Aging Among Homeless Populations: An Emerging Crisis

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Director, UCSF Benioff Homelessness and Housing Initiative

@mkushel
“I’m old and I’m tired and I got my disability...I can’t, I can’t do it no more...”

–55 year old woman experiencing homeless in HOPE HOME Study
Overview

- Why is the homeless population aging?
- Introduction to HOPE HOME Study
- Demographics of older homeless in Oakland
- Pathways into homelessness
- Health status
- Health Services Utilization, Institutional Care and Mortality
- Housing outcomes
- COVID and older homeless adults
- Interventions/Solutions
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The homeless population is aging

Proportion of single homeless adults ≥50 in San Francisco

- 1990  11%
- 2003  37%
- Today  approximately 50%
- Median age increased 0.66 years for every calendar year between 1990-2003

Generational effect

- Americans born in the second half of the baby boom (1955-1965) have had elevated risk of homelessness throughout their lifetime.
Will the trend continue?

- Housing affordability crisis acute for those 50 and over
- Among renters age 50 and over, 30% spend more than half their income in rent “severe housing burden”
- Median age of homeless individuals expected to rise

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017

Fewer than \(\frac{1}{4}\) low-income at risk households receive rental assistance; 1/3 of elderly (low income, at risk) households do not.

Sources: Department of Housing and Urban Development (HUD) custom tabulations of the 2015 American Housing Survey; 2016 HUD administrative data; FY2016 McKinney-Vento Permanent Supportive Housing bed counts; 2015-2016 Housing Opportunities for Persons with AIDS grantee performance profiles; and the USDA FY2016 Multi-Family Fair Housing Occupancy Report.
CA has 23 housing affordable/available for every 100 extremely low-income households

The Gap: A Shortage of Affordable Homes NLIHC
https://nlihc.org/gap
Homelessness is a racial justice issue

- Housing primary means of wealth-building
- Discrimination in home ownership
  - Segregated neighborhoods
  - Redlining—restricted access to mortgages in segregated neighborhoods
  - Predatory lending
- Discrimination in rental market
- Criminal justice, employment and educational discrimination
- Black Americans at 3 to 4 times increased risk of homelessness
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HOPE HOME Study

- Health Outcomes of People Experiencing Homelessness in Older Middle Age

• Funded by National Institute on Aging (NIA)
• Longitudinal cohort study in Oakland, CA
• 350 participants enrolled July 2013 to June 2014, following participants every six months
• Additional 100 participants 2017-2018
HOPE HOME Study

- Aged 50 and older
- English speaking
- Homeless by HEARTH Act definition at time of enrollment
  - Living outdoors, places not meant for human habitation
  - Emergency shelters
  - Losing housing within 14 days (eviction notice)
  - Fleeing domestic violence with no place to go
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Two thirds are 60 and under, but 12% are older than 65 years at study entry: Median age 57
Study population

- 77% men
- 80% African American
- 13% currently work for pay
- 28% currently looking for work
- 90% income less than $1150/month
Social Support: Not true that homelessness = disconnection from family/community

Partnership:
- 5% currently married/partnered
- 41% never married
- 11% widowed; 43% divorced or separated

But…..
- 80% of our sample was able to give us a contact
- 60% of participants reported family member as contact
- 67% say that they have “someone to confide in”
- 54% report attending house of worship or social club
Almost a third of the sample lost stable housing* in the past year

<table>
<thead>
<tr>
<th>Years since last stable housing</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6 months</td>
<td>18</td>
</tr>
<tr>
<td>6 mo to &lt;1 yr</td>
<td>15</td>
</tr>
<tr>
<td>1 yr to &lt;5 yrs</td>
<td>39</td>
</tr>
<tr>
<td>5 yrs to &lt;10 yrs</td>
<td>14</td>
</tr>
<tr>
<td>10+ years</td>
<td>15</td>
</tr>
</tbody>
</table>

*Defined as non-institutional place that you lived for a year of more
Economic challenges and interpersonal conflict are most common reasons to have left last stable housing

