

A black and white close-up photograph of an elderly man's face. The focus is on his right eye, which is looking slightly to the right. His skin is wrinkled, and he has a full, grey beard and mustache. The background is a plain, light-colored wall.

2020 Housing Impact Report: Seniors

Publicly supported homes positioned 2.86 million seniors to improve their health outcomes, housing stability, and financial security in 2019.

Publicly supported housing programs provide a subsidy, tax incentive, mortgage loan, or insurance to a property, or provide a voucher to a household, to reduce the cost of housing for low-income families¹. By providing an affordable and safe place to live, publicly supported homes enable people to spend more money on healthcare and improve the quality and accessibility of their home. Publicly supported homes also reduce people's exposure to stress caused by housing instability, which can lead to positive health outcomes². According to Census Bureau estimates, housing subsidies lifted 665,000 people over the age of 65 out of poverty in 2018, a 1.7% increase from 2017³. This feature examines trends among seniors living in publicly supported rental homes and offers new insights into how affordable housing providers are serving 'pre-seniors,' or older adults on the cusp of turning 62.

Trends in Seniors Receiving Assistance

In 2019, 21% of people living in publicly supported homes, or 2.86 million individuals, were aged 62 or older and are classified as seniors by HUD. A senior heads one in three households living in these homes, and nearly half of assisted senior-headed households include a disabled household head⁴.

Seniors continue to make up a growing number of individuals and households living in publicly supported homes. Between 2018 and 2019, the number of seniors living in publicly supported homes increased 2.9%, and the number of households headed by seniors increased 2.7%. The percentage of senior-headed households with a disabled household head also increased from 44% in 2018 to 46% in 2019, continuing a decades-long trend. During the same time period, the percent of households headed by a senior aged 85 or older remained stable at 4%⁵.

The increase in seniors living in publicly supported homes is likely driven by older adults living in publicly supported homes turning 62, an increase in the share of senior households admitted into publicly supported homes, and an increase in the length of time seniors live in publicly supported homes. Twenty percent of households newly admitted to the public housing and Housing Choice Voucher program in 2017 were headed by a senior, compared to 16% in 2013⁶. Additionally, the length of time seniors stay in publicly supported homes has increased 5% from 2013 to 12.3 years in 2017⁷.

Seniors Living in Publicly Supported Homes

2.86 million

seniors live in publicly supported homes

2.9%

more seniors lived in publicly supported homes in 2019 compared to 2018

665,000

seniors were lifted out of poverty due to housing subsidies

3.64 million

seniors likely qualify for rental assistance and do not receive it

New Insights in How Housing Providers Are Serving Seniors

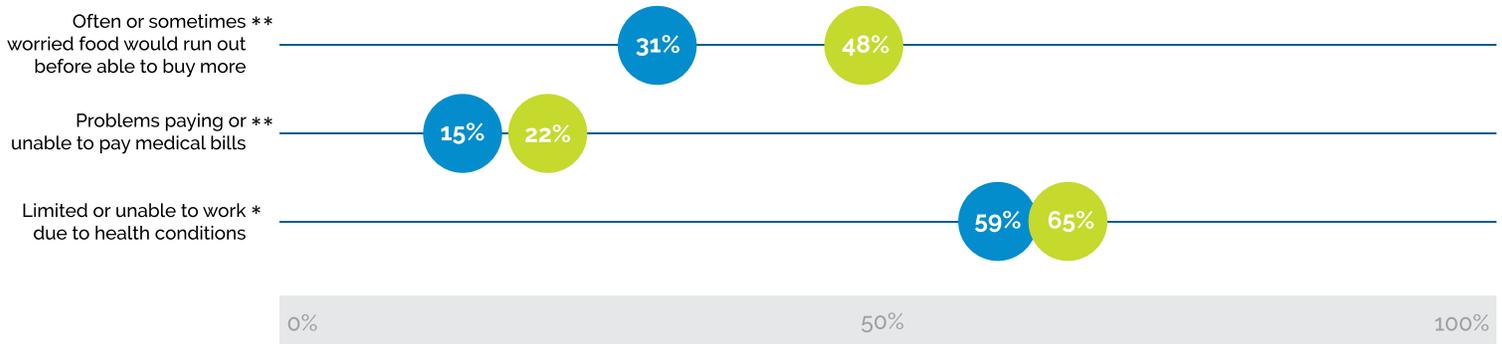
While HUD designates individuals as seniors if they are aged 62 or older, many individuals nearing age 62 face similar challenges as HUD-defined seniors. Publicly supported homes assist over 950,000 ‘pre-seniors’ aged 55 to 61, representing 7% of individuals assisted by publicly supported homes¹². Like seniors, pre-seniors also face changing life circumstances, decreasing employment opportunities, and declining health. However, pre-seniors are also generally ineligible for public assistance programs that target seniors aged 65 or older, such as Medicare, Social Security, and housing assistance programs¹³. This can make low-income pre-seniors experiencing declining health particularly vulnerable to food, housing, and health insecurity.

