Homelessness in Late Life: An exploration of the lived experience

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Homelessness in Late Life: An exploration of the lived experience

A Dissertation
Presented to the Faculty of the
Department of Public Policy and Administration
West Chester University
West Chester, Pennsylvania

In Partial Fulfillment of the Requirements for the
Degree of
Doctor of Public Administration

By
Danielle Palmisano

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Dedication

This dissertation is dedicated to those who so graciously shared their stories and experiences with me to inform a deeper understanding of the lived late life homelessness experience and to my children, Kaelyn and Ryan, who inspire me every day to become a better version of myself.
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It has been a lifelong dream to pursue doctoral level education, one that I honestly did not think I would have the chance to fulfill. As a full time professional, wife, and a mother, embarking on this journey required the support and encouragement of many to get me to the completion of this dream and I am so very grateful for all of it.

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Abstract

Homelessness is a challenging, chronic public problem throughout the United States that has broad impacts on the public sector. Older adults are the largest growing segment of the population and have not been spared by this housing crisis. The experience of homelessness while aging can have negative impacts that contribute to increased healthcare costs and reduced quality of life. The purpose of this study was to gain an in-depth understanding of the lived experience of late life homelessness from the perspective of formerly homeless older adults to inform the development of a grounded theory on how the lived experience of homelessness in later life impacts the aging experience, health outcomes, and social connections. This qualitative study collected data through semi-structured individual interviews with formerly homeless older adults. Through grounded theory methodology, several themes emerged from the data analysis that contribute to an understanding of late life homelessness. Major themes that emerged from the data include challenges and complexity of late life homelessness requires internal strength and resiliency, late life homelessness as a precursor for long term mental health issues, role of social connectivity and homelessness, generational social roles among the homeless, and homelessness as a contributor to loss of independence and autonomy in late life. The findings of this study shed light on multiple aspects of the lived experience and can serve to inform the development of integrated housing and aging services policies that target the prevention and reduction of the negative consequences associated with late life homelessness.
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Chapter One: Introduction

Homelessness is a complex, widespread public problem that has long existed throughout the United States. Exacerbated by several recessions and cuts to federal social programs, it has grown in visibility and become an undeniable public crisis. In any given year, one in every two hundred Americans will experience homelessness for at least one night (Henwood, Wenzel, Mangano, Hombs, & Padget, 2015). Homelessness is not merely a housing sector problem, it presents significant challenges and fiscal implications for many other public systems such as education, criminal justice, and health care (Hafer, 2018).

Currently, this problem is being further complicated by a nationwide shortage of affordable housing and the rapid growth among the aging population in the United States. Longer life expectancies, decreased fertility rates, and an aging baby boomer generation have led to rapid demographic shifts across the United States with exponential growth within the aging population (Asian Development Bank Institute, 2019). The combination of a nationwide affordable housing crisis and a steadily growing aging population present a unique challenge for the public sector.

In order for public administration to prepare for the expected growth among homeless older adults, there is a need to develop a deeper understanding of the origins of the problem, conduct an analysis of existing housing and aging public policies, and an investment in preventative public services to minimize the potential for exponential negative consequences of this wicked public problem.
Background and Significance of the Problem

From 1900-2019 the percentage of Americans over the age of 65 quadrupled (from 4.1% of the population in 1900 to 16% in 2019) with forecasts predicting even larger growths in years to come. In 2019, 54 million Americans were over the age of 65 and this number is expected to grow to 80.8 million by 2040 and 94.7 million by 2060 (U.S. Department of Health and Human Services, 2020). As of Jan 1st, 2011, the first group of baby boomers began turning 65, marking the start of explosive growth of this aging cohort in the U.S. (Anderson, Goodman, Holtzman, Posner, and Northridge, 2012). The unprecedented aging of the American population is happening in the shadow of continual growth among the country’s homeless population. As the U.S. population grows older nationwide, significant growth among the homeless older adult population is expected throughout the country (Waldbrook, 2015). There is cause for great concern of the cumulative impact on the public sector of the simultaneous growth among these two populations.

Older adults are currently the largest growing segment of the American population. This significant population shift has drastic impacts on a multitude of sectors such as healthcare, housing, and financial institutions and places new demands on health care and social service providers (Anderson, et al. 2012). An aging demographic, increased numbers of those with chronic conditions, and the reform of the health care system have prompted urgency to the discussion and debate on the aging population within the U.S. By 2030, it is projected that 20% of Americans will be over the age of 65, placing pressure on all aspects of society. However, healthy aging has remained at the periphery of public health agenda with the potential for extreme financial implications. One in four Americans is living with a chronic illness. The prevalence of chronic illness, or multiple chronic illnesses, increases considerably with advanced
age. Failure to prioritize healthy aging from a public health perspective will lead to continual increases in health care spending (Anderson, et al, 2012).

Older Americans have not been spared by the housing crisis nor has the homeless population been spared from the aging process. There is a growing cohort of elderly among the homeless population. Aging can be a life stage fraught with challenges. Housing instability and homelessness present another dimension to these challenges. The experience of homelessness while aging can have detrimental impacts on health outcomes for older adults contributing to increased healthcare costs, reduced quality of life, and low levels of overall life satisfaction.

It is imperative to gain a deeper understanding of this lived experience to determine the impact homelessness has on an older adult. This knowledge can inform policy interventions to proactively address the factors that contribute to the cause of homelessness among the elderly and opportunities to integrate housing and aging services to better address the needs of homeless older adults.

**Purpose of Study**

This research study seeks to gain an in-depth understanding of the lived experience of late life homelessness from the perspective of formerly homeless older adults. Through grounded theory methodology, the data collected informs the development of an understanding of how the lived experience of homelessness in later life impacts the aging experience, health outcomes, and social connections. It is expected that this grounded theory may serve to inform the development of integrated housing and aging services policies that target the prevention and reduction of the negative consequences of homelessness in late life. There is a growing need for
an understanding of the specific pathways into homelessness for older adults so they can be interrupted prior to homelessness (Kushel, 2011).

**Research Questions**

This study addresses the following research questions:

1. How does the lived experience of homelessness later in life contribute (negatively and/or positively) to the aging experience?
2. What impact does homelessness have on an older adult's social connections?
3. Does lack of housing impact access to healthcare and the ability to address one’s healthcare needs?

**General Study Design**

This qualitative study applied an interpretive approach to explore the lived experience of late life homelessness from the perspective of formerly homeless older adults. Through the application of this philosophical paradigm, the study’s findings were informed directly by those who have lived the experience of late life homelessness. Data was collected through in-depth semi-structured individual interviews with formerly homeless older adults, over the age of 62. The data collected during these interviews was analyzed through qualitative measures to identify themes and trends in the data to develop a grounded theory on the impact of late life homelessness.
Expected Findings

Existing literature and prior research identify devastating outcomes for those who have experienced homelessness with significant impacts on accelerating aging processes, enhanced disease progression, and negative consequences of prolonged exposure to harsh living conditions. It was expected that the findings of this study would support these earlier findings yet with clarity on the specific experiences and impacts for older adults. While the literature review identified quantitative data demonstrating the negative health outcomes associated with late life homelessness, it provided little insight on the impact of the lived experience directly from those who have personally experienced it. It was expected that formerly homeless older adults were best suited to provide the necessary perspectives and data to inform a deeper understanding of the experience and the impact of homelessness in later life.

To develop a deeper understanding of the late life homelessness experience and to give voice to those with first-hand knowledge of it and its impact, the study utilized a semi structured interview protocol to support the exploration of the multitude of emerging themes that were guided by the participants’ experiences. The literature review revealed that little is known about social connectivity amongst the homeless. This portion of the study’s inquiry was approached as an exploration with no expected findings anticipated.

Organization of the Study

This study is presented in five chapters. The following chapters will begin with a review of relevant literature in Chapter Two. This literature review will include a historical background on homelessness in America, a review of current research into late life homelessness and its impact on older adults’ health, and a discussion on theories on aging and applicability to the homeless older adult population. Chapter Three will provide a discussion on the study’s
qualitative methodology and grounded theory approach to the research questions. In Chapter Four, participant profiles are provided, and the results of the data analysis are presented including a discussion of the emergent major themes from the qualitative analysis. Chapter Five will begin with a discussion of the key findings and relation to prior research, limitations of the study, recommendations for future interventions, and indications to direct future research priorities.
Chapter Two: Literature Review

Homelessness is a challenging, chronic public problem throughout the United States that impacts multiple sectors of public policy. The U.S. Department of Housing and Community Renewal estimates that every single night throughout the United States there are over 190,000 unsheltered homeless individuals (Wusinich, Bond, Nathanson, & Padgett, 2019). The homelessness problem throughout the United States has been worsened by the nationwide scarcity of affordable housing. This housing crisis coincides with rapid growth among the aging population in the United States. In 2011, the largest segment of the baby boomer generation began turning 65 which was the start of a period of accelerated growth for this age cohort. This population is now turning 75, an age where incidences of cognitive and physical decline increase sharply. Over the next 2 decades, households headed by someone over the age of 75 is projected to double from 14.1 million in 2018 to 28.3 million. This growth raises significant challenges to health and housing public policies (Herbert and Moninsky, 2019).

Older adults are currently the largest growing segment of the American population and they have not been spared by the housing crisis. There is a growing cohort of elderly among the homeless population. Growing older is a life stage that is often associated with functional decline, increased healthcare needs, and other challenges. Lack of housing stability intensifies all these complex issues and places homeless older adults at risk for extremely poor health outcomes, low levels of life satisfaction, and reduced quality of life as they age.

The following section will review the history of homelessness in America followed by the current state of research into the phenomena of homelessness among older adults to determine what is known about this population and the impact it has on health outcomes and social connectedness. The review will include how homelessness in late life may shape the aging
experience through the lens of several popular psychosocial theories of aging and the threat that this social phenomena places on public policies and our societal norms.

**Homelessness in America**

On a January night in 2020, there were 580,466 homeless people in the United States. That is 1 out of every 10,000 Americans. Of these, 63% were temporarily housed in emergency shelters or transitional housing and 37% were in unsheltered locations such as on the street or in abandoned buildings. While the homeless population is not evenly distributed geographically throughout the country, it is a problem that affects every state. Homelessness is a large-scale public issue that is worsening. The United States’ homeless population grew by 5% from 2018-2020 and there was a 9% increase in those experiencing chronic homelessness. The U.S. defines chronic homelessness as being continuously homeless for more than a year or experiencing at least 4 episodes of homelessness over a three-year period (Henry, Watt, Mahathey, Oullette, Sitler, & Abt Associates, 2020; National Alliance to End Homelessness, 2021). The growth of this segment of the homeless cohort raises alarming concerns regarding the trajectory and impact this may have on many aspects of American society for current and future generations.

Homelessness is a multifaceted complicated issue that is so common within the United States that it has become one of our societal norms at times referred to it as a national disgrace (Hartman, 1989). The pathways to homeless are as diverse as those affected by it. Poverty, lack of affordable housing, age, job loss, substance abuse, mental illness, and physical frailty are all contributing factors. The road to homelessness is no longer a guaranteed straight path as societal problems have grown in complexity (Hobbes, 2019; O’Connell, 2003; Ruiz and Contreras, 2020). The compounded impact of the interrelationships among the multitude of contributing factors exacerbates the risks of becoming and remaining homeless.
Homelessness is a longstanding dilemma for the United States that dates back to the colonial times. Historical records from this period mention the existence of poor wanderers and beggars. By the mid 19th century, this population became more diverse with the addition of single, unemployed poor males who were impacted by industrialization and unable to find gainful employment. They congregated in neighborhoods that were referred to as Skid Rows and were often publicly perceived as undesirable. These homeless men traveled the country in search of temporary work and were thought to be personally flawed and responsible for their current situations. However, as a result of the Great Depression, the public view of homelessness began to evolve. Families and stable single individuals were forced into housing instability and homelessness by the failing economy. As a result, the image of the homeless population changed, and lack of housing could no longer be defined as purely a symptom of an individual’s pathology (Jones, 2015).

