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 families. 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 outcomes. 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 2017. 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 head.

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%.

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 2013. Additionally, the length of time seniors stay in publicly supported homes has increased 5% from 2013 to 12.3 years in 2017.
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 assistance. Between 2018 and 2017, the number of seniors and senior households likely eligible for rental assistance increased 5.6% and 6.3%, respectively. 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 2018. 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 2038.

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 **SENIO RS**

<table>
<thead>
<tr>
<th>Pre-senior Insecurity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Often or sometimes ** worried food would run out before able to buy</td>
<td>31%</td>
</tr>
<tr>
<td>Problems paying or ** unable to pay medical bills</td>
<td>15%</td>
</tr>
<tr>
<td>Limited or unable to work * due to health conditions</td>
<td>59%</td>
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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 more and that they had problems paying medical bills at higher rates compared to assisted senior households. However, pre-seniors living in publicly supported homes report similar rates of health limitations compared to their assisted senior counterparts. 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 significant. 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 homes.

*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 appeals. 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 properties. 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.

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.


7. PAHRC tabulation of Subsidized Households (2019).


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.


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

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

15. PAHRC tabulation of National Health Interview Survey (adult file) 2018. 67% vs 71% (P value = 2.4335).

16. PAHRC tabulation of National Health Interview Survey (adult file) 2018. 67% vs 71% (P value = 0.157).

