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Authors

Hsiao, Paula
Wahab, Asim
Hwang, Jay
et al.

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**Consequences of Social Policy on Creating a Homeless Population in the Oakland Area and
Resulting Health Disparities for Older Adults**

Paula Hsiao, Asim Wahab, Jay Hwang, Melina Bindra

Research Mentor: Paula Hsiao

Public Health and Health Sciences Division at Undergraduate Laboratory, Berkeley

University of California, Berkeley

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Abstract

California has the largest homeless population in the nation, with a significant gap between the demand and supply of affordable housing. This disparity not only undermines the quality of life and educational opportunities for residents but also poses grave health risks. This study investigates the nexus between social policies and homelessness in California. By analyzing systemic factors such as exorbitant housing costs and inadequate social safety nets, we uncover the root causes of housing instability. Our examination extends to exploring the multifaceted health disparities experienced by homeless individuals, particularly older adults, and elucidating the complex interplay of mental health struggles within this demographic. Findings reveal that prevailing social policies significantly contribute to homelessness, exacerbating health inequities among vulnerable populations. Our analysis stresses the urgent need for evidence-based policy reforms and holistic, community-based approaches to address homelessness effectively and promote health equity.

Introduction

California faces a dire homelessness crisis, leading to the nation's largest homeless population. With 28% of the country's homeless and a staggering 51% unsheltered, the state grapples with severe housing shortages exacerbated by economic fallout. The consequences are significant: over 1.6 million renter households spend over half their income on housing, leading to overcrowding and dire educational outcomes for homeless youth. Health ramifications are profound, with chronic pain, premature mortality, and increased susceptibility to disease plaguing the homeless population. Systemic failures compound the issue, as inadequate coordination among agencies and a lack of effective tracking mechanisms hinder efforts to address homelessness effectively. Understanding the enduring impacts of homelessness on both

physical and psychological well-being is a complex challenge in research. The transient nature of homelessness exhibits a challenging barrier to gathering complete, long-term data and statistics on its effects. As a result, there exists a significant gap in the understanding of how homelessness shapes the health trajectories of affected individuals.

Our research focuses on addressing the critical gap by scrutinizing the nexus between social policies and the rapidly growing homeless population in Oakland. Our examination spans three dimensions of homelessness: the influence of social policies in precipitating homelessness, the multifaceted physical health challenges faced by the homeless, and the intricate web of mental health struggles endured within this population. Diving into the intricacies of social policies, we aim to disentangle the systemic factors contributing to housing instability, including exorbitant housing costs, inadequate social safety nets, and limited access to essential healthcare services. By scrutinizing these issues, we aim to illuminate the direct correlation between social policy decisions and the health outcomes of Oakland's homeless populace. Moreover, our inquiry extends to the nuanced health disparities experienced by distinct subgroups within the homeless community, such as women, individuals with a history of childhood trauma, and those grappling with chronic illnesses. We examine the exacerbating effects of substance abuse on physical health conditions. Employing a comprehensive "journey of homelessness" framework, we seek to decipher the intricate interplay between social, physical, and psychological factors shaping the health landscape of Oakland's homeless population.

Through our scholarly pursuit, we aspire not only to bridge existing knowledge gaps but also to advocate for policy reforms aimed at addressing the systemic root causes of homelessness. By shedding light on the complexities of this pressing societal issue, we aim to foster a more equitable and compassionate future for Oakland's homeless community. This

research is driven by the rudimentary question: What are the repercussions of prevailing social policies on the creation of homelessness, and what ensuing health inequities emerge as a consequence?

Subsection 1 - Social policy

Effect of Social Policy on Homelessness and Wellness

Social policy plays a vital role in homelessness and the mental and physical consequences of homelessness, especially in older adults. The various aspects of social policy such as housing and social safety nets are discussed in this section. Understanding how social policy leads to homelessness and how it can impact those experiencing homelessness is critical to comprehending the wellness of people experiencing homelessness as a whole.

Housing

Affordable housing is key to preventing homelessness and the lack of affordable housing is one of the contributors to homelessness. In Oakland, there is an imbalance between the housing cost and the annual income. According to the Oakland Equity Indicators report, 48% of the households in Oakland were spending more than 30% of their income on housing (City of Oakland, 2016). A study found that people experiencing homelessness in California had a median monthly income of \$960 and a monthly housing cost of \$375 6 months before they started experiencing homelessness (Kushel et al., 2023). That is, the participants were spending almost 40% of their income on housing. This suggests that 48% of the households in Oakland are not in a stable income to housing cost ratio with their ratios only differing by 10% from the ratio of those who are now experiencing homelessness. They also had a median of 5 days warning before losing housing (Kushel et al., 2023) which is not enough time to search for new housing, leaving people in the streets.