Overall, pre-seniors living in publicly supported homes face similar levels of health limitations, but slightly higher rates of food and healthcare insecurity compared to assisted seniors. Families with pre-seniors living in publicly supported homes reported that they were sometimes or often worried food would run out before they could buy more¹⁴ and that they had problems paying medical bills at higher rates compared to assisted senior households¹⁵. However, pre-seniors living in publicly supported homes report similar rates of health limitations compared to their assisted senior counterparts¹⁶. Among individuals living in publicly supported homes, 65% of pre-seniors report health conditions that prevent or limit the type of work they can do compared to 59% of seniors, although this difference is not statistically significant¹⁷. These similarities are likely driven by the high rate of pre-seniors with disabilities that self-select into publicly supported homes. Indeed, 62% of pre-seniors that moved into publicly supported homes in 2017 were disabled, compared to 59% of seniors that moved into publicly supported homes¹⁸.

While the number of seniors assisted by publicly supported homes has increased, the number of low-income seniors likely eligible to be assisted by publicly supported homes has also risen. In 2018, the latest year data are available, 7.09 million seniors and 6.12 million senior-headed households earned below 80% of the state median income and likely qualified for rental assistance⁸. Between 2018 and 2017, the number of seniors and senior households likely eligible for rental assistance increased 5.6% and 6.3%, respectively⁹. Since the supply of publicly supported homes has not kept pace with growing demand, the share of income-eligible seniors served by publicly supported rental homes decreased from 41% in 2017 to 40% in 2018¹⁰. Absent additional funding for rental assistance programs, this trend is likely to continue: Estimates project that the number of very low-income senior households will grow from 5.4 million in 2018 to 7.9 million in 2038¹¹.

Conservative estimates suggest that expanding rental assistance programs to likely eligible senior households would mean that an additional 3.64 million seniors and 3.12 million senior-headed households could realize the benefits of an affordable home. Likely eligible senior households include those earning less than 80% of the area median income (the HUD definition of low income) and paying more than 30% of their annual income toward housing (the HUD definition of cost burden). These figures increased 4.3% and 5.7% respectively from 2018, driven by a rise in the number of low-income, cost-burdened seniors. This has likely contributed to an increase in the amount of time seniors spend on waiting lists for housing assistance. Senior households admitted to public housing and Housing Choice Vouchers in 2017 spent an average of 27 months on waiting lists, an 18% increase from 2016.

PRESENIORS living in publicly supported homes face similar levels of health limitations, but slightly higher rates of food and healthcare insecurity compared to assist SENIORS



PAHRC tabulation of National Health Interview Survey 2018 (P value = .0001, .0358, .157). *family level. *person level.