<table>
<thead>
<tr>
<th>Reason</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't pay rent/mortgage</td>
<td>28</td>
</tr>
<tr>
<td>Rent increased</td>
<td>2</td>
</tr>
<tr>
<td>Lost job</td>
<td>7</td>
</tr>
<tr>
<td>Became sick/disabled</td>
<td>1</td>
</tr>
<tr>
<td>Other bills (not medical)</td>
<td>1</td>
</tr>
<tr>
<td>Someone else stopped paying rent/mortgage</td>
<td>15</td>
</tr>
<tr>
<td>Family abuse/violence</td>
<td>1</td>
</tr>
<tr>
<td>Kicked out (not related to money)</td>
<td>41</td>
</tr>
<tr>
<td>Didn’t get along/asked to leave</td>
<td>11</td>
</tr>
<tr>
<td>Drinking/doing drugs</td>
<td>4</td>
</tr>
<tr>
<td>Evicted</td>
<td>7</td>
</tr>
<tr>
<td>Housemates’ substance use/stealing</td>
<td>1</td>
</tr>
<tr>
<td>Building condemned/destroyed/foreclosed</td>
<td>6</td>
</tr>
<tr>
<td>Other reasons</td>
<td>21</td>
</tr>
<tr>
<td>Moved to new city/more desirable place</td>
<td>6</td>
</tr>
<tr>
<td>Hospital/treatment program</td>
<td>1</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>4</td>
</tr>
<tr>
<td>Conditions were poor</td>
<td>4</td>
</tr>
</tbody>
</table>
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44% with first episode of homelessness after age 50

Age First Homeless

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>8%</td>
</tr>
<tr>
<td>20-29</td>
<td>13%</td>
</tr>
<tr>
<td>30-39</td>
<td>17%</td>
</tr>
<tr>
<td>40-49</td>
<td>19%</td>
</tr>
<tr>
<td>50-59</td>
<td>33%</td>
</tr>
<tr>
<td>60-69</td>
<td>10%</td>
</tr>
<tr>
<td>70</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Those with early homelessness (<50)

- More adverse life experiences
- Low income attainment in early adulthood
- No spouse partner
- Mental health problems
- Traumatic brain injury
- Imprisonment
- Alcohol use problem

Brown RT, Goodman L, Guzman D, Tieu L, Ponath C, Kushel MB. Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. PLoS One. 2016 May 10;11(5)
(My father said): “Next time you, if you runaway, I’ll beat you with a car chain or I’m going to throw you out the window.”

Okay, so I, I was, I wouldn’t use the word ‘reasonable’ but I put things in perspective real quick and I would say, “Could I survive a car chain? Probably not.”

Then I looked out the window and said, and we lived on the 13th floor, I said, “I ain’t playing with this man.” He went to work, I had whatever I had on me, I was out the door.
Late onset homelessness

- Low wage work throughout life
- Crisis
  - Job loss
  - Marital breakdown
  - Illness (participant, spouse)
  - Death (spouse, parent)
Late onset homelessness

- Lack of advocacy
  - Evictions for reasons other than non-payment of rent
  - Not getting benefits
  - Multiple bureaucratic hurdles

- Low social support
  - Shame prevented them from accessing social support

- Less likely to have imprisonment/long incarceration, but housing hampered by one-time charges (i.e. one drug charge) or unexplained arrest
“It was a lot of different things but basically the new owners took over, we were being evicted.

My wife, she had just got out of the hospital, had the stroke and was blind….so, the daughter came up and said, ‘Don’t fight it, y'all can come stay with me for a couple months and save your money.’ So we said, ‘Okay’ …[and didn’t fight the eviction].

After we moved out of the place, turned in the keys and everything we went over to her house and she said, ‘Y'all can’t stay here.’ And I said, ‘I got $9 in my pocket,’ I said, ‘At least let your mother spend the night because we don’t have enough money to get a motel room.’ She said, ‘No.’ So that was the beginning.”
“…When they bought the company out they cut our hours back and they would bring in temp workers and they would give them all the hours and they weren’t giving us our hours, which caused me to lose my place I was staying in because I couldn’t afford to pay the rent, because, you know, from, you’re going from almost 80-100 (hours) a week down to 20 hours a week, it’s kind of hard to pay bills.”
While late onset homeless individuals tend to have fewer vulnerabilities, many had significant health challenges related to their homelessness.
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Poor health in every measure

56% report health as fair or poor
Self-reported chronic diseases are common but may be underreported
High proportion with functional impairments

Trajectories of recovery similar to those of people in their 70s and 80s

Brown and Kushel PLOS ONE 2019
High prevalence of cognitive impairment

Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570.
High prevalence of all geriatric conditions

- Mobility impairment 27%
- One or more falls (6 months) 34%
- Visual impairment 45%
- Hearing impairment 36%
- Urinary incontinence 48%

Falls common and morbid

- At baseline, 1/3 fell in prior six months
- Of those who fell at baseline:
  - Two-thirds reported two or more falls
- Over three years, 62% reported falling at least once
- 11% reported falling (prior 6 months) in every visit

- Abbs et al JGIM 2019
Overall poor functional status:

“50 is the new 75”

Median age of sample: 57

Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s
Alcohol and drug use problems common

- 65% with moderate or greater severity of drug use symptoms
  - Cocaine (43%), cannabis (39%), and opioids (13%) moderate or severe use symptoms
- 26% moderate or greater severity alcohol use symptoms
  - 15% severe symptoms
Prevalence of illicit drug and alcohol use problems lower than samples of younger homeless adults, but higher than age-matched (and dramatically higher than those of general population ages 70s and 80s).
Mental Health Problems are common