Social Safety Nets

Many older adults are retired and rely on social safety nets such as the Old Age and Survivor Insurance and Medicaid to maintain their well-being. These safety nets are crucial for the survival of older adults and especially older adults experiencing homelessness.

Old-Age and Survivor Insurance (OASI)

The Old-Age and Survivor Insurance, also known as Social Security, is a financial protection that “provides retirement income for every American worker” (Social Security, n.d.). However, OASI is often not sufficient for beneficiaries and especially older adult beneficiaries who oftentimes rely on OASI as the only source of income. This is an issue as

“about half of the population aged 65 or older live in households that receive at least 50 percent of their family income from Social Security benefits and about 25 percent of aged households rely on Social Security benefits for at least 90 percent of their family income” (Social Security n.d.).

In February of 2024, the average amount of funds received by retired workers and dependents was \$1,909.01 (Social Security, n.d.) compared to the average cost of rent in the US which was \$1,702 in March 2023 and \$2,680 in November 2023 for Oakland (Rent Cafe, 2023). The OASI is barely enough or not enough to cover the expensive rent in the US, specifically in the Oakland area. In an interview done by Unhoused, Marilyn Forte, a 61-year-old woman living in a shelter, expresses that she needs a house to rest to start dialysis for her failing kidneys. In the interview, Marilyn Forte states,

“The apartments they have for seniors, they want three times your security. Well, nobody has that lying around, I make two times the rent. I make \$2200. And I lived in a motel for a while thinking I could find an apartment and move in. Nope. That didn’t work out,

either. So I ended up here in a shelter until I could find a place that I could afford”

(Unhoused, 2023).

Without enough social security, older adults with chronic illnesses are left homeless, and unable to get treatment. In Marilyn’s case, her doctor does not want to start treatment before she has a place to rest, as she will need dialysis 3 times a week (Unhoused, 2023). This prolonged time before treatment could aggravate her disease and end up costing more to treat.

Medi-Cal

The Medicaid program is a public health insurance that applies to low-income individuals and seniors (DHCS, n.d.). As a part of the Affordable Care Act, Medicaid expansion increased the maximum income an individual would have to be earning to qualify for Medicaid. However, a study found that in San Francisco, state and local policies clashed and placed administrative burdens on individuals experiencing homelessness (Willison, 2021). With Medicaid enrollment being tied to counties, people experiencing homelessness would have to enroll again if they moved out of the county (Willison, 2021). Incarceration also impacts eligibility for Medicaid and makes it harder for those who were previously incarcerated to enroll in Medicaid again. In addition, the study found that the lack of funding for housing presents challenges to being able to support people experiencing homelessness (Willison, 2021). In California, the Medicaid program is called Medi-Cal and the Whole Person Care Program is a program that aims to address some of the issues mentioned above. According to the study, although during the time of research, the Whole Person Care Program was not fully implemented, interviewees expressed concerns about getting people to enroll in the program (Willison, 2021).

Discussion

The gap between the income and housing costs in Oakland as well as the short number of days given as warning for individuals before they are kicked out of their homes highlights the fundamental issue of affordable housing and its effect on causing homelessness. Especially in older adults' cases, the social security that they rely on for income is insufficient for housing and has the additional effect of hindering them from receiving treatment for chronic illnesses. Although new initiatives are being added to Medi-Cal, the execution of the programs need to keep in mind accessibility for individuals to enroll and stay enrolled in those programs.

Subsection 2 - Physical effects

The relationship between homelessness and the physical well-being of the older population in the cases below discusses the negative impacts of being homeless on the physical health of the participants as a result of symptoms that appear, as well as the various comorbidities that they struggle with as the symptoms persist. In general, older homeless adults exhibited a greater frequency of pain physically, psychologically, and psychiatrically, with the psychological and psychiatric aspects compounding on the severity of the physical symptoms.

