see that the significance of an aging homeless population becomes even more clear. Heads of households will include any unaccompanied individuals and the primary adult member of familial households. This is a better measure in some ways because it focuses on those portions of the population who are affected by the failures of systems resulting in the experience of homelessness. Even in a paradigm where people who are subject to homelessness are seen as responsible for their circumstance, ignoring the interactive realities of complex systems and the impact of economic forces, the children are fully innocent. Here, in 2006 the median age rises to 31, where it was in 2021 for all homeless clients including the children. Then by 2014 the median age of heads of households reaches 37 years and surpasses the median age in the population as a whole United States, which was 37.7 years, and Iowa, which was 38 years. Excluding dependents in permanent supportive housing the average age is 43 years instead of 39 years in 2006, and 58 years in 2021 instead of 53 years.

Permanent supportive housing households are far less likely to include families, compared to other solutions, because of the requirement in most cases that the households include a person with a diagnosed disability and have an extended period of documented homelessness, which is a difficult thing to do with children and have the family stay in tach all the way to receiving permanent supportive housing placement.
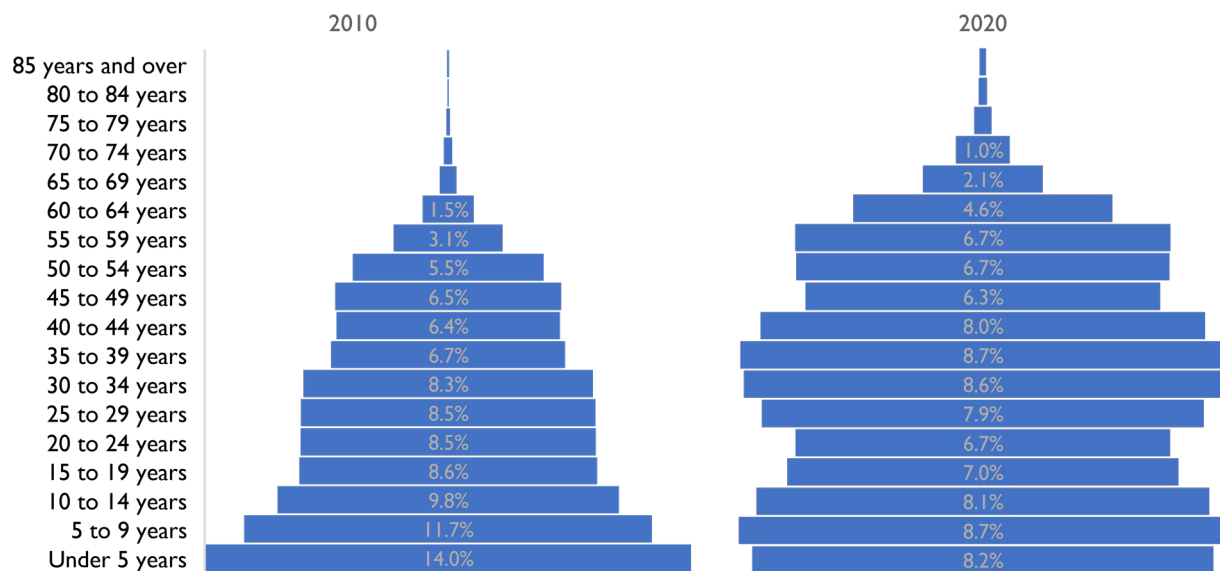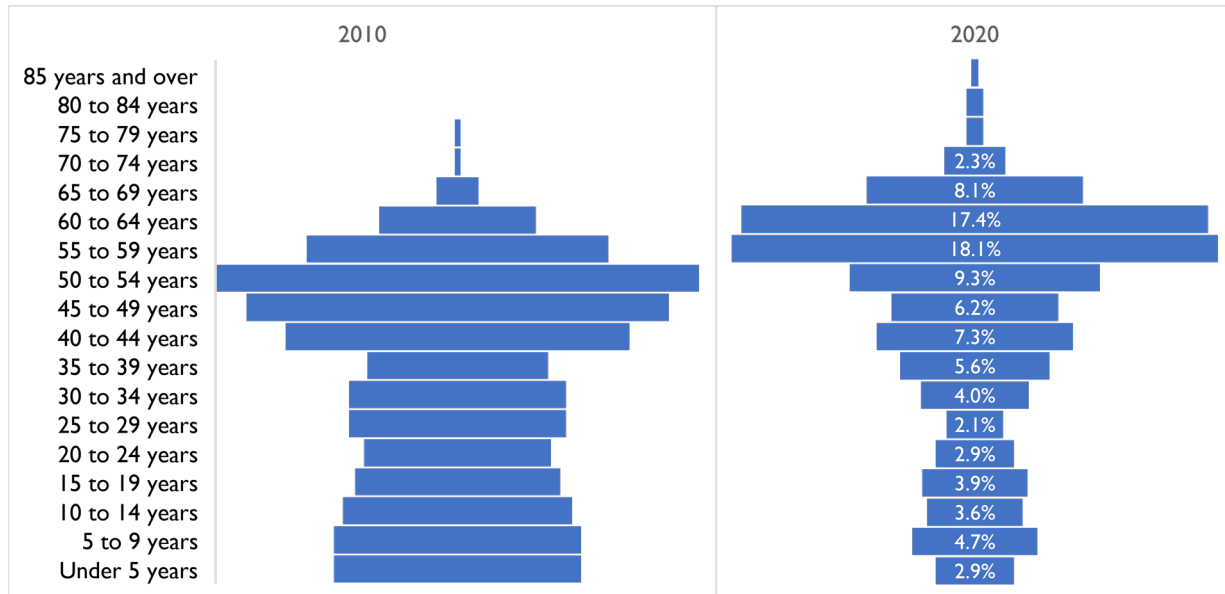