Despite this renewed understanding of the broad impact of homelessness, it was not until the 1980s that the current contemporary U.S. homeless population emerged. This emergence occurred amongst the backdrop of a financial recession and increased public pressure for the federal government to address this growing public problem. This was in part due to the undeniable growth in the homeless population caused by massive cuts to federal social programs and the economic recession. Additionally, progressive policies to deinstitutionalize the mentally ill in the 1980s without the provision of adequate community services added to the growth of the homeless (Hartman, 1989; Jones, 2015). This new homeless population was more ethnically and racially diverse, younger, and with differing family compositions than the former stereotypical skid row single individual. Thus, making it clear that homelessness was more than a symptom of drug addiction and a transient lifestyle and it had a clear impact on a broader cohort of the
population. And now the U.S.’s homeless population is changing yet again with undeniable evidence that there is a greying of the homeless population throughout the nation. In 1988, the average age range of a single homeless man in the U.S. was between the ages of 28-33 and by 2010, this had grown to 46-51 years old (Culhane, Metraux, Byrne, Stino, and Bainbridge, 2013).

Researchers have suggested this change within the contemporary homeless population is due to a phenomenon among a specific cohort of the baby boomer generation. Over seventy-two million Americans were born between the years of 1946-1964 creating what is referred to as the baby boomer generation. The first wave of boomers born between 1946-1955 entered the job market at a time of opportunity. As a result, this cohort experienced high rates of success in achieving economic security and overall lived lives that were full of economic and housing stability. However, by the time that the younger segment of baby boomer generation (born between 1956-1964) finished high school, they faced tough competition in the work force and many were unable to launch into adulthood on a successful path. This was followed by back-to-back fiscal recessions that further limited their opportunities. As a result, many within this age group struggled to secure low paying jobs and often faced periods of unemployment and housing instability throughout their adult lives. Lifetimes of economic challenges have left many within this portion of the baby boomer generation without pensions and nest eggs to support them in old age (Culhane, Treglia, Byrne, Doran, and Johns, 2019; Santos 2020; Moses, 2019; National Health Care for the Homeless Council, n.d). The chronic struggles within this segment of the generation place them at extreme vulnerability for either ongoing homelessness or risk of homelessness as they enter and progress through later life.
**Homeless Older Adults**

Throughout the entire United States, there is an upward trajectory in the average age of homeless individuals which is trending higher at an alarming rate. Ten years ago, there were a reported 50,000 homeless older adults throughout the United States, and it was predicted that this would grow to 90k by mid-century. However, at the current growth rate this prediction will be exceeded, and the homeless older adult population will more than double by 2050 (Ruiz and Contreras, 2020; Hearth Home, n.d.). On any given day in 2019, there were an estimated 202,623 single homeless adults in the U.S. over the age of 50 (National Alliance to End Homelessness, 2020).

Adults over the age of 65 are the fastest growing age cohort in the United States (Allen, Hutchinson, Brown, & Livingston, 2014). This is reflected in the changing demographics among the homeless. Homelessness among the elderly is increasing dramatically in response to growing older populations and the impact of rising housing costs, poverty and inequality (Grenier, A, Barken, R, & McGrath, C. 2016; Kushel, 2011). The median age of homeless individuals in the U.S. has increased from the late 20s to appx 50 years old over the past 30 years (Lee, Guzman, Ponath, Tieu, Riley, & Kushel,, 2016). As the aging population increases, there is expected significant growth in homelessness among older adults (Proehl, 2007; Lee, et al, 2016).

Homelessness has detrimental effects on an individual’s health and overall well-being with some of the greatest distress occurring during the entry into homelessness (Goodman, Messeri, and O’Flaherty, 2016). Adults who have experienced homelessness have been found to have high utilization rates of emergency rooms for medical care and poor access to primary care medical services (Kushel, 2011).
Multiple studies have found that the largest cohort of homeless individuals are between the ages of 50-62, indicating that this is a problem that will only grow over time. For example, there are a reported 40,750 sheltered homeless in the U.S. that are over the age of 62 and 204,191 are between the ages of 51-61 (National Coalition of Homeless, n.d; Hearth Home, n.d). Approximately 50% of the single homeless adults throughout the United States are over the age of 50 (Tong, Tieu, Ponath, Guzman, and Kushel, 2018).

Similar to the general population, homeless older adults represent a diverse group of people. They may be someone’s parent, grandparent, former teacher, or lawyer who lack housing for a variety of reasons such as an inability to work due to physical illness or possibly have struggled with lifelong mental illness (Hearth Home, n.d). Poverty levels, illness, elevated living costs, lack of a safety net, ageism, and social supports are all contributing factors that place older adults at greater risk for homelessness (Ruiz and Contreras, 2020; Salem and Ma-Pham, 2015; Doolin, 1986).

Older adults must combat increased risks to maintain stable housing later in life. Research has found that 33% of retirees rely solely on social security as the source of income in retirement. However, there are no states in the US where the average social security retirement payment can comfortably cover the rent of a one-bedroom apartment (Hearth Home, n.d). Yet, there is a great lack of affordable housing. Nationwide there is an average of 9 seniors waiting for every occupied unit of affordable senior housing (National Coalition of Homeless, n.d).
**Impact of Homelessness on Older Adults**

Not only are elders at greater risk of becoming homeless, but the lack of adequate housing also has significant detrimental impacts on older adult’s health and overall wellbeing. Risk of premature death for homeless seniors is four times higher than seniors with adequate stable housing (Ruiz and Contreras, 2020). Research has found that older homeless adults between the ages of 50-62 have the same healthcare needs as housed persons 10-20 years older than them. They experience higher rates of geriatric syndromes such as inability to meet their daily activities of living, vision/hearing impairments, history of falls and physical frailty. Homeless elderly also age prematurely and experience age related mortality and morbidity at higher rates than domiciled elders. Older homeless have been found to be more likely to experience cognitive decline and depression at greater rates than younger homeless individuals (Culhane, Doran, Schretzman. Johns, Treglia, Bryne, Metraux, and Kuhn, 2019; Brown, Kiely, Bharel, and Mitchell, 2012; National Coalition of Homeless, n.d.).

Older homeless adults are at increased risk for financial exploitation due to impaired judgement and cognitive impairment (Proehl, 2007). Higher rates of chronic disease, cognitive and functional impairments among elderly homeless only increase these vulnerabilities (Lee, et al, 2016). Homelessness detrimentally impacts health outcomes for older adults. Homeless elders have more physical and behavioral health ailments than non-homeless elders. In Canada, the average life expectancy is 80 years of age for adults with stable housing, yet it is reduced to 65 years of age for homeless individuals. This supports previous research that has suggested that homelessness plays a role in accelerating the aging process (Waldbrook, 2015).

Research findings have verified the suspicions that homeless adults suffer premature aging compared to the general public. In a study of homeless adults over the age of 50, findings
revealed higher rates of geriatric syndrome and age adjusted mortality rates 3-4 times higher than
the non-homeless general public. Increased mortality rates were attributed to unmet physical and
is 64 years old (Culhane, Metraux, Byrne, Stino and Bainbridge, 2013) while the average housed
American can expect to live into their late 70’s (World Bank, n.d). Typical vulnerabilities
associated with homelessness such as substance abuse and mental health disorders are further
complicated by physical frailty and functional declines experienced by the elderly. Requiring
creative, flexible solutions to meet their needs (Corporation for Supportive Housing, 2011).

In a comparison study, researchers analyzed chart records from a random sample of
patients at the Health Care for the Homeless Program, part of St. Vincent’s Hospital Department
of Community Medicine in New York City to determine the prevalence of chronic disease,
mental illness, and substance abuse among in the comparison age groups; younger homeless
patients between the ages of 20-49 and older homeless patients, over the age of 65. This
comparison analysis revealed that 90% of the older homeless patients had at least one chronic
health condition while 48% of the younger age group had one chronic health condition. These
findings were similar to the findings from the Centers for Disease Control and Prevention
(CDC)’s National Center for Health Statistics national health interview survey. Eighty one
percent (81%) of young homeless patients had histories of substance abuse and/or mental illness
whereas fifty percent (50%) of the older homeless age group had histories of substance abuse or
mental illness. Older adults had higher tendencies of neglecting their medical care. Case reviews
revealed that the older homeless patients had a higher tendency to neglect preventative medical
care and instead received episodic emergency medical care (Kellogg and Horn, 2012). The
findings of this study further support how homelessness is not conducive to adherence to long
term medical therapies and detrimental to the health outcomes of older adults as they age.
Homeless older adults are 3.6 times more likely to have a chronic medical issue as homeless adults under the age of 50 and 85% of homeless adults over the age of 50 reported a minimum of one chronic medical condition. Older homeless individuals are more likely to have cognitive impairments, these may be caused by mental illness, dementia, long term alcohol abuse, and other health conditions. These cognitive impairments interfere in their ability to navigate a complicated housing and public services system. Harsh conditions associated with living on the streets and in crowded emergency shelters exacerbate existing chronic health conditions. These living conditions are not conducive to compliance with medical care and often present obstacles to adherence with prescribed medical treatment. For example, some of these barriers include lack of adequate cooking facilities, inability for sufficient rest, extreme heat/cold exposure, and risk of transmission of contagious illness in congregate temporary shelters (Culhane, et al, 2013: Corporation for Supportive Housing, 2011). Health conditions are magnified by the disordered living conditions associated with homelessness. Homeless older adults most often prioritize securing shelter and food over tending to their health care needs (Doolin, 1986).

Multiple studies have shown the consistent upward trend in the average age of the homeless individual in the United States with the largest age group among the homeless between the ages of 50-64. These individuals are at extreme risk for the negative outcomes associated with homelessness and aging. Typically, they are not eligible for Medicare and other aging related services yet experience the physical ailments of those 10-20 years older. Poor nutrition, lack of access to medical care, and exposure to environmental hazards lead to premature aging and physical health decline (Ruiz and Contreras, 2020). This premature aging will only elevate and worsen these individuals’ experiences as they grow older.
Food insecurity often leads to insufficient nourishment that can further complicate and/or expedite the progression of chronic illnesses. This presents a significant problem for homeless older adults who are prone to a higher prevalence of chronic health conditions. To explore the experiences of food insecurity among homeless older adults, researchers conducted the HOPE HOME (Health Outcomes of People Experiencing Homelessness in Older Middle Age) study. This longitudinal study assessed food security for 350 homeless adults over the age of 50. The majority of the sample had spent the previous 6 months unsheltered. Two-thirds of the participants reported chronic medical conditions and one-third also reported untreated dental pain that interfered in eating and sleeping. Half of the participants reported depression symptoms (Tong, et al, 2018).

The study determined that over half of the homeless older adult participants met the criteria for food insecurity and that despite meeting eligibility criteria there were low rates (less than half) of enrollment in SNAP (Supplemental Nutrition Assistance Program) benefits. Researchers suspected that the low rate of SNAP enrollment may be due to an inability to access mail; leading to failures in completing the application process and subsequent renewals. SNAP benefits were also determined not to be an adequate solution for food insecurity among homeless older adults since the benefits do not cover the purchase of prepared meals and the homeless lack access to cooking facilities. Overall, the HOME study found that over half of older homeless faced food insecurity, five times the prevalence of older adults in the general population. Food insecurity has a direct negative impact on chronic health conditions and threatens the health and well-being of homeless older adults (Tong, et al, 2018).