In the study conducted by the Journal of General Internal Medicine, they conducted a population-based sampling using participants from different shelters or centers, and encampments throughout Oakland to gather data on the health of homeless adults who are at or above 50 years of age (Patanwala, 2018). The methodology of the data collection also followed the expectations that it should be a long-term extended study that followed up with the same participants, with the study being conducted over an 18-month long period (Patanwala, 2018). Physical health and symptoms were rated through the Patient Health Questionnaire-15 and for

psychiatric symptoms, the Addiction Severity Index (ASI) (Patanwala, 2018). This included a more thorough examination and assessment of their health status, including interviews, monthly contacts, and visiting the places the participants frequented. The sample of the survey included a total of two hundred eighty-three participants, with around 75% of the participants being male (Patanwala, 2018)

Main Symptom Burdens

The main physical commonalities discovered as a result of this survey were that the participants who reported back a moderate---high physical symptom burden was just over a third of patients, and the symptoms that were included as a contributing factor to the burden were related primarily to pain of the joints and back, fatigue, and sleep trouble (Patanwala, 2018). For those with a higher symptom burden, other associated factors contributed to the symptoms, such as childhood abuse and cannabis use. As the median age of the homeless rises, they experience the physical symptoms that come with accelerated aging, which often develop into chronic conditions that impact their cognitive and mental function. Alongside the symptoms, the main concern is the increase in mortality rates for older homeless adults, where premature mortality was found to be more common (Brown, 2022).

Other Contributing Health Factors

The actual age of these homeless participants was not consistent with the physical symptoms they were displaying, as the state of their health was often to the point where they were reflecting the physical symptoms that would be expected of someone older. Geriatric symptoms which are common in older populations were also worse for these homeless participants around their fifties or sixties who struggled with both functional and cognitive impairments that reflected the development of adults who are in their seventies and eighties

(Patanwala, 2018). Alongside the regular pain symptoms that come with their homelessness, these populations over 50 also displayed the prevalence of two or more chronic health conditions, which also attributed to their bodies displaying symptoms more aligned with those who are more aged (Patanwala, 2018). These physical symptoms are a big reason why these participants choose to seek care and are tied to other negative consequences they experience, including lower quality of life, declining functionality and mobility, and increased hospitalizations or even death. A separate study by JAMA internal medicine found that the main causes of death for their deceased participants included heart disease, cancer, and drug overdose (Brown, 2022). Other chronic illnesses that impacted their respiratory system and liver also contributed to this count (Brown, 2022).

Physical and Psychological Influences

Along with physical symptoms, the psychological symptoms reported alongside the physical provide more insight as to the relationship between their symptom burden and their mental state. Half of the participants were also dealing with depressive symptoms, while a third had anxiety, and a fifth had PTSD (Patanwala, 2018). This aligned with the psychological factors of the general population, where those with symptoms such as anxiety were more inclined to also experience the physical symptoms of pain and worsening sleep quality as well (Patanwala, 2018). The anxiety correlated to higher physical illnesses such as palpitations and generally higher symptomatology caused by stress. Environmental factors also contributed to these physical symptoms, such as the lack of privacy to weather, loud noises, bed conditions, and general safety standards for their quality of life that were unmet (Patanwala, 2018). Negative environmental factors interfered with their sleep patterns and increased pain and fatigue as a result of the lack of sleep.

Solutions to Environmental Conditions

This study also analyzed possible solutions or ways to alleviate these physical symptoms for the homeless population through the analysis of their data on the symptoms and housing conditions of the participants. The suggestions not only include ways of improving their environmental quality of life but also building a community-based model around the population. This includes being able to enroll them into programs for palliative care and being able to have social and medical providers along with clinics in areas where they live (Patanwala, 2018). It also made an impact whether or not the participants who had experienced homelessness prior to their fifties had a greater risk of mortality compared to the participants who have previously been homeless (Brown, 2022). This is attributed to a greater level of preparedness and understanding of the resources as well as risks that impact their survival. It plays a contributing factor to the sudden shock of their change in housing status, which leads to a greater inability to control any chronic health issues that might arise. These individuals are more at risk of mortality (Brown, 2022).

Subsection 3 - Psychological effects

The Importance of Understanding Pathways to Homelessness

Homelessness can be defined in numerous ways. Its definition is confined to the geographical, cultural, and historical contexts from which it is drawn. Despite the lack of a consistent definition, researchers have concluded that homelessness is a rising issue within Oakland. To better understand the policies emerging based on addressing unhoused rates, it is important to understand the pathways in which homelessness arises so we can better understand its roots and consequences. This understanding will allow us to frame the discussion for

psychological issues unhoused individuals find themselves dealing with and oftentimes, suffering with. Psychological issues can begin to be understood by investigating the countless circumstances that lead to one's unhoused situation ultimately affecting their mental health and leading to the increased prevalence of substance abuse disorders.

