



Health & Housing Insecurity Among Milwaukee County's Older Adults

Project Overview

In December 2024, the Advancing a Healthier Wisconsin Endowment awarded Community Advocates a \$50,000 Seed Grant to conduct the first comprehensive study of older adult homelessness in Milwaukee County. The 1.5-year research project – a collaboration between Community Advocates and the Medical College of Wisconsin – was designed to fill a critical evidence gap and generate actionable insights to improve health outcomes and housing stability for one of our region's most vulnerable and fastest-growing populations—adults 50+ experiencing homelessness.

The project was led by Andi Elliott, Kari Southern, and Deborah Heffner of Community Advocates, alongside Katherine Kishline (consultant) and David Nelson, Ph.D., of Medical College of Wisconsin.

The project pursued three goals:



1

Gather qualitative and quantitative data on the experiences of our older adults and understand the systems that impact them.



2

Collect robust data about Milwaukee County's older adults who are unhoused or unstably housed – their demographics, what led to their housing vulnerabilities, which programs and services they've contacted, and how they can be supported in their path to stable housing.



3

Hear from stakeholders and decision makers on the systems and policies that serve and impact this population.

Why This Research Matters

Older adult homelessness is an emerging crisis that demands urgent attention. National trends – including widening income inequality, rising housing costs, limited affordable units, and the sheer growth of the over-50 population – are converging to put more older Americans at risk of losing their homes than at any time in recent history. In Milwaukee County, where racial disparities in housing and health are pronounced, the consequences fall disproportionately on Black and African American community members.

This project represents one of the few local studies to specifically examine the intersection of aging, health, and homelessness. Its findings equip funders, policymakers, and service providers with the evidence needed to design targeted, effective interventions – and make the case for sustained investment in this space.

Methodology

Once the project team was established, we reviewed existing literature and followed a rigorous, IRB-approved mixed-methods design modeled on the California Statewide Study of People Experiencing Homelessness (CSSPEH) – the largest homelessness study conducted since the 1990s. Locally adapted surveys and interview guides explored five domains: who experiences homelessness, pathways into homelessness, experiences while unhoused, barriers and facilitators to regaining stable housing, and policy and solution recommendations.

Data Collection

- ▶▶ 118 surveys with older adults experiencing homelessness, completed in person via tablet, laptop, or paper at transitional housing sites. All completed the questionnaires, and some provided more depth to their stories by participating in a longer interview. Analysis followed survey completion.
- ▶▶ 17 in-depth stakeholders and service provider interviews conducted in person or via Zoom. A priori codes were used to evaluate each interview and included: trends/issues, partnerships, support/resources, and solutions. Two evaluations of each interview were done co-currently and then discussed.
- ▶▶ Ongoing meetings with the core project team to develop, deploy and evaluate research. External review of findings by Milwaukee Common Council members and a national expert from the University of Washington.
- ▶▶ A forthcoming community convening in 2026 to present results and seek recommendations.

Key Findings

Who is experiencing homelessness

Majority male, 55-65, Black or African American:

- Completed high school and some college.
- Have a working phone number.

Why they lost housing

Top three reasons to lose a home:

1. Loss of Income (job or SSI/alternative income)
2. Family problems
3. Health challenges

What would have helped

1. A single location offering all needed services
2. More available shelter and housing options
3. Improved transportation
4. Outreach services that come to people, rather than requiring people to find them
5. Coordinated, integrated services across providers

Barriers to getting help

When asked what made it hardest to access services, respondents were unambiguous: the system itself is a barrier. The top challenges were:

1. Not knowing where to go for help (cited by more than half)
2. Long wait times
3. No reliable transportation to reach services
4. No phone to call for help

These findings underscore a paradox: the people most in need of services are also the least equipped to navigate fragmented, hard-to-find systems. Older adults with limited mobility, cognitive challenges, or no internet access face compounded disadvantages.



We are very often left working and working blind in the system that we don't we don't have somebody to call.
-Housing Provider



"We get calls saying there's an elder on the street and no one knows anything about them — whether they've ever touched the system, how they became homeless, what their capabilities are. There's nothing on them. What we've noticed is that post-Covid, there have been a lot of evictions in our 60-plus population. During Covid, people on limited incomes were set up to fail. They're receiving very little — \$900 a month — and how do you stretch that? Your rent takes most of it, you only get \$26 in food stamps, and the dollar just doesn't go as far as it used to. So people did what they had to do to survive. Now we're seeing those long-term effects: they're being evicted for non-payment because, of course, they were never able to catch up."
-Housing Provider

Insights

- Majority have been without home for more than two years and the second largest of this population had been without a home for 30 days to 6 months.
- Access is clearly a major issue.
- Where do people get resources? Once people enter a shelter, they receive more support and assistance. Family is also a key support.
- Job loss and income loss are the most frequently cited closest causes — this becomes compounded when adding factors that occur in the market such as eviction and rising housing costs.
- Physical disability, mental health challenges, and substance abuse repeatedly appear as co-occurring conditions in responses.