To gain an understanding of how the older homeless Latinx community on Skid Row, Los Angeles, CA, perceived their path to becoming homeless and to inform the development of age related, culturally appropriate services, researchers conducted a mixed methods study.
Survey data and narratives from a culturally diverse group of 28 homeless adults over the age of 50 was collected and analyzed. Majority of the participants were between the ages of 55-77 and all reported having comorbidities. Despite the myth that homeless is often a short-term problem, only 2 (8%) participants had been homeless for less than a year whereas 60% had been homeless for 2-5 years and 32% had been homeless for 11-20 years or greater. Majority of the participants were immigrants and their migration journey led to a life full of housing instability, poverty, and other challenges. Lack of documentation and reliance on low paying jobs were attributed to their inability to establish stable housing. Researchers concluded that the intersection of multiple factors- immigration status, race, poverty, and age - was a leading contributor to chronic homelessness. These older adults were unable to navigate and overcome the cumulative impact of these challenges. Participants reported feelings of abandonment from society. Researchers concluded that there was a need for additional research to understand how issues such as systemic inequities, discrimination, bias, and inadequate services contribute to the causation and experience of homelessness in later life (Ruiz and Contreras, 2020). The results of this study suggest that special attention should be placed on the needs of the immigrant community among the growing homeless older adult population.

Research has identified that older adults prefer to age within their homes; their homes play a significant social and emotional role and are a setting that supports maintaining a sense of control, privacy, and independence. Homeless elders not only lose their housing they also lose the ability for social and emotional stability that supports health aging and positive health outcomes (Woolrych, Gibson, Sixsmith, & Sixsmith, 2015). Homelessness disrupts the continuity of care for older adults which only compounds the problem (Lee, et al, 2016).

Where homeless individuals stay during their episodes of homelessness has an impact on the overall effects of homelessness. Safe environments have an elevated level of importance for
older adults. Temporary housing in unsafe environments can have detrimental impacts on an older adult’s health outcomes that they may be unable to recover from (Lee, et al, 2016). A study in Toronto, Canada found that formerly homeless older adults reported choosing to sleep on the streets as opposed to in unsafe homeless shelters. This caused repetitive illnesses such as pneumonia that negatively impacted their health and led to overall poor health outcomes. Respondents reported low satisfaction with their life, increased levels of stress, limited access to medical care, and poor self-care during their homelessness. A high percentage of respondents indicated that these issues were resolved once they secured stable, safe housing. This study did not explore the causes or precipitating factors leading up to their homelessness (Waldbrook, 2015). Clearly, the provision of a safe and affordable place to age is critical for older adults (Grenier, A, Barken, R, & McGrath, 2016).

A study in California interviewed 350 homeless adults over the age of 50. Half of these participants experienced homelessness for the first time in late life. The study results found significant differences between those who had first experienced homelessness early in life versus those who had their first occurrence of homelessness in later life (over the age of 50). Participants who had experienced homelessness earlier in life were found to have had additional adverse life experiences such as failure to achieve milestones in young adulthood, mental illness, substance abuse, lower socioeconomic backgrounds, and poor social support. Whereas, participants that had their first experience with homelessness as an older adult had maintained stable housing and employment though early and middle adulthood.

Reasons for homelessness among these participants is unclear but results indicate that late life homelessness risk may be attributed to housing affordability and declines in functional abilities among older adults. The research study findings support additional research into the
causes and risk factors for late life homelessness (Brown, Goodman, Tieu, Ponath, & Kushel, 2016). Another study of homeless populations in the U.S., England and Austria found that ⅔ of the homeless older adults participating in the research study had become homeless for the first time in later life (Grenier, et al, 2016). This indicates that there is a probability of unique circumstances leading to the rise of homelessness among older adults.

Demands on housing affordability and low fixed income create ripe conditions for increased homelessness and housing instability among the elderly. Senior homelessness is expected to grow in areas that have housing affordability issues. Social stigma exists around being homeless and being older. This can make the older adult vulnerable to direct and indirect discrimination and may prevent them from seeking help and/or reporting instances of elder abuse and exploitation. Failure of established support systems to address issues other than housing for homeless elders only adds to the problem (Woolrych, et al, 2015).

Financial Implications

The projected growth of the homeless elderly population does not only present cause for concern over the health and quality of life for older Americans, but it also presents sizable fiscal challenges. Poor health outcomes associated with homelessness often lead to high healthcare costs. Unstable living situations discourage homeless individuals from regular medical care which leads to more frequent costly emergency room care. The compounded impact of aging and homelessness leads many homeless older adults to comprise the largest portion of the homeless population that have complex medical needs. Ancillary costs for healthcare and social services related to this portion of the U.S.’s homeless population can be as high at $40k per year. Current efforts to maintain homelessness in the U.S. places a significant burden on society that is not only detrimental to the quality of life but also fiscally inefficient and unsustainable. Financial
costs to maintain someone on the streets can range from 35k-150k per person annually whereas the public cost to provide permanent supportive housing averages 13k-25k annually. Supportive housing provides not only shelter but also the social supports necessary to create a true pathway out of the cycle of homelessness (Henwood, et al, 2015).

To explore the costs further, researchers analyzed housing, health care, nursing home and administrative costs to determine if it is cost effective to provide housing placement rather than excess services and health care costs that are associated with caring for the homeless. Data from Los Angeles, New York City and Boston were the focus of this cost analysis. Study’s analysis determined that within the next 10 years, minimum shelter and healthcare costs for a homeless individual will grow to an average of 22-28k per year whereas housing costs are estimated to average between 7-11k annually (Culhane, et. al, 2019). The study’s findings suggest that failure to address this problem of homeless older adults will lead to exponentially higher healthcare costs. Results suggest that it is cost effective to invest in the development of housing for future homeless elders to reduce healthcare and emergency shelters costs and improve quality of life.

In order to ensure that investments are cost effective and will lead to optimal outcomes, it is critical to develop an in depth understanding of the impact that homelessness in late life has on an individual. This can inform the development of targeted interventions to support older adults who may be at risk for homelessness or experiencing homelessness to prevent poor health outcomes, low levels of life satisfaction, and reduce costly medical expenses.

**Social Connections**

The growing demographic of older adults throughout the United States places an unprecedented demand on healthcare systems and publicly funded aging services. Social determinants of health such as social isolation, food insecurity, and environmental hazards
contribute to disease progression and premature mortality. In particular, social isolation has been found to have detrimental impacts on health. Researchers have argued that it is a public health priority and can be as harmful to one’s health as smoking 15 cigarettes per day. Isolation and loneliness can increase risks for depression, suicidal ideation, and/or substance abuse and may lead to premature cognitive decline (Purvis, 2021). The World Health Organization’s (WHO) definition of health is “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity” (World Health Organization, n.d.). This definition highlights the importance of addressing social isolation and loneliness among older adults. Research studies have found that higher levels of social connections positively impact various health conditions and disease progression.

Researchers conducted an analysis of data from the Second Longitudinal Study of Aging (LSOA II). The LSOA II is a collaborative effort between the National Center on Health Statistics (NCHS) and National Institute on Aging (NIA) to better understand the relationships between several determinants and functional outcomes for a sample of 9,447 adults over the age of 70. The findings from this secondary quantitative analysis support previous research that limited social connections is a contributing factor to increased risks for mortality. Participants with lower rates of social connections had elevated levels of inflammatory biological markers, increased reactions to stress, elevated cortisol levels, and compromised immune systems. In addition, limited social connections were determined to be a predictor of smoking (Lui and Newshaffer, 2011). Findings presented significant public health concerns and stressed the importance of addressing not only physical care for older adults but also societal connections among families, neighbors and within communities.

Homelessness and housing instability interfere with all aspects of an individual’s life. While this literature review has led to clear evidence of the negative impact homelessness has on
physical health outcomes among homeless older adults, there is a gap in the literature exploring the impact homelessness has on social connectedness. It is important to understand if and how elders maintain social connections while homeless and what role these connections play in their lives. Social isolation is a key social determinant of health and a factor that plays a significant role in levels of life satisfaction in late life. In order to develop a meaningful understanding of the impact homelessness has on the aging process, the role of social connections must be better understood.

**Psychosocial Theories of Aging**

Increased life expectancy and growth among the aging demographic have created an urgent need to better understand the aging process and the mechanisms that support quality of life in this life stage. There are three major psychosocial theories of aging; Activity Theory, Disengagement Theory, and Continuity Theory that can be useful perspectives to apply to the exploration of how the experience of homelessness shapes the aging experience and its impact on levels of life satisfaction. The below section will briefly describe each aging theory and how continuity theory can be utilized to create an understanding of how this lived experience of homelessness shaped the aging process.

Activity theory stresses that the continuation of participation in social roles is a necessity for successful adjustment to old age. The theory contends that continuation of high activity levels is required to combat the negative effects of growing older and that it consequently improves overall life satisfaction. Activity theory assumes that elderly individuals have the same social and psychological needs as they had in middle age except for the biological changes related to aging. This theory attributes decreases that occur in social activity to lack of opportunities and reduced social roles for the elderly within society. Therefore, individuals try to maintain middle age
social roles for as long as possible and when something interferes such as retirement or the death of a spouse, the individual attempts to quickly find a substitution. Research found that as some roles decreased, participation in others increased. For example, decreases in the role as an employee may be replaced with an increased grandparent role. Theorists argue that there is a positive correlation between level of activity and overall attitude. Under this theory, an older adult’s activity level is directly linked with their life satisfaction (Burbank, 1986).

Unlike activity theory, disengagement theory views the aging process as a progressive withdrawal and disengagement that leads to decreased interactions with former social systems. Upon completion of this mutual withdrawal from society a new equilibrium emerges where the individual is distanced from society with different interactions than those they had in middle age. Researchers have found that individuals have the highest level of morale at the beginning and end of the disengagement period while the middle phase was associated with challenges and internal conflicts (Burbank, 1986). Certain societal customs and norms such as retirement, aid in the disengagement process and support this theory.

Continuity theory emerged when disengagement and activity theories were unable to explain researchers’ findings related to life satisfaction. Findings suggested that the relationship between activity and life satisfaction was influenced by personality type and not necessarily on activity levels. Personality traits and preferences were found to be an important factor in determining the impact engagement with social activities had on life satisfaction in later life. Continuity theory argues that individuals wish to maintain stability in the same roles they fulfilled earlier in life and that they will seek to maintain social patterns that they adopted throughout their life. As an adaptive strategy, individuals assume new social roles to replace previous ones as needed in response to physical and functional changes related to aging. This
descriptive theory focuses on the relationships between engagement in activities and their psychological functions. Continuity theorists argue the best adaption to growing older is dependent on the steps taken to maintain continuity between middle and advanced age (Burbank, 1986; Nimrod and Kleiber, 2007).

Studies exploring these theories have found that other factors are also at play that impact on an individual’s aging experience and life satisfaction. For example, some of these include health status, socio-economic status, housing status, and financial stability. Researchers suggest that when considering the experience of aging and life satisfaction in later life, the aging individual should be engaged in the process of assigning meaning to life experiences and not the object of creating this understanding. An individual’s perception of their lived experience can provide a more meaningful and accurate portrayal of the impact it had on them (Burbank, 1986). This supports the methodology of this study which applied an interpretive phenomenological approach to review the experience of homelessness in later life with those who have lived it. The study analyzed the participants’ experiences through the lens of the continuity theory to determine how they identify the role of lived homeless experience in later life has had on their aging experience and life satisfaction. Through this exploration and grounded theory building, this study’s findings seek to contribute to the understanding of late life homelessness and the impact it has on the aging experience and quality of life for older persons.

**Public Policy Implications**

Many countries throughout the world are concerned about the impact their aging demographic will have on social, economic, and cultural aspects of society. Gerontologists have
warned that there are signs of deprivation emerging among these populations. In addition, evidence of the growing number of aging homeless singles in the U.S., is causing concern that this will lead to greater demands on the government sector to provide housing and supportive services to address the increasingly complex needs of this older homeless cohort (Peterson and Parsell, 2015).