The Journey of Understanding Homelessness

To understand the journey of homelessness can be broken down into three distinct categories: pathways to homelessness, impact of homelessness, and outcomes and resolutions. Each category leads to the others, often contributing in a gradual process. To begin, we address the roots of homelessness on the individual level. These situations can include systematic external factors such as rising housing costs, rural-urban migration, lack of commitment from social services and programs, and especially a lack of these resources in the first place. Other factors can be rooted on a more personal level such as familial issues, social exclusion, feelings of loneliness (often in older adults), exposure to domestic abuse and other forms of abuse, as well as addiction and substance abuse. Personal vulnerability in these situations can lead to one's unhoused situation rapidly or gradually. More rapid situations are the consequence of abrupt life changes such as the death of a loved one, divorce, or loss of housing. It is important to note that the rapid deprivation of resources and support systems, coupled with a series of losses are faced at a higher rate in older adults. Often a fear of finding help in these populations is rooted in a fear of losing independence, unfortunately leading to higher rates of homelessness (Phuntsho et al., 2022). The next category, "impact of homelessness" is rooted in the unmet needs of individuals when they become unhoused. This can lead to a lack of physical and emotional well-being and a lack of healthy social relationships. The inability to cope with these changes contributes to the psychological health effects of individuals. The discussion of policy builds off of the last

category as it engages with the perceived barriers that exist when exiting the cycle of homelessness.

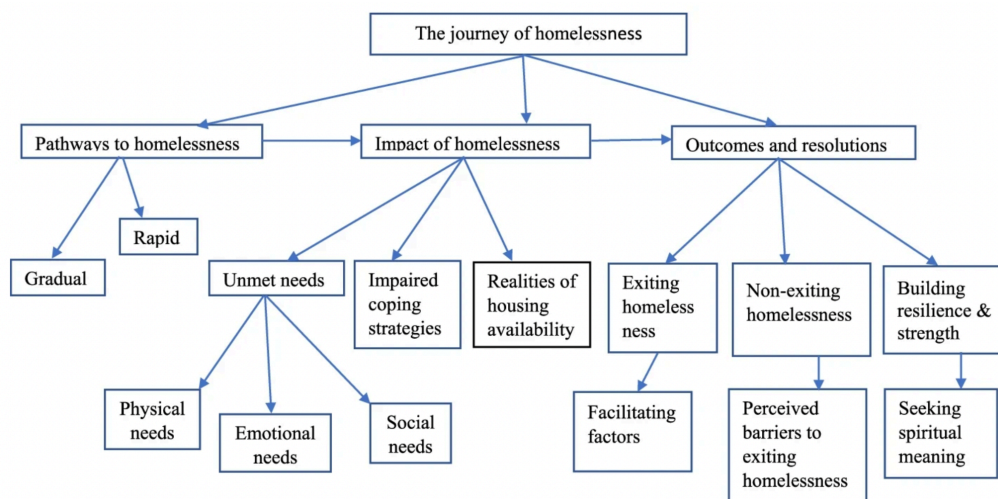


Figure 2: The Journey of Homelessness Model

From: A qualitative systematic review of the experiences of homelessness among older adults

Observational Study of the HOPE-HOME Cohort

A study, known as the HOPE-HOME study (Health Outcomes of People Experiencing Homelessness in Older Middle Age) was done utilizing population-based sampling of those in shelters, encampments, meal programs, and recycling centers located in Oakland. The focus of the study was on older adults aged >50 and was done as a longitudinal study with an 18-month follow-up. To assess psychological symptoms they used the Center for Epidemiologic Studies Depression Scale, the psychiatric section of the Addiction Severity Index (ASI), and Primary Care PTSD Screening (PC-PTSD). Majority of the population were males (75.6%) and African American (82.3%). The study identified four symptom clusters that included minimal and moderate classifications, but more importantly, had two other cluster distinctions that separated high physical and high psychological effects from high physical and low psychological effects. To identify symptomology, the Center for Epidemiologic Studies Depression Scale was used, for

