Quick Takeaways:

- Education has an inverse relationship with frailty for aging, homeless individuals.
- For homeless individuals, poor nutrition is a powerful predictor of frailty.

Study:

This study examined the connection between homelessness and risk of frailty, defined as the aggregate of physical, psychological, and social deficits. Researchers predicted that homeless individuals face increased frailty risk because of chronic diseases, poor nutrition, incarceration history, and substance use history. Researchers tested the physical, psychosocial, and social domains of frailty to assess the impact of certain predictors among homeless individuals. The study sample of 150 homeless adults, average age 52.3, was identified through four sites serving homeless men and women.

Researchers used indicators from the Frailty Framework among Vulnerable Populations (FFVP) to assess the impact of specific situational, behavioral, resource, and health-related factors. Situational factors included race, ethnicity, gender, income, education, marital status, and homelessness. Behavioral factors consisted of alcohol use, drug use, smoking, nutrition, and health care service utilization. Resource factors included resilience. Health-related factors were comprised of co-morbid health conditions, including hypertension, diabetes, and hepatitis.

Findings:

The researchers found several factors that predicted frailty in the individuals in the study, including nutrition and co-morbid conditions. In fact, poor nutrition was the most powerful predictor of frailty. Education had an inverse relationship with frailty: increased education was associated with lower frailty and, likewise, less education was associated with increased frailty. Resilience also had an inverse relationship with frailty, implying that more resilient individuals may be less frail.

The researchers found several variables that were not predictive of frailty, including gender and chronological age. The researchers noted, however, that the advanced age of all the study participants (i.e. no participants under 40 years old) may have contributed to the lack of significant results related to age. A variable related to age, falling, was found to be significant.

Conclusion:

Additional research into the relationship between frailty and homelessness will help drive nutrition, health, wellness, and safety services for homeless populations, including homeless, aging veterans. Providing physical activity classes and health workshops during the day in shelters or other housing programs could reduce frailty. Additionally, programs can use nurses as...
service navigators to coordinate with both aging and homeless providers to make sure nutrition, health, and wellness issues are addressed along with housing.