Over the next decade, the national population over the age of 65 is forecasted to double. This rapid growth within this demographic will place unprecedented pressures on public programs and services. Social constructs and societal norms around what the aging experience should look like may create challenges for public managers and blur their ability to assess what this new population of older adults truly needs (Keyes and Dicke, 2016). New models of medical care may be required to address these growing needs, requiring service providers to adapt their practices to meet the unique needs of this population. Increased demand for complex care, new types of long-term care needs, behavioral health, and housing, will be unique and a major public issue for communities, healthcare systems, social services providers, and payers in the coming years (Culhane, et al, 2013).

There is a timely need for more research into the unique needs of this population as the impact of homelessness in later life places added pressures on public services and emergency healthcare providers that are already stretched to capacity to meet the healthcare needs of an aging American population. Increased life expectancy will lead to longer term treatment of chronic illness (Allen, et al, 2014). It is expected that between 2000- 2030, there will be an additional 46 million Americans living with and being treated for prevalent chronic conditions. The cost to treat these conditions accounts for 75% of the United States current healthcare spending (Ahn, Basu, Smith, Jiang, Lorig, Whitelaw, & Ory, 2013).
While homelessness has been a long-term problem that has been a key focus of policy analysis in many countries, this analysis has often focused on the *traditional* homeless individual that is thought of as a younger, mentally ill, substance abuser residing on the streets. Policy analysis has failed to focus on older homeless individuals and as a result there is a limited understanding of this lived experience in late life (Peterson and Parsell, 2015). Gaining an in-depth understanding from those who have lived it is a critical step in developing informed public policy to prevent homelessness in late life and reduce the negative consequences associated with it.

The combined impact of an aging population, increased poverty rates, and the reduced availability of affordable housing are driving forces behind the growth of homelessness later in life in US society (Kellogg and Horn, 2012). Social isolation, increased life expectancy, limited social supports, and financial instability place older individuals at greater risk for homelessness. Once housing is lost, other factors such as lack of resources, limited social supports, declining health, serve as barriers to securing alternate housing. Elderly homeless are at an extreme disadvantage. They are faced with a crossroads of challenges as they must navigate all of the hardships associated with homelessness and simultaneously cope with the physical decline and health problems that occur in old age (Kellogg and Horn, 2012).

**Conclusion**

Research indicates that homelessness among the elderly is on the rise and that there is a significant negative impact of homelessness in late life. Current research on homelessness tends to focus on younger homeless populations and is limited in shedding light on the causes and implications of later life homelessness. There has been a need for specific research into this issue.
to inform a new approach to homeless prevention services. Current service delivery mechanisms are not sufficiently addressing the problem. An informed service delivery system that preventatively addresses an older adult’s risk for homelessness is needed at this time (Grenier, et al, 2016). However, for this to be developed, the precipitating risks and other factors that may be contributing to the cause of the homelessness must be better understood.

Homelessness among older adults is growing at concerning rates. Despite decades to prepare for this massive demographic shift, little has been done. Publicly funded homeless services are ill prepared to respond to the increasingly complex medical needs of an elderly homeless population. There is an urgent need to identify the unique challenges associated with aging while homeless to guide the development of targeted public interventions and investments to reduce the negative impact on health outcomes and to ameliorate its ability to cause significant harm to older adults’ quality of life.

The emergence of the COVID-19 virus in early 2020 brought to the surface the many vulnerabilities faced by both the elderly and the homeless. Older adults faced higher mortality rates and increased instances of severe illness than their younger counterparts and have continued to face these increased risks with the emergence of new virus variants. Crowded shelters encourage virus transmission and poor health status among the homeless made them susceptible to the negative health consequences associated with COVID-19. For the elderly homeless, this has been a perfect storm for devastation. Safety measures such as quarantining, social distancing, and stay at home orders are not applicable to homeless individuals. Therefore, leaving the most vulnerable to COVID-19 at an extreme disadvantage to protect themselves.
While it is too early to tell what the full impact of the pandemic will have, it is likely that it will only make dire situations worse for homeless older adults and place more at risk for housing instability.

It is crucial to gain a deeper understanding of this lived experience to determine the impact homelessness has on an older adult. This knowledge can inform policy interventions to proactively address the factors that contribute to the cause of homelessness among the elderly and opportunities to integrate housing and aging services to better address the needs of homeless older adults. It is in everyone’s best interest to invest in initiatives that support healthy and meaningful aging for all Americans.
Chapter Three: Research Design/Description of Study

This research study’s goal was to gain an in-depth understanding of the lived experience of late life homelessness from the perspective of formerly homeless older adults. Data collected directly from those who have lived the experience provide a depth and richness to our understanding of how homelessness impacts the aging experience. The study’s methodology included a qualitative research design with an interpretivist focus.

Through the application of a grounded theory approach, the data collected contributes to the development of a theory to better understand late life homelessness and ascribe meaning to the lived experience. It is expected that this grounded theory may serve to inform the development of integrated housing and aging services policies that target the prevention and reduction of the negative consequences of homelessness in late life.

The study addressed the following research questions:

1) How does homelessness contribute (negatively and/or positively) to the aging experience?
2) What impact does lack of housing have on an older adult’s social connections?
3) Does lack of housing among the elderly impact access to healthcare and the ability to address one’s healthcare needs?

Discussion of Grounded Theory

Founded in 1967 by researchers Glaser and Strauss, grounded theory research seeks to develop theory that provides a theoretical explanation for an experience, action and/or process. Founders believed that through the application of an open-ended iterative process, researchers could achieve a meaningful theory based on observations and the observations of participants. In grounded theory analysis, theory development is generated or grounded in the data collected from participants who have lived the experience, process, etc. Therefore, enabling the researcher
to develop a theory of a process, event, or interaction based directly from the data collected from those who have experienced it. Typically, grounded theory study participants have directly experienced or observed the process or phenomena that is being researched. Grounded theorists operate with the belief that theory should be grounded in data directly from the field. Under this approach, data collected from participants who have first-hand knowledge of the experience being studied directly informs the development of theory to explain it (Cho and Lee, 2014; Creswell and Poth, 2018).

Through grounded theory qualitative analysis, the researcher is provided the opportunity to delve deeply into the meaning of text-based data. This type of analysis supports the identification and development of richly descriptive meaning and depth of understanding that generates a theoretical framework (Hesse-Biber, 2012). Grounded theory involves intense coding for the identification of themes and patterns in the data. This inductive methodology seeks to let the data lead to the arrival at a theory through the emergence of conceptual categories. The process of memo writing serves as part of the theory building process (Cho and Lee, 2014). At the core of grounded theory is the goal of discovery and exploration. Researchers engaging in this method desire to identify new information and prescribe meanings through cycles of data collection and analysis with a consistent, steady focus on the core issue of inquiry. The integration of ideas, themes, and concepts are the building blocks of the generated grounded theory (Heath and Cowley, 2003).
**Rationale for Research Design**

Qualitative research design is recommended when research seeks to explore a problem or issue to develop an in-depth understanding. Specifically, when the nature of the research is not variable oriented. Unlike quantitative research that utilizes traditional variables that are numerical in value or can be quantified, qualitative research variables are categorical in nature, they classify or categorize data. Qualitative designs are well suited for research that needs to study a specific group of people or to hear marginalized and/or silenced voices. Specifically, in this type of research, that seeks to explore an issue, data is not to be counted but to identify themes and trends that inform a richer understanding of the area of inquiry (Creswell and Poth, 2018).

Grounded theory qualitative research design minimizes any power dynamic and encourages partnership between the researcher and participant. Through the chosen paradigmatic approach, interpretivism, the researcher focuses on developing an understanding and interpretation of social meaning and values study participants as partners and valuable sources of knowledge (Hesse-Biber, 2012). The purpose of this study is to develop an in-depth understanding of the lived experience of late life homelessness. The researcher sought to partner with those who have directly lived this experience in identifying and ascribing meaning to their experiences. This approach was best suited for this study given the goal and objectives of this research study.

This research project approached this inquiry from an interpretive philosophical paradigm to explore the life experiences of those who experienced homelessness in late life. This interpretive inquiry seeks to build a grounded theory on homelessness in later life from the knowledge attained by those who have lived this experience. Given that the causes and
experiences of homelessness are complex and unique to an individual, an interpretive framework was best suited to build the necessary knowledge around late life homelessness. This phenomenological perspective supports the assumption that no individual experiences homelessness in the same way and that the experience is unique to each individual and that all meaning is unique to the individual experience (Hesse-Bieber, 2017). This view guided the data collection and analysis. It is critical to gain an understanding directly from those who have lived the experience to best inform the understanding of late life homelessness.

In-depth individual interviews were the selected method of data collection for this study since this method is useful when researching a particular issue with an interest in gaining perspective from specific individuals. This method encourages the study participants to engage in the process of defining their subjective meanings to experiences (Hesse- Biber, 2012).

**Participants/Recruitment**

To identify older adults who have directly experienced homelessness in late life, study participants were recruited at four (4) New York City (NYC) senior affordable housing developments. New York City was chosen for a variety of reasons including the diversity of the city’s population, its long-term chronic homelessness and housing problems, and access to the study’s target population; formerly homeless older adults. The senior affordable housing developments where participants were recruited are required to set aside 30% of affordable housing units specifically for formerly homeless older adults. These sites are home to over 250 formerly homeless older adults. At the time of application for these affordable housing units’ individuals must be 62 years of age or older and currently housed in a NYC Department of Homeless Services (DHS) shelter. Eligibility criteria for these affordable housing units ensured that recruited participants have directly experienced homelessness in late life. A NYC based non-
profit organization, the Jewish Association for Services for the Aged (JASA), that provides social services at these senior affordable housing supported onsite recruitment and distribution of the research study recruitment materials (see Appendix A).

Eligibility criteria for participation included the following: **62 years of age or older, experienced homelessness over the age of 60, and English speaking.** Through this purposeful sampling, the study sought to recruit ten (10) participants. A total of eleven (11) study participants were recruited and nine (9) participated in individual interviews. Of the two recruited participants that did not participate in individual interviews: One recruited individual was unable to participate in the study due to scheduling conflicts caused by required medical treatments and the other individual changed her mind during the pre-screening telephone call and rescinded her stated interest in participating.

The following procedures were followed as part of the study’s recruitment process:

1. Principal Investigator (PI) met with the social services staff at four (4) New York City affordable housing developments to provide an overview of the research study and eligibility criteria;

2. Provided flyers (Appendix B) to the social services staff for distribution to formerly homeless tenants;

3. Study recruitment flyers encouraged interested participants to contact the PI via telephone or email to express their interest in participating in the study;

4. Within three business days of contact, the PI conducted a pre-screening interview with interested participants by telephone to provide an overview of the research study and the role of their participation. Eligibility criteria was verified during this pre-screening interview (see Appendix C);
5. Individual interviews were scheduled during the pre-screening interview. Participants were offered the opportunity of choosing the date/time and location of their interview;

6. Once individual interviews were scheduled, participants were conducted the day before the scheduled appointment to confirm the appointment.

**Data Collection**

Data collection was conducted through individual semi-structured interviews with study participants. Interviews were conducted in person and lasted no longer than one hour. The location was based on the participant’s preference and included within individual apartments, building community rooms, and/or outdoor gardens. During all of the individual interviews, the PI and participants wore masks and maintained social distancing as per the Center for Disease Control and Prevention (CDC) COVID-19 guidelines.

This qualitative study collected data through the use of a semi-structured interview protocol (see Appendix D). Interviews were recorded on a two-factor authentication password protected device and the PI took electronic notes throughout the interviews. Notes included verbal responses and also captured non-verbal cues and expressed body language.

Semi-structured interviews sought to collect information related to the individual’s late life homelessness experience and its impact on their health, social connectedness, and overall aging experience. The interview protocol served as a guide for these semi-structured interviews. This guide consisted of seven (7) open ended questions; follow up questions were asked as appropriate to delve deeper into participants’ responses and to request clarification of meaning, as needed. Participants were provided with an informed consent document (see Appendix E) and reminded that they could end the interview at any time. No participant chose to end their
interviews early and all participants signed the informed consent agreement. All nine (9) interviews were conducted to completion.