post-traumatic stress disorder they examined PC-PTSD, and for hallucinations, ability to control violent behavior, anxiety, and suicidal tendencies, questions from the ASI were used. The study also urged respondents to complete a Three-Item loneliness scale indicating loneliness and symptomatology. Their results confirmed over half of the population exhibited psychological results (57.6%). Over half reported depressive symptoms, a fifth reported PTSD, and one-third reported anxiety. Additionally, one-third of the population met the loneliness criteria. From their analysis of the clusters, they were able to conclude that it was increasingly difficult to identify groups that exhibited a high prevalence of psychological symptoms coupled with a high prevalence of physical symptoms, emphasizing their high correlation. They also established that mental illness was found secondary to somatization when considering the causes of physical symptoms. For instance in the example of anxiety, while it may reveal physical symptoms (such as palpitations) the experience may be “bidirectional.” The findings of this study call for the adoption of more inclusive symptomatic questioning in existing models in the clinical setting. These changes will lead to the prioritization of patient-centering interventions, effectively reducing the suffering of homeless-experienced populations.

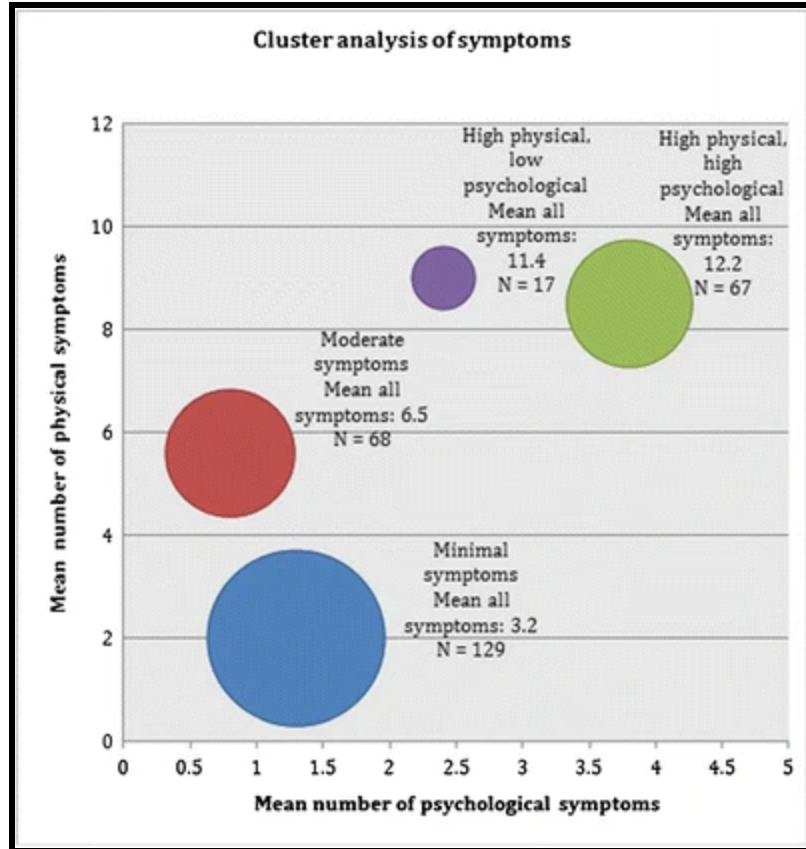


Figure 3: Cluster analysis of physical, psychological, social, and existential symptoms showing the size of the cluster and the mean number of symptoms.

From: Physical, Psychological, Social, and Existential Symptoms in Older Homeless-Experienced Adults: An Observational Study of the Hope Home Cohort

Conclusion

Overall, there is an urgent need for comprehensive policy reforms to address the multifaceted challenges of homelessness in California, particularly in the Oakland area. By delving into the intricate interplay between social policies, physical health disparities, and psychological well-being, we have discovered the profound impacts of homelessness on vulnerable populations. The lack of affordable housing, inadequate social safety nets, and limited

access to essential healthcare services contribute to the perpetuation of homelessness and exacerbate health inequities.

It reveals the dire consequences of prevailing social policies on housing instability and health outcomes. Through a nuanced analysis of the social determinants of health, we have identified critical areas for intervention, including the need for affordable housing initiatives, enhanced social safety nets, and improved access to healthcare services for homeless individuals. Furthermore, our research stresses the urgent need for holistic, community-based approaches to address the complex needs of homeless populations, particularly older adults who face unique challenges.

Moving forward, policymakers, healthcare providers, and community stakeholders must collaborate to develop and implement evidence-based interventions that address the root causes of homelessness and promote health equity. By advocating for systemic reforms and investing in comprehensive support services, we can work towards fostering a more equitable and compassionate future for Oakland's homeless community. Together, we can enact positive change and ensure that all individuals have access to safe, stable housing and the resources they need to thrive.

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