Figure 4. Funnel diagram of all homeless served in Iowa in 2010 and 2020.

The interim rule, published in 2012, formalized the process for determining eligibility (U.S. Department of Housing and Urban Development. 2012). Where permanent supportive housing had been a mix of families and individuals in 2010, as the funnel charts below show, following the 2012 guidance the age profile of permanent supportive housing shifted, moving away from youth and thus families, toward an older population with a concentration above 55 years. In 2020 clients over 70 years emerged and even some over 80 are present. The

above funnels depicting Iowa's 2010 and 2020 homeless populations show something of the same pattern. The smooth bell shape exhibited in 2010 is gone by 2020, and in its place is a (rippled) cylindrical shape where homelessness is pushing upward into the older ages. The 2020 permanent supportive housing age distribution looks very little like 2010, through the removal of children and the aging of the clients, the profile of the general population is remade. In both cases the population is aging significantly.

Figure 5. Funnel diagram of homeless served through permanent supportive housing in Iowa in 2010 and 2020.

The literature on aging has several major trends. Where there is a body of literature addressing housing and aging, the focus is on the ability of people to age in a place of their choosing with minimal involuntary relocation. A portion of that literature focuses on those experiencing poverty and how it can be difficult to find housing that is affordable and allows people to stay in a home where they have extant social networks and sufficient resources for stability, how those things show measurable benefit to overall health, mental acuity and are negatively correlated with mortality. There is not a substantial literature on the impacts of homelessness in conjunction with aging, but if we understand homelessness as a proxy of extreme poverty requiring frequent relocation and involuntary mobility it follows that there is a relationship between aging homeless and mortality. It is clear, given this evidence for an aging and changing population, that more and more people who would have been stably housed in their elder years are now experiencing housing instability, and that for that portion of the population the health benefits and the measures of quality of life that had been at the forefront of social programming focused on quality of life for aging Americans has been reduced or eliminated entirely.

To some degree this demographic shift is the result of an aging American population, and to some degree it is the natural consequence of extreme wealth concentration. But a major part of it is the result of the stripping away of social policies that allowed for other paths to stability for aging Americans as well as for parents of young children facing economic hardship. As social programs designed to keep people in stability, which as the literature shows, has many diverse positive effects on the health and welfare of the population being served are gradually removed, the last rung of the safety net is the shelter system and the accompanying permanent supportive housing programs. Demonstrated is a shifting demographic not from the reduction of the overall numbers but from a layering on of new numbers, aside from the permanent supportive housing programs where a reduction of access for families is clearly visible. What used to be a set of solutions motivated by a national sense of shame at letting people who had worked their entire lives suffer as they age, setting aside the 'worthy poor' narrative that invokes, what we have remaining is a growing population of elderly Americans experiencing the impacts of homeless.

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