Participants were offered the opportunity to meet in person or via Zoom based on their comfort level. All of the nine (9) participants preferred to meet in person for their interviews. Five (5) participants were interviewed in their apartments, three (3) interviews were conducted in the building’s private community room, and one (1) participant was interviewed in the community garden. All participants choose the location, date, and time of their individual interview. At the conclusion of each interview, each participant was provided with a $10 Visa gift card for their participation.

Table 1 presents a summary of the following participant descriptors: age range and gender. Two (2) of the participants were 65 years of age or younger, six (6) participants were between the ages of 66-75, and one (1) participant was over the age of 75. Five (5) participants were male and four (4) were female.

**Table 1: Participant Descriptors**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
<th>Distribution (%/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>65 and under</td>
<td>22.2% (2)</td>
</tr>
<tr>
<td></td>
<td>66-75</td>
<td>66.6% (6)</td>
</tr>
<tr>
<td></td>
<td>75 and older</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>55.6% (5)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>44.4% (4)</td>
</tr>
</tbody>
</table>
Safety Protocol (Ethical considerations and Human Subject Protections)

Given the sensitive nature and negative stereotypes associated with homelessness, there was a risk that participants may experience emotional distress during the interview. The proposed purposeful sampling methodology was selected to mitigate this risk since recruitment was targeted exclusively to older individuals who are no longer homeless and have secured a permanent affordable housing unit in a senior housing building that has onsite social service support. This recruitment strategy reduced the risk of emotional distress since study participants were no longer subjected to the harsh conditions associated with homelessness.

However, the interview protocol did involve questions related to their homeless experience that had the potential to cause an emotional reaction and psychological stress. This presented a minimal risk for participants to experience feelings of sadness as they described their homelessness experiences and the impact that it had on their health, social connections, and overall aging experience. At the time of recruitment, participants were informed of the purpose of the study and the topics that would be addressed so they were aware of the risk prior to volunteering to participate. If a participant exhibited emotional distress, the PI was prepared to provide a listing of local mental health resources and to offer a facilitated referral to the onsite social services staff. However, none of the nine (9) participants exhibited or reported any emotional distress during the interview. At the conclusion of every interview, the PI provided an overview of the available onsite social services and verified that each participant was aware of how to access these services when needed.
An application was submitted to West Chester University’s IRB for approval and the West University approved this study on June 21, 2021 (Appendix F). The study’s recruitment efforts did not begin until the IRB approval was secured.

**Data Analysis Method**

Upon completion of the interviews, data was analyzed through the application of a grounded theory approach. Corbin and Strauss’s three stages of coding was applied to this analysis. These stages included:

1) **Open coding**: this was the initial step in this data analysis process. During this coding process, the researcher was discovering and identifying categories and themes within the data. This included comparison of data for identification of similarities and differences. Grouping of themes and concepts into categories was conducted.

2) **Axial coding**: during this second phase of the coding process, the relationship among categories was explored and coded to identify relationships.

3) **Selective coding**: during this stage, the researcher selected one or more categories for analysis to determine connections among categories. Identified connections were used to generate themes that informed the development of a grounded theory.

This staged approach supported constant comparative analysis with movement between each stage as an ongoing, simultaneous process. Under this framework, analysis did not wait until all data was collected. Findings from early analysis informed and guided the researcher in the identification and development of next steps (Cho and Lee, 2014).

During this data analysis, the researcher completed interview memos for each of the individual interview sessions. After each interview, memos and interview notes were analyzed for the identification of themes and repetition amongst themes were noted and tracked through
the qualitative data analysis software, Dedoose. The researcher used the coding techniques described above. As phrases and keywords were identified, they were grouped together into broader conceptual categories for analysis. This process of data analysis led to the identification of relationships among concepts that informed the theoretical development of late life homelessness that is discussed in Chapter Five.

**Limitation of Methodology**

While the findings of this study contribute to a deeper understanding of the lived experience of late life homelessness, the methodology was not without limitations. Due to the small sample size of this qualitative study, the results are not able to be generalized to the broader homeless older adult population. Due to the qualitative nature of the methodology, information collected from participants could not be verified. The eligibility criteria for this sample made it possible that the data analysis lead to informing a limited theory since the study participants had greatly diverse experiences. By requiring that participants no longer be homeless at the time of participation in the study, there was the potential that they did not recall some of the realities of the experience since they are now removed from it and no longer homeless.

**Conclusion**

In conclusion, this research study was designed with the goal of developing a deeper understanding of the lived experience of late life homelessness and its impact on health, social connections, and the aging process. The current and projected future growth of homelessness among older adults throughout the United States has the potential to cause significant negative impacts on a multitude of societal factors with devastating financial consequences. Public systems are ill prepared to meet the complex health and human service needs of a growing
elderly homeless population. Through this methodology, those who have directly lived this experience were given the opportunity to inform the development of an understanding of the impacts that can contribute to policy recommendations and public service initiatives to prevent late life homelessness and provide meaningful responses to combat the impact for those who have lived this experience. It provided an opportunity to empower formerly homeless older adults. By sharing their experiences, participants had the chance to contribute to the development of an in-depth understanding of the impact of homelessness on the aging experience that may inform future policies and service interventions.
Chapter Four: Results

This chapter will present the data collected through in person individual interviews with nine (9) formerly homeless older adults. Several themes emerged from the analysis of this data that can inform a grounded theory on the experience of late life homelessness. Major themes that emerged from the data include: 1) Challenges and complexity of late life homelessness requires internal strength and resiliency, 2) Late Life Homelessness as a precursor for long term mental health issues, 3) Role of Social Connectivity and Homelessness, 4) Generational social roles among the homeless, and 5) Homelessness as a contributor to loss of independence and autonomy in late life. These themes and the related concepts that emerged during this data analysis are presented in this chapter. This chapter will begin with a discussion of the distribution of descriptive homelessness related categorical variables and brief participant profiles that will be followed by a presentation of the results of the qualitative data analysis.

Table 2 includes categorical variables specific to the participants’ homelessness experiences. These include the pathways to the individual’s most recent homelessness experience, number of times the individual has been homeless, length of most recent homelessness, if they spent time living on the streets, and the length of time that they have been in their current apartment.

Three (3) participants became homeless after loss of a financial resource prevented them from affording their monthly rent. Two (2) of these participants had lost income due to loss of employment and one (1) participant had lost her monthly rental subsidy. Two (2) participants lost their housing due to a family issue. In one case, it was due to an adult child’s lease violation and in the other situation, the participant had a disagreement with his brother with whom he shared an apartment that caused him to lose his housing. One (1) participant lost his housing as a result of a natural disaster, Hurricane Katrina. One (1) participant was the victim of a financial
scam and was unable to maintain her monthly rental costs as a result of the money that she lost due to the scam. Two (2) participants lost their housing as a result of their substance abuse disorders. It was expected that multiple pathways to homelessness would emerge as research has strongly suggested that the roads to late life homelessness differs from those of younger homeless individuals.

Five (5) participants had only experienced homelessness once in their lifetime while three (3) had been homeless twice and one (1) participant had experienced homelessness three different times during their life.

The length of time of the most recent homelessness experience varied greatly with lengths ranging from one year to over 20 years. Of their most recent homelessness experience: two (2) were homeless for one year, three (3) had been homeless for two years, one (1) was homeless for three years, one (1) for 10 years, and two (2) had been homeless for over twenty years.

Of the nine study participants, four (4) had spent time living on the streets during their homeless experience. At the time of the individual interviews, five (5) of the participants had secured their new housing less than 6 months ago and the other four (4) study participants had been residing in their apartments from 6 months- 2 years.
**Table 2: Homeless Categorical Variables**

<table>
<thead>
<tr>
<th>Category</th>
<th>Values</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway to most recent homelessness</td>
<td>Loss of financial resource</td>
<td>33.3% (3)</td>
</tr>
<tr>
<td></td>
<td>Eviction due to family issue</td>
<td>22.2% (2)</td>
</tr>
<tr>
<td></td>
<td>Natural disaster</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td></td>
<td>Victim of scam</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
<td>22.2% (2)</td>
</tr>
<tr>
<td>Times experienced homelessness</td>
<td>Once in their lifetime</td>
<td>55.6% (5)</td>
</tr>
<tr>
<td></td>
<td>Twice in their lifetime</td>
<td>33.3% (3)</td>
</tr>
<tr>
<td></td>
<td>Three times in their lifetime</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td>Length of Time Homeless</td>
<td>One year</td>
<td>22.2% (2)</td>
</tr>
<tr>
<td></td>
<td>Two years</td>
<td>33.3% (3)</td>
</tr>
<tr>
<td></td>
<td>Three years</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td></td>
<td>10 years</td>
<td>11.1% (1)</td>
</tr>
<tr>
<td></td>
<td>Over 20 Years</td>
<td>22.2% (2)</td>
</tr>
<tr>
<td>Spent time living on the streets</td>
<td>Yes</td>
<td>44.4% (4)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>55.6% (5)</td>
</tr>
<tr>
<td>Time in Current Apartment</td>
<td>Less than 6 months</td>
<td>55.6% (5)</td>
</tr>
<tr>
<td></td>
<td>6 months - 2 years</td>
<td>44.4% (4)</td>
</tr>
</tbody>
</table>
Participant Profiles

Participant One
Participant one is a 74-year-old widowed mother of four who became homeless for the first time in 2013 when she was evicted from her subsidized apartment of 37 years due to a lease violation. She is a retired home attendant who has spent her entire adult life living independently and self-sufficient. At the time of her eviction, she was unable to secure affordable housing and entered the shelter system.

Participant Two
Participant Two is a 76-year-old divorced mother of four children. She was the primary caregiver for two of her severely disabled children until their passing several years ago. She has experience homelessness twice in her life. The first time in her late 30’s as a result of a house fire, at that time she went to a family shelter with her young children and was placed in an apartment within a few months. In 2017, she lost her housing subsidy and was evicted from her long-term apartment. She was unable to afford market rate rent and without the subsidy could not secure alternate housing in the community. Upon her eviction she went to the shelter with her adult daughter and remained there until she was placed in her new apartment in 2019.

Participant Three
Participant Three is a 66-year-old single male who has one adult daughter and two grandchildren. He was homeless from the age of 19 when he was evicted from his late mother’s apartment due to failure to pay rent. He had long term struggles with a drug addiction that prevented him from pursuing stable housing options for most of his adult life. He spent his adult life living on the streets with periodic short stays in room rentals. After a traumatic experience (a close friend overdosing in front of him) he made a decision to turn his life around and get off
drugs. He has been in his current apartment for 2 years and this is his first time with stable housing since 1980.

**Participant Four**

Participant Four is a 67-year-old divorced father of one adult daughter and grandfather to three young grandchildren. He maintained stable housing throughout his adult life until his late 50’s when he began to struggle with alcoholism. As a result, he lost his job and employer provided housing and began to live on the streets. When the harsh conditions of living on the streets became too much to handle as he grew older, he went into the city’s shelter system until he secured an affordable senior housing unit. He has been in his apartment since 2019.

**Participant Five**

Participant Five is a 65-year-old single female who maintained housing stability and full-time employment as a medical assistant throughout her adulthood. In her early 60’s, she was residing independently and was the victim of a financial scam. As a result, she fell behind in her rent payments and was evicted from her apartment. She did not have any financial resources to secure alternate housing, so she entered the shelter system where she remained until securing her new senior affordable housing apartment in 2021.