What Stakeholders Told Us

Provider interviews confirmed and deepened what community members reported. Five major themes emerged:

- 1 The number of older adults entering homelessness is rising rapidly – every provider interviewed noted this trend.
- 2 The complexity of older adults' needs – physical health, cognitive decline, mobility limitations, financial abuse, isolation – far exceeds current system capacity.
- 3 Older adults are dying while unhoused. Mortality is a measurable, urgent outcome.
- 4 Funding constraints and siloed systems prevent providers from offering the integrated, flexible care older adults need.
- 5 Providers are eager to collaborate and improve the systems.

We're really trying to push the system to recognize that we can't ask people to come to the system — the system has to come to them.
-Housing Provider

Promising Solutions Identified

1

Flexibility and accessible services. Options include mobile healthcare units, telehealth or one stop service hubs. Clubhouse or navigation-center models offering healthcare, social support, transportation, and resource navigation in one accessible location.

2

Programs that are customized for older adults. Mobile healthcare and resource units: Bringing services directly into communities rather than requiring individuals to find and travel to them. Elder-focused crisis response: A dedicated mobile crisis team trained in geriatric needs, distinct from general homeless outreach. Medical respite in shelters: Hospital-anchored medical respite beds with clear criteria for transitions, reducing unnecessary readmissions.

3

More system synthesis to provide integrated care. Coordinated hospital discharge planning: Structured protocols to prevent individuals from being discharged into homelessness. Cross-provider coordination: Regular forums and shared protocols for shelters, healthcare systems, and social service agencies to align and reduce duplication.

Data Points

What Made it Hard to Get Help

Rank	Issue	Count
1	Didn't know where to go for help	61
2	Long wait times	30
3	No way to get to services	27
4	No phone	27
5	Didn't qualify for programs	12
6	No internet	11
7	Too many forms to fill out	11
8	No ID or paperwork	9
9	Staff were rude	7
10	Could not bring my pet	4
11	Language barriers	3

Loss of Home by Age Group

50-55	Lost my job/income (8)* Family challenges (6) Health problems, Drug or Alcohol Challenges, Cost of Housing – tied at 4
56-60	Family challenges (15), Lost job/income (14), Drug or alcohol challenges and Cost of Housing – tied at 9
1-65	Lost my job/income (14) Health challenges (8) Evicted (7)
66-69	Family problems (4), Natural disaster or Fire (4) Evicted (3),
70 and up	Lost my income/job (6) Family problems (3) Health challenges (3)



In some of these situations, you know nothing about the person — especially when they just show up, or the police bring them in because they were wandering.

Someone will be discharged from the hospital and show up at our door. No one called us. We don't have the space. What do we do with this woman standing there with a cane, a bag, and a hospital bracelet?

-Housing Provider

What Would Have Made It Easier to Get Help

Rank	Issue	Count
1	One place for all services	69
2	More places to stay	45
3	Better transportation	45
4	Services that come to you	35
5	Better information	34
6	Coordinated services working together	27
7	Access to the internet	26
8	Help is available on weekends	24
9	Caring staff	23
10	Access to phone	23
11	Help is available at night	16
12	Fewer rules	11

Conclusion

As this project draws to a close, several things stand out – not only the complexity of the challenges facing older adults experiencing homelessness, but the remarkable willingness of so many people to be part of addressing the issue and identifying solutions to move this work forward.

At every stage of this research, the team was met with openness and enthusiasm. Housing organizations, shelter and service providers, and older adults who had experienced homelessness firsthand did not just agree to participate – they wanted to. There were virtually no refusals. There is genuine excitement in this community around preventing future individuals from becoming unhoused, and that spirit carried this work forward.

What participants shared paints a clear picture. The older adults we surveyed – the majority Black or African American and over 55 – faced homelessness that was rarely simple or short-lived. Eviction, health challenges, income loss, and family problems often arrived together, compounding upon one another and making recovery significantly harder. Even those with a phone in hand struggled to find services, understand what was available, or find a way to get there. The barriers are real, and they are layered.

Service providers confirmed what the community told us. The complexity of health and social needs, combined with limited resources and system capacity, left agencies stretched in what they could offer. Partnerships exist and are valued, but many providers expressed a desire for deeper collaboration – particularly with healthcare systems – and for more coordinated pathways to support this population.

Looking ahead, current conditions suggest the need will only grow. Inflation, rising housing costs, a widening wealth gap, and an increasing number of people over 50 in the U.S. all point toward a widening continuum of risk. Every person we spoke with noted that older homelessness is growing, and that meaningful change will require action across systems.

And yet, the prevailing feeling throughout this project was one of hope. Individuals, organizations, and community partners alike believe that housing should be a right, not a privilege – and they are willing to work toward that. The creative ideas are there. The collaborative spirit is there. Now we have the opportunity to make real change. This report hopes to reflect those realities honestly, without blame, and with confidence that more can be done.

A solution to homelessness – for older adults and for all who are at risk – is not only necessary. It is possible. And this research helps provide insights into how to make it happen.