These findings indicate that affordable housing providers are serving a larger population of vulnerable aging adults than the number of people who meet HUD's traditional definition of elderly households suggests. Seniors and pre-seniors living in publicly supported homes can benefit from in-home health programming. Pre-seniors living in publicly supported homes may particularly benefit from case management services to help them apply for disability benefits, which often requires multiple appeals¹⁹. Indeed, many housing providers are collaborating with healthcare providers to provide in-home health services to enable seniors to age in place. For instance, the Housing Authority of the City of Austin (HACA) (TX) partners with Family Eldercare to provide needs assessments, service coordination, case management, and benefit counseling to individuals with disabilities and seniors who they serve. HACA also partners with CommUnity Health Clinic, which provides a monthly mobile health clinic at two of their properties²⁰. Services like these are integral supports that enable seniors and pre-seniors to age in place. By expanding access to affordable homes integrated with health and case management services, communities can help lift their most vulnerable residents out of poverty and help them prosper.

These findings indicate that affordable housing providers are serving a larger population of vulnerable aging adults than HUD's traditional definition of elderly households suggests.



Citations

¹ Each reported estimate specifies the exact types of federal assistance programs included in the figures. In general, programs covered in this report include public housing, Housing Choice Vouchers, project-based section 8, low-income housing tax credit (LIHTC), Federal Housing Administration (FHA) loans with affordability restrictions, special purpose vouchers, and some selected state programs. For more information regarding how estimates in the Trends in Seniors Receiving Rental Assistance section were generated, access the methodology documentation.

² Fenelon, A., Mayne, P., Simon, A., Rossen, L., Helms, V. "Housing Assistance Programs and Adult Health in the United States." *American Journal of Public Health*, 106(4),755-762.

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³ Fox, L. (2019). "The supplemental poverty measure: 2018." US Census Bureau.

⁴ PAHRC tabulation of Subsidized Households (2019).

⁵ PAHRC tabulation of Subsidized Households (2019).

⁶ PAHRC tabulation of HUD forms 50058, 50058 MTW, and 50059 2013-2017.

⁷ PAHRC tabulation of HUD forms 50058, 50058 MTW, and 50059 2013-2017.

⁸ PAHRC tabulation of ACS 2018 (one year estimates).

⁹ PAHRC tabulation of ACS 2017 and 2018 (one year estimates). These estimates are not comparable to those reported in the 2019 Housing Impact Report due to a change in how households were classified as earning below low-income. Estimates in this report include households earning zero income as below low-income, while previous Housing Impact Reports followed CEPR's household income methodology that excluded zero earner households from the analysis.

¹⁰ PAHRC tabulation of ACS 2018 (one year estimates), NHPD retrieved 2020, RCR retrieved January 2020, POSH 2019, USDA Multifamily Occupancy Report 2020, and LIHTC Resident Characteristics Report 2018. These estimates are not comparable to those reported in the 2019 Housing Impact Report due to a change in how households were classified as earning below low-income. Estimates in this report include households earning zero income as below low-income, while previous Housing Impact Reports followed CEPR's household income methodology that excluded zero earner households from the analysis.

¹¹ Harvard Joint Center for Housing Studies. (2019). "Housing America's Older Adults."

¹² PAHRC tabulation of HUD forms 50058, 50058 MTW, and 50059 2013-2017.

¹³ Walsh, C., Gulbrandsen, C., Hewson, J., & Paul, K. (2019). "Fallen between the cracks: Exploring subsidized housing from the perspectives of low-income preseniors." *Journal of Housing for the Elderly*, DOI: 10.1080/02763893.2019.1627264

¹⁴ PAHRC tabulation of National Health Interview Survey (family file) 2018. 48% vs 31%. (P value=.0001)

¹⁵ PAHRC tabulation of National Health Interview Survey (family file) 2018. 22% vs 15% (P value=.0358).

¹⁶ PAHRC tabulation of National Health Interview Survey (adult file) 2018. 67% vs 71% (P value = .2435).

¹⁷ PAHRC tabulation of National Health Interview Survey (adult file) 2018. (P value = 0.157).

¹⁸ PAHRC tabulation of HUD forms 50058, 50058 MTW, and 50059 2013-2017.

¹⁹ Schimmel, H. & Wu, A. (2018). "Do older SSDI applications denied benefits on the basis of their work capacity return to work after denial?" *Mathematica Center for Studying Disability Policy*.

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²⁰ Housing Authority of the City of Austin. (2020). "Community Partners."