**Participant Six**

Participant Six is a 66-year-old single male that experienced homelessness for the first time at age 63. At that time, his landlord had raised his rent to an unaffordable rate, and he had no lease protection, so he had to vacate the apartment. Although he was working full time, he was still unable to afford the high housing costs in NYC and was forced to enter the shelter system. He remained in the shelter for 2 years until securing his current apartment in October of 2021.
Participant Seven

Participant Seven is a 71-year-old single man that migrated to New York from Jamaica as a young adult. He became homeless for the first time at 51 years old when his brother evicted him from their shared apartment. Since then, he has experienced frequent housing instability. Most recently, in 2020, he lost his job and was evicted from his apartment. He did not have the financial resources to secure alternate housing. He remained in the shelter until securing his affordable housing unit in September 2021.

Participant Eight

Participant Eight is a 67-year-old single retired female home care worker. She maintained housing stability throughout her life and experienced homelessness for the first time at the age of 65. At that time, she was renting an apartment in a home that was foreclosed on and she was evicted upon the sale of the home at auction. She could not afford a market rate rental at the time of eviction, so she entered the shelter system. She was homeless for almost two years until she secured an affordable senior housing unit in August 2021.

Participant Nine

Participant Nine is a 63-year-old divorced male who relocated to New York From New Orleans after his home was destroyed during Hurricane Katrina. Upon arriving in New York City, he entered the city shelter system but quickly left, choosing to live on the streets. For the next 15 years, he remained homeless with periodic visits to family down south. As he grew older, conditions of living on the streets became more challenging and he entered the shelter system. He remained there until securing his affordable senior housing unit. At the time of the interview, he had been in his new apartment for only one month.
Emerging Themes

In the most simplistic terms, an overwhelmingly central theme across all nine participants’ interviews was that homelessness is a dramatically challenging life changing experience. Experiencing and navigating homelessness later in life further compounded these challenges. Data revealed that late life homelessness impacts an older adult’s mental health and contributes to exacerbating feelings of loss that are often associated with aging. Findings revealed that social norms surrounding generational roles and social connectivity do not evaporate due to the lack of housing, data cast light on how these norms continue and evolve among the homeless.

The following sections will discuss the findings related to the themes that emerged from the date; the discussion will include:

- Challenges and complexity of late life homelessness
- Life experience as preparation for late life homelessness
- Role of Faith and Religion
- Homelessness and Healthcare
- Homelessness and Mental Health
- Homelessness and Social Connectivity
- Generational Social Roles
- Loss of Autonomy and Independence

Challenges and complexity of late life homelessness

During the in-depth individual interviews, participants re-lived their homelessness experiences. Individual accounts of the lived experience of homelessness were inclusive of reports of exposure to harsh and at times dangerous conditions within the shelter system and on the streets. Formerly homeless participants recalled lived experiences that included exposure to violence, drug use, and other criminal behaviors while in the shelter system. The most prevalent, witness to violent acts, was reported by five participants. Participants described dangerous living
conditions surrounded by criminals, active substance abusers, and untreated mentally ill individuals. Several participants reported witnessing targeted victimization of other older shelter residents by younger homeless residents.

Participant One described living in the shelter system as living in hell. She stated “It’s dangerous, you know. I’ve seen people get cut. I’ve seen old people get knocked out of their wheelchairs. I seen people get knocked down with walkers. You know, you just see so much violence.”

Participant Nine: “There was fighting and all types of drug use. There was using of all kinds. I was sent to places where people were coming out of prisons from every part of the state. Inmates, drug addicts, all kinds of abuses, all kinds of people, pedophiles, and put me in shelters in areas with people like that”.

These findings are not surprising but nonetheless alarming as research has found that the presence of a safe environment in late life is critical to positive health outcomes and levels of life satisfaction (Waldbrook, 2015).

*Life experience as preparation for late life homelessness*

Participants described an internal strength that they relied on to endure their homelessness experience. When asked to elaborate on the source of this strength, three participants attributed their internal strength and resiliency to surviving prior life experiences. Participant One spoke of a challenging childhood that included the death of her mother when she was seven years old and being passed through multiple foster homes throughout the rest of her childhood. She endured years of abuse and neglect that she attributed as life experiences that prepared her for survival and resilience as she endured homelessness in later life.
Participant Two described enduring multiple tragic life events prior to her later life homelessness. This included caring for her two severely physically disabled children until their passing in their late 30’s and coping with her other two children’s long term substance abuse struggles. She also described ensuring an abusive marriage earlier in life that included her ex-husband’s attempt to set her apartment on fire. She attributed the strength that she developed as a result of surviving these cumulative traumas as the source of her resiliency to endure late life homelessness.

Participant Three described how his long-term struggles with heroin addiction built an internal immunity to the challenges and harsh conditions of life on the streets. Violence and substance abuse within the shelter system led him to choose to live on the streets rather than in the shelter system for the majority of his 20 + years of homelessness. Another participant also chose to live on the streets rather than to endure the conditions within the shelter system. However, as they grew older, they were unable to tolerate the harsh conditions associated with living on the streets and returned to the shelter system.

The identification of participants choosing life on the street rather than within a shelter was not a surprising finding. Prior research has found that the unsafe conditions within emergency shelters dissuade homeless individuals from seeking shelter. Individuals opt to expose themselves to the harsh conditions of living on the streets rather than place themselves at risk for physical violence within a shelter.

**Role of Faith and Religion**

In addition to prior life experiences, faith in a higher power emerged as a source of strength and resiliency. Several participants spoke of an inner source of strength generated by
their faith. Participant One reported “And you know, I just knew that Jesus got me”. Similarly, Participant Four placed all his faith in his higher power to solve his housing struggles stating, “And I knew that the only one that could get me through this and give me an apartment was Jesus Christ”. Participants spoke of the use of prayer to guide them through this challenging time in their life and the role of their faith as a source of strength to help them persevere through the experience.

**Homelessness and Healthcare**

Overall, access to and compliance with primary medical care was not identified as negatively impacted by the homelessness experience. Seven of the participants reported that they were able to maintain uninterrupted access to their primary care physician that included no lapse in medical care or interruption in treatment during their period of homelessness. Participants reported that most of the shelters provided transportation to medical appointments and one participant reported being placed in a shelter that had an onsite medical clinic. One participant reported that he was unable to access needed in-home physical therapy at the shelter but chose not to pursue other outpatient options for care. This differed from findings identified during the literature review. Previous research studies found that there were high incidences of preventative medical care neglect among the homeless with increased rates of episodic emergency room care. In addition, homeless older adults were found to prioritize shelter and food over their health. (Kellogg and Horn, 2012; Doolin, 1986). However, in this study, the majority of participants maintained primary care by the same physician throughout their period of homelessness. This finding supports that homelessness’s impact on healthcare may vary dependent on the age of the homeless individual and if homelessness occurs after long periods of housing and healthcare access stability.
Three participants indicated that they attribute their poor health as a negative outcome of their lived homelessness. Two participants reported that they neglected their dental care for the years that they were homeless that led to later health problems. Participant Three reported that he neglected his healthcare needs his entire adult life until getting his apartment. He reported that his street homeless lifestyle prevented him from managing appointments, etc. It was not until he established a home base that he was able to take control of his healthcare needs. Healthcare neglect, including dental care, was reported by participants that had experienced prolonged periods of homelessness. This supports findings of earlier research.

Participant Six discussed how residing in a homeless shelter had a negative impact on his health that has had long term health implications. Environmental pollutants from highways surrounding the shelter facility reignited childhood asthma that has not gone into remission. He also discussed how he attributed his body’s reduced immune system and increased instances of sickness to his constant exposure to negativity and harsh living conditions within the shelter.

**Homelessness and Mental Health**

The lived experience of late life homelessness was identified as a precipitating factor for poor mental health outcomes during and after the period of homelessness. Five study participants discussed how the lived experience of homelessness had negative impacts on their mental health and well-being. This is not surprising given that earlier studies have found that up to 50% of the homeless report symptoms of depression (Tong, et al, 2018).

Participants reported that the experience of living through the harsh conditions associated with homelessness caused them emotional distress and negatively impacted their mood. For example, Participant Six stated “That was why by the end, I was becoming depressed, and I was about to have a nervous breakdown because of living in that pool of negativity”. He described
the experience as emotionally and physically draining leading to significant internal turmoil that he described as “slowly eating my soul”. Similarly, in reflecting on the overall homeless experience, Participant Eight stated “It was all just depressing, depressing”.

In addition to discussing how their mental health was impacted directly while they were homeless, participants explained how the trauma of the experience has led to lingering mental health conditions. Three of the participants reported requiring ongoing long term mental health treatment for mental illness that they attribute to the trauma they endured while homeless in later life. Participant Two reported “Yeah, I have a lot of stress, I still have it. Of course, it has stayed with me”. In reflecting on how homelessness differed in late life versus an early life homeless experience, Participant Seven stated “As you get older, it gets more traumatizing. Yeah, yeah, it kind of stays with you.”. All of these participants reported that they require long term mental health treatment to address the emotional trauma of their late life homelessness. This was not surprising as earlier studies have suggested that homeless older adults are at greater risk for depression than younger homeless individuals (Culhane, et al, 2019).

**Homelessness and Social Connectivity**

Findings on late life homelessness’s impact on social connectivity were significant to the development of a grounded theory on late life homelessness. Six participants reported positive social connectivity while in the shelter. Participants reported establishing friendships while in the shelter with other shelter residents and spending time socializing during the day, especially those that were in shelters that required participants to be off site between the hours of 9am-5pm. They relied on these social connections to help them pass the time and partake in leisurely activities such as window shopping and dining out during the day with each other. In reflecting on these relationships, Participant Eight stated “I have a few girlfriends that I made up there. And some of
them I trust explicitly”. Each of these participants reported that they have maintained these positive social connections since leaving the shelter. In addition to providing a source of socialization and recreation, several participants mentioned that their social connections also served as a source of protection indicating that they mutually looked out for each other. These findings suggest that the social connections created within the shelter system may play a role in negating some of the negative impacts associated with homelessness.

Three participants spoke of negative social connections while in the shelter system. Participant Six described social interactions among shelter residents as those of prey and perpetrator. There was never an instance where you could let your guard down amongst other residents. Similarly, Participant Nine described interactions that were consistently fueled by accusations among shelter residents of *snitching* on each other or stealing from one another. One participant recalled interactions with his roommate that included intimidating behaviors and threats of violence. It was unclear to the participant if these threats were credible or a survival mechanism for his roommate. Either way, it created a negative environment that damaged any opportunity for positive social connectivity.

Alternatively, Participant Nine described social exchanges that were conditional and reciprocal. Respect was given during social interactions in exchange for respect received and vice versa. Social connections varied based on individual exchanges and could alternate between positive and negative at any given time. The polarity of these experiences interfered in the establishment of healthy, mutually beneficial social connections.

Three male participants found the social environments within the shelter system to be so potentially harmful that they chose to live on the streets to avoid any engagement with other homeless individuals. Two participants reported spending years sleeping on the subways and in
train stations and the third reported living in an airport for over two years. All three participants described homeless experiences that were primarily isolated and void of social connectivity. All three returned to the shelter system later in life when they could no longer manage the harsh living conditions associated with living on the street.

Since the literature review revealed limited research on social connections among homeless older adults, there findings are significant and aid in the development of a deeper understanding of how homeless older adults connect socially during their lived homeless experience. Findings suggest that homelessness does not prevent an older adult from an adaptive socialization strategy such as the continuity theory on aging.

**Generational Social Roles**

Age emerged as an indicator of a participant's role within the social network of a homeless shelter. Several participants reported that their advanced age positioned them in an informal role of advisor for the younger shelter residents. They described being sought out by younger residents for guidance and advice. In explaining how they responded to this, participants explained how they adapted to the role and provided guidance. Participant One explained how she engaged the younger residents, stating “I really had to sit them down and talk to them ‘cause they was like, cursing out the worker’s and I’m like do ya’ll see where they going? They are going home at the end of the day and you're going to get yourself stuck here”. In the following excerpt, this same participant demonstrated how she provided guidance to a new, young, resident in the shelter: “They put a young lady in with me. And she was like, you know. I said ‘Honey, put some spunk under your belt. You can’t come in here like that’. She said ‘I’m scared in here’ and I said ‘I know you are but you’re gonna be alright’”.
Two of the male study participants shared stories of how they tried to guide the young male shelter residents who were going astray and engaging in deviant behaviors. Participant Seven stated: “And I always give them that kind of advice, young man, do better than what you are doing.”. Participant Nine discussed the value that he placed on this role within the shelter and how he held himself responsible to serve as a role model. In his interview, he noted: “I was a role model, I’m talking about a real role model. Stuff that I was doing, other guys would kind of pattern from me.”.

Participant Two reported that she sought comfort and guidance from an older (late 80s) shelter resident that she referred to warmly as ‘granny’. She described how meaningful it was for her to have someone that she could turn to for support and counsel while she was homeless.

Study findings clearly revealed the presence of social hierarchies within the shelter system that were based on more than power and intimidation. Older shelter residents were sought out for counsel and at times, protected by younger shelter residents. This is interesting as it points to the existence of societal social norms surrounding generational roles existing among the homeless population. This was an area that was missing from the literature. These findings provide depth and richness to the understanding of the late life homeless experience.

**Loss of Autonomy and Independence**

Feelings of loss of autonomy and independence emerged from the narratives of several study participants. The shelter rules and regulations were alarming to those who had spent their adult lives living independently. Two participants described the shelter system as a jail. One participant reported entering the shelter and immediately having the sense of imprisonment. He described the physical structure of the shelter and the lists of rules and regulations as resembling
a prison so strongly to him that he chose to leave immediately and live on the streets rather than to relinquish his freedoms and place himself in a potentially dangerous situation.

Study participants expressed how shelter regulations generated feelings of loss and dependency. They described feeling like they were being subjected to punishment for their lack of housing. Participant Eight reflected by stating “I mean, I especially didn’t like the fact that we had to sign in at 10:00pm. I figured you’re grown, worked, lived life, you understand. I mean, I said, why do I have to do that? I didn’t kill anyone. Total loss of independence”. She later commented while reflecting on the overall experience: “That was the only thing that was daunting to me. That you couldn’t have that freedom to go where you wanted to go.”. Other participants shared similar sentiments. The feelings of loss of independence and autonomy were significant across the interviews and encouraged feelings of punishment and blame to be placed on the homeless older adults.

**Conclusion**

This purpose of this chapter was to provide the results of the qualitative data analysis, including the emergent themes and concepts, breakdown of the participant descriptors, and descriptive participant profiles. The nine formerly homeless older adults that participated in this study provided a broad, rich account of their lived experiences of late life homeless. This unique perspective could only be provided from the viewpoint of someone who had directly lived the experience. The study’s findings have identified several major themes related to the lived experience of homelessness in late life. A discussion of the results of this data analysis and the implications for future policies, research and direct practices are discussed in the following chapter.
Chapter Five: Discussion and Conclusion

The purpose of this research study was to gain an in-depth understanding of late life homelessness from the perspective of individuals who have lived the experience. Through a grounded theory methodology, the data collected informs the development of an understanding of the lived experience of homelessness in later life and its impact on the individual. Through this qualitative research design, this study collected data through in person individual interviews with nine (9) formerly homeless older adults. The findings of this study shed light on multiple aspects of the lived experience and can serve to inform the development of integrated housing and aging services policies that target the prevention and reduction of the identified negative consequences of homelessness in late life.

Discussion of Findings

Not surprisingly, themes surrounding the trauma and challenges of lived homelessness emerged from the data. Images of harsh conditions and exposure to violence that is often associated with homelessness were validated through the lived experiences shared by study participants. Challenging prior life experiences were cited as sources of strength and resiliency that aided participants in enduring their period of homelessness. Faith in a higher power and religious beliefs served as a source of sustenance for many of the formerly homeless older adults. The findings of this study provide us with a unique view of the late life homelessness experience through the lens and perspective of someone who has lived it. This understanding provides a solid foundation to build efforts to address this complex growing social phenomena and to guide further research.
Homelessness and Healthcare

A deeper understanding of homelessness’s impact on access to healthcare was revealed through the data analysis and differed from what was initially expected. Previous research findings indicated that homelessness served as a major deterrent to accessing regular medical care and adherence to medical treatments. However, the findings of this study suggest that this varies among those who become homeless for the first time later in life after periods of prolonged housing stability. Participants’ who had stable housing throughout their adult life reported consistent access to primary care and preventative medical treatments. Housing disruption after the establishment of relationships with healthcare providers did not interfere in the individual’s compliance with medical treatments. Participants’ that had complied with medical care prior to their homelessness maintained ongoing medical care throughout the period that they lacked housing. Homeless shelter providers served in a supportive role to facilitate transportation and access to healthcare providers. Findings support that prior adherence to medical care and established practices prior to homelessness are indicators of how a homeless older adult will maintain and access medical care while homeless. This has positive implications on healthcare spending and health outcomes amongst older adults who experience homelessness for the first time in later life.

Alternatively, those participants that had prolonged periods of homelessness throughout adulthood reported neglecting their healthcare needs and preventative healthcare services while homeless. This is in congruence with previous research findings. This suggests that first time homelessness in late life may not be associated with negative health outcomes as initially expected. However, prolonged period of homelessness were associated with the neglect of health
care needs that may lead to negative health outcomes as the individual ages. The long-term impact could not be explored through this study.

**Pathways to homelessness**

It was not surprising that the overwhelming majority of participants cited housing affordability as either their direct pathway to homelessness or the primary factor for their sustained period of homelessness. Research findings have supported that homelessness later in life has different causation than those of younger homeless individuals who may be more likely homeless due to aging out of foster care, substance abuse, and/or mental illness (Berk-Clark & McQuire, 2013). Housing unaffordability and limited housing subsidies prevented study participants from either maintaining their previous housing or securing alternate housing within the community to avoid homelessness. Ultimately, participants were able to secure affordable housing units by their residency within a New York City homeless shelter indicating that one pathway to accessing a senior affordable housing unit is through the shelter system. Further research is needed to analyze methods of access to affordable housing units for older adults.

**Social Connectivity**

Social isolation is a key social determinant of health and a factor that can play a significant role in successful aging. Given the gap in the literature exploring the impact homelessness has on social connectedness, this study explored social connectivity during homelessness with the formerly homeless participants to gain an understanding of the social connections among homeless older adults and what role these connections play in their lives. The study’s findings suggest that the shelter’s regulations that residents leave the premises during the daytime hours served as a mechanism that encouraged social connectivity.
Participants explained how these rules forced them to engage with others to make plans on how to spend the time that they were required to be off site. Through these outings, social connections were established, and, in many instances, these led to genuine friendships that lasted beyond their period of homelessness. This finding is significant as research has found that positive social connections are associated with positive health outcomes and slower disease progression (Lui and News-shaffer, 2011).

Older adults were sought out for counsel and guidance by younger shelter residents establishing different forms of social connectivity for the homeless older adults indicating the presence of hierarchical social roles among the shelter system’s population. Some participants expressed that this not only provided them with a meaningful social role but also provided them with a sense of protection among the shelter’s general population. The findings on social connectivity indicate that homeless older adults do not lose the ability to maintain adaptive social roles during homelessness. Continuity theory argues that the ability to maintain engagement with social activities and social connectivity correlates with levels of life satisfaction related to aging. This may be beneficial for those older homeless adults who have the opportunity to establish healthy social connections during their homelessness and reduce the overall impact on their long-term level of life satisfaction.

However, the findings suggest that the homeless experience does not solely contribute positively to social connectivity. Several study participants reported instances of negative social interactions that discouraged social connections and promoted isolation among older shelter residents. Environments of suspicion and intimidation contributed to feelings of loneliness. In some cases, the older adults found the negativity of these social exchanges to be so potentially harmful that they chose to spend years living solitary, isolated lives on the streets of New York.
City. Participants in this study had not been removed from the homeless experience long enough to explore any long-term impact of these negative or positive social connections.

*Mental health*

Findings from this study support previous research findings that homelessness has a negative impact on an individual’s mental health. The formerly homeless older adults interviewed spoke of the emotional toll and psychological distress they experienced during and as a long-term result of their homelessness. Symptoms of depression and anxiety were described as consequences of the harsh living conditions experienced within the shelter system and feelings of hopelessness associated with lack of housing. These symptoms did not evaporate with the provision of an affordable housing unit. Findings suggest that this lived experience in later life has a longer-term influence on one’s mental health and well-being. This identified impact on mental health has grave implications for quality of life among America’s formerly homeless elderly that will likely contribute negatively to many subsets of the public sector.

*Limitations*

While the results of this study lead us to a deeper understanding of late life homelessness, the study results are not without limitations. The proposed methodology and sampling plan excluded the participation of those who were currently homeless. This may have limited or reduced the collected data since participants were no longer living the homeless experience. It is possible that there were parts of the experience that could no longer recall since they were now removed from the experience. Data collection relied on the participants’ honesty and willingness to share their histories. The nature of the topic presents a challenge; it is an emotional issue. It is possible that some participants may have avoided sharing certain aspects of their lived
experience. The study’s limited sample size is an additional limitation. While the in-depth interviews provided rich descriptions of the experience, the limited size prevents any ability for the findings to be generalized to a broader population.

While all the study’s participants were no longer homeless at the time of data collection, they had not been housed for significant periods of time. Therefore, preventing the ability to explore the long-term impact of their homelessness experience through this study. Further research will be needed to determine the long-term impact of homelessness in late life.

Recruitment for study participation was limited to New York City residents residing in NYC affordable housing units set aside for formerly homeless older adults. This may limit the study’s findings on pathways to late life homelessness and experiences within the shelter system. Scarcity of affordable housing and costly housing market within New York City led many of the study participants to late life homelessness. These factors may be unique to older adults within NYC and other large metropolitan areas across the United States.

The study’s methodology was limited to data collection through the use of individual interviews. This limits the ability to triangulate the data for validity purposes. In addition, limited research into this issue limits this research inquiry to an exploration. Follow up research will be needed further develop theory on the concepts that emerged during this analysis.

**Recommendations and future research**

The rapid increase of homeless older adults, which is expected to continue to grow over the next several decades, presents unique challenges across all sectors including a myriad of public service arenas such as health care, housing, social services, long term care, and benefit/entitlement spending. The study’s findings highlighted the complexities associated with
late life homelessness from the perspectives of those who have directly lived it. Themes emerging from the data make significant contributions to deepening our understanding of late life homelessness and its impact on the individual. Failure to use this knowledge to develop meaningful interventions to support older adults who are homeless, at risk for homelessness, or formerly homeless can have substantial consequences on the quality of life among this cohort and economic repercussions.

In response to previous research and the findings of this study, the following recommendations are suggested:

*Targeted mental health services:* Mental illness emerged as consequential to the lived homeless experience in this study. To address the harmful impact homelessness has on an individual’s mental wellbeing, there is a need to invest in the targeted mental health services for homeless older adults. For ideal effectiveness, designed initiatives should include intense outreach and engagement to older adults within the shelter system and on the streets. Screening tools such as the Geriatric Depression Scale, PhQ-9, and GAD-7, can be administered by social service professionals for early detection of mental health concerns. Early identification and facilitated connection to mental health services may reduce the negative impact of homelessness on mental health and support the homeless older adult when they are able to secure housing. Study findings suggest that the mental health issues resulting from the homelessness experience continue for the individual after they are no longer homeless. Earlier engagement in treatment may reduce this and establish a stronger foundation for successful aging within the community. There is a need for further research to explore the efficacy of different models of mental health outreach and service delivery among the homeless.
Preventative services targeting older adults at risk for eviction: Ideally, the most effective manner in which to eliminate the identified negative consequences of late life homelessness is to prevent the loss of housing in the first place. Research supports that preventative measures are not only effective strategies to avoid the negative outcomes associated with homelessness but are also cost effective. An evaluation of a NYC based homeless prevention program that targeted families at risk for homelessness found that an investment of $14 million in this preventative service program led to a reduction on shelter expenditures that ranged from $20-44 million (Goodman, Messeri, & O’Flaherty, 2016). With adaptation and investments, similar programs may be able to be expanded to address the needs of homeless older adults and reduce the rates of homelessness within this age cohort through preventative services. Given the projected growth of this population, it is timely for expansions and replications of proven models to address this public problem. Since this study’s sample size was a limitation, additional research is warranted to develop a deeper understanding of the risk factors for homelessness among older adults to better inform the identification of evidenced based homeless prevention interventions.

Investments in affordable senior housing with onsite services: Housing affordability is problematic throughout the entire country. Limited financial resources and fixed incomes place older adults at extreme disadvantage to access market rate housing. Older adults that cannot secure affordable housing are at risk for homelessness or premature institutionalization, both of which are devastatingly costly options with detrimental individual outcomes. Investments in affordable senior housing that provide onsite social services and facilitate access to health care are crucial at this time. Opportunities to bring service providers, housing developers, city/state agencies and other stakeholders together are needed to develop new housing. While initially costly for the public sector, financial incentives may serve as a tool to increase interest in the
development of affordable senior housing and serve as a mechanism to prevent the anticipated exponential increases in healthcare spending if this problem is not addressed. To determine the most effective service delivery models and collaborative housing development partnerships, further research is needed into this area.

*Integration of emergency shelter services and healthcare:* Findings indicated that emergency homeless shelters played a role in encouraging access to primary medical care. Shelters provided transportation and, in some cases, had onsite medical services. It is unclear if this experience is limited to those few shelters where study participants were placed. Further research is needed to understand if this is common practice among shelter providers and if not, how can this model be replicated as it emerged as playing a role in access to and adherence to routine medical care.

*Formalize peer connectivity and socialization:* Study findings revealed that social connectivity and peer relationships among homeless older adults are impactful and contribute to the overall experience. In many cases, these relationships extended past the homeless experience. Generational social roles emerged from the data analysis that may have significant implications for the psychosocial aspects of aging among homeless and formerly homeless older adults. Given the significance of social isolation and loneliness in late life, there is a need for additional exploration to understand these relationships and the social norms and customs that exist among the homeless.

*Conclusion*

Homelessness is an age old intractable public problem that has reached crisis levels in some parts of the United States. Not only does it lead to poor health outcomes and low quality of life for the homeless individual, it also greatly impacts society at large and creates challenges for multiple public systems such as education, healthcare, criminal justice, housing, and social
services. As the population ages throughout the country, there is unprecedented growth among the homeless elderly population. Aging can be a time of formidable challenges and decline in physical and cognitive functioning. Safe, stable housing is imperative to support healthy aging within the community. Housing instability in late life has devastating effects on the elderly. It can lead to poor health outcomes, accelerated aging processes, and poor quality of life.

Research has shown that there is significant growth among homelessness in late life with the majority of homeless older adults becoming homeless for the first time over the age of 50. There is an indication that late life homelessness is not a result of substance abuse, mental illness, and other challenging life situations that are frequently associated with homelessness among younger populations. Yet, little has been known about the experience of homelessness in late life, specifically from the perspective of those who have lived the experience.

This research study explored the lived experience of late life homeless from the perspective of formerly homeless older adults to develop a deeper understanding of the experience and its implications on healthcare, aging, and social connectivity. In-depth interviews with formerly homeless older adults provided a unique perspective from those who are in the most ideal position to contribute to the knowledge and understanding of this issue. Concepts and emerging themes were analyzed to formulate a richer understanding of homelessness in late life that can support the development of informed interventions and policy directions and guide future research.

There is timely urgency for further exploration of the growing phenomena of late life homelessness. Failure to continue to thoroughly explore this issue and provide prompt attention to the epidemic may have negative consequences for a significant portion of the public. It will place increasing stress and challenges on multiple public service systems with severe fiscal
implications. This study’s findings provide critical perspectives from within the late life homelessness experience that are needed to inform our understanding and guide our future directions. These insights into the lived late life homelessness experience that can steer and influence the development of cost-effective service interventions that improve the quality of life for older adults and ensure safe, stable community living.
References


Herbert, C and Moninsky, J. (2019). What can be done to better support older adults to age successfully in their homes and communities? *Health Affairs.* May 2019: 860-864.


Appendix A: Support Letter from JASA

Ms. Danielle Palmisano  
Doctoral Student  
College of Business and Public Management  
West Chester University  

June 3, 2021

Dear Ms. Palmisano:

The purpose of this letter is to verify that JASA is in support of your proposed dissertation project. Upon IRB approval, JASA has agreed to distribute recruitment materials to formerly homeless older adults who may be eligible to participate in this research study.

JASA is aware that all participants will be asked to sign an informed consent agreement prior to the interview and that they may choose not to participate or to withdraw their participation at any time.

Sincerely,

Amy Chalfy  
Amy Chalfy  
Chief Program Officer
Appendix B: Recruitment Flyer

Share Your Story

I’m currently a doctoral student at West Chester University of Pennsylvania and am interested in

This study has been approved by the WCU IRB, protocol # IRB00005030
Appendix C: Eligibility Screening Script

Title of Research Study: Homelessness in Late Life: An exploration of the lived experience

Principal Investigator: Danielle Palmisano, Doctoral Student, Public Administration

Faculty Advisor: Kristen B. Crossney, PhD
Professor and DPA Director
Public Policy and Administration
West Chester University
(610) 430-5838

Thank you for taking the time to speak with me about this research study. This research study seeks to gain an in-depth understanding of the lived experience of homelessness in late life. This study is part of a doctoral dissertation in public administration.

I would like to ask you a few questions to determine whether you are eligible to participate in this research. Would you like to continue with the screening?

Instruction: If yes, continue with the screening. If not, thank the individual and end the call.

This screening will only take a few minutes. In order to participate in the study, I need to ask you a few questions.

Please let me know if you are not comfortable answering any of these questions. You may end the interview at any time and your participation is voluntary. If you are eligible to participate, you will be invited to participate in an individual interview. If you decide to participate, you will be asked to sign a research consent form. You will be provided with a $10 gift card at the conclusion of the interview. The data collected from participants will be analyzed and may be utilized in the future analysis. Data collected from this study will be kept in a secure location by the researcher for three (3) years. While data may be analyzed in the future, participants will not be contacted again.

Would you like to proceed with this screening?

Instruction: If yes, continue with the below questions. If not, thank the individual and end the call.
Screening Questions:

- Do you speak English?
- Are you 62 or older?
- Have you experienced homelessness over the age of 60?

Thank you for responding to these screening questions.

Instructions: Inform the individual if they meet eligibility criteria. For those that do not meet criteria, thank them for their time and end the call. For those who meet criteria: proceed with below.

Do you have any questions about the research or the interview process? Can you provide a few dates that you are available to meet for an interview? We can meet in your apartment, the building’s community space or at a local coffee shop. The interview will last no longer than an hour.

Instruction: If a participant cannot schedule the interview during this call, provide contact information and ask them to be in touch within a week to schedule.

Thank you for your willingness to participate in this research study. Your experience and input are tremendously valuable.
Appendix D: Interview Protocol

Title of Research Study: Homelessness in Late Life: an exploration of the lived experience

Semi-Structured Interview Protocol

1. Can you tell me about your experiences with homelessness?

2. How do you think homelessness contributed to your aging process?

3. Can you describe what this has meant for your experiences of growing older?

4. Can you describe your overall approach to managing your health care needs?

5. How did you manage your healthcare while you were homeless?

6. Can you describe any impact that homelessness may have had on your health?

7. Can you describe your social connections:
   - Prior to becoming homeless?
   - While homeless?
   - Now that you are no longer homeless?
Appendix E: Informed Consent

Project Title: Homelessness in Late Life: an exploration of the lived experience

Investigator(s): Danielle Palmisano; Dr. Kristen Crossney

Project Overview:

Participation in this research project is voluntary and is being done by Danielle Palmisano as part of her Doctoral Dissertation to gain an understanding of the lived experience of homelessness in late life. Your participation in an interview will take about 1 hour and you will receive 10 dollars in the form of gift card. Participation provides the opportunity to share their experiences to develop an in depth understanding of late life homelessness and its impact on the aging process. to you as the participant.

The research project is being done by Danielle Palmisano as part of her Doctoral Dissertation to gain an understanding of the lived experience of homelessness in late life. If you would like to take part, West Chester University requires that you agree and sign this consent form.

You may ask Danielle Palmisano any questions to help you understand this study. If you don’t want to be a part of this study, it won’t affect any services from West Chester University. If you choose to be a part of this study, you have the right to change your mind and stop being a part of the study at any time.

1. **What is the purpose of this study?**
   - To gain an understanding of the lived experience of homelessness in late life.

2. **If you decide to be a part of this study, you will be asked to do the following:**
   - Individual Interviews
   - This study will take 1 hour of your time.

3. **Are there any experimental medical treatments?**
   - No

4. **Is there any risk to me?**
   - There is a potential risk for emotional distress

5. **Is there any benefit to me?**
   - Benefits to you may include: Ability to share experiences to develop an in depth understanding of late life homelessness and its impact on the aging process.

6. **How will you protect my privacy?**
   - The session will be recorded.
   - Audio recording of interviews
   - Your records will be private. Only Danielle Palmisano, Dr. Kristen Crossney, and the IRB will have access to your name and responses.
   - Your name will not be used in any reports.
   - Records will be stored:
     - Password Protected File/Computer
   - Records will be destroyed Three Years After Study Completion

7. **Do I get paid to take part in this study?**
You get 10 dollars in the form of gift card

8. **Who do I contact in case of research related injury?**
   - For any questions with this study, contact:
     - **Primary Investigator:** Danielle Palmisano at 347-452-0762 or dp931746@wcupa.edu
     - **Faculty Sponsor:** Kristen Crossney at 610-430-5838 or kcrossney@wcupa.edu

9. **What will you do with my Identifiable Information/Biospecimens?**
   - Not applicable.

For any questions about your rights in this research study, contact the ORSP at 610-436-3557.

I, _________________________________ (your name), have read this form and I understand the statements in this form. I know that if I am uncomfortable with this study, I can stop at any time. I know that it is not possible to know all possible risks in a study, and I think that reasonable safety measures have been taken to decrease any risk.

_____________________________ Subject/ParticipantSignature Date:_____________

_____________________________ WitnessSignature Date:_____________
Appendix F: IRB Approval

IRB-FY2021-167 - Initial: initial - Expedited
do-not-reply@cayuse.com <do-not-reply@cayuse.com>
Mon 6/21/2021 9:39 AM
To: Palmisano, Danielle <DP93746@wcupa.edu>; Crossney, Kristen B <KCrossney@wcupa.edu>

Jun 21, 2021 9:39:43 AM EDT

To: Danielle Palmisano
Public Policy and Administration.

Re: Expedited Review - Initial - IRB-FY2021-167 Homelessness in Late Life: An exploration of the lived experience

Dear Danielle Palmisano:

Thank you for your submitted application to the WCUPA Institutional Review Board. Since it was deemed expedited, it was required that two reviewers evaluated the submission. We have had the opportunity to review your application and have rendered the decision below for Homelessness in Late Life: An exploration of the lived experience.

Decision: Approved

Selected Category: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Sincerely,
WCUPA Institutional Review Board

IORG#: IOR0000424Z
IRB#: IRB00005030
FWA#: FWA00014155

https://outlook.office.com/mail/id/AAQkADZhZ3U3NDZhLTUzNThhNDBhN2I0MjEWFzZ2M1MTExZjcSNAAQAFDPB7A4b7bLmZDHJF%2F%CIAb9D