- Depression (moderate-severe): 40%
- PTSD: 35%
- Psychiatric hospitalization ever: 15%
- Psychiatric hospitalization last 6 months: 5%
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High rates of acute healthcare utilization

- 72% had a non-ED source for care
- 53% reported a PCP
- Half of all participants had visited an ED (confirmed) in the prior six months
- <7% of participants accounted for half of all ED visits
- 24% of visits for worsening of chronic illness
- 10% were hospitalized for physical condition in prior six months
Over half meet screening criteria for needing mental health care but 1/3 who had need received any care

- 56% had a positive screen for mental health need
  (Depressive symptoms; PTSD symptoms; anxiety; hallucinations; suicidal ideation)

- 25% reported either mental health visit (16%) or psychotropic medication (22%) in prior six months

- Of those with positive screen:
  - 39% either mental health visit or psychotropic medication
  - Those ≥ 65 more likely to have unmet need (AOR 9.6);
  - Those with regular healthcare provider (AOR 0.2) or case manager (AOR 0.4) less likely to have unmet need
  - Kaplan et al J Community Psychology 2019
Almost \( \frac{3}{4} \) met criteria for needing substance use treatment, but only 13% with need got treatment

- 73% had a need for substance use treatment due to an alcohol use problem (27%) or illicit substance use problem (65%)
- 10% received any substance use treatment (5% alcohol use treatment and 7% illicit substance treatment)
- Of those with substance use need, 13% received treatment
- Those who were first homeless ≥ 50 were more likely to have an unmet need (AOR 2.6);
- Those with jail stay (AOR 0.1) or case manager (AOR 0.4) were less likely to have unmet need

Kaplan et al J Community Psychology 2019
Despite older age, incarceration common

- Lifetime
  - 84% jail
  - 37% prison
- Baseline
  - 15% parole or probation
One-quarter had at least one jail stay in follow-up period

- Incident incarceration
  - 25% had at least one jail/prison stay (median follow up 52 months)
    - 13% one
    - 5% two
    - 3% three
    - 2% four or more
  - Men, those with more social support and those who remained homeless were more likely to have jail stay at follow-up
High mortality rate and institutional care

- **73** confirmed deaths out of 350 participants in HOPE HOME since cohort began (July 2013-June 2014)

- **10** additional deaths among 100 recruited 2017-2018

- Those first homeless >50 2x as likely to have died as those with earlier onset homelessness

- **>40** confirmed nursing home stays
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Majority obtain housing by 18 month follow-up

- 100% at 0 months
- 74% at 6 months
- 60% at 12 months
- 42% at 18 months
- 36% at 24 months
- 41% at 30 months
- 43% at 36 months

Proportion unhoused vs. Follow up month

Met HEARTH Criteria at Follow Up
Housing Status Five Years after Study Entry

Approximately half of those housed did so w/o governmental assistance

- Homeless n=119
- PSH/Transition n=39
- Doubled Up n=15
- Rentals n=94
- Unknown n=24
- Deceased n=40
- Institution n=14
- Board & Care n=5

Total n=350
Where were individuals housed? n=150

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>25%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>15%</td>
</tr>
<tr>
<td>Subsidized Housing</td>
<td>36%</td>
</tr>
<tr>
<td>Housed alone</td>
<td>42%</td>
</tr>
<tr>
<td>Housed with friends or family</td>
<td>31%</td>
</tr>
<tr>
<td>Hotel with tenancy rights</td>
<td>1%</td>
</tr>
</tbody>
</table>
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- **COVID and older homeless adults**
- Interventions/Solutions
### TABLE. SARS-CoV-2 testing among residents and staff members at 19 homeless shelters in four U.S. cities with community transmission of COVID-19, March 27–April 15, 2020

<table>
<thead>
<tr>
<th>City</th>
<th>No. of shelters assessed</th>
<th>Date of testing</th>
<th>Residents</th>
<th>Staff members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No. tested</td>
<td>No. (%) positive</td>
</tr>
<tr>
<td>Shelters reporting ≥2 cases in 2 weeks preceding testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seattle</td>
<td>3</td>
<td>Mar 30–Apr 8</td>
<td>179</td>
<td>31 (17)</td>
</tr>
<tr>
<td>Boston</td>
<td>1</td>
<td>Apr 2–3</td>
<td>408</td>
<td>147 (36)</td>
</tr>
<tr>
<td>San Francisco</td>
<td>1</td>
<td>Apr 4–15</td>
<td>143</td>
<td>95 (66)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>5</td>
<td>March 30–Apr 15</td>
<td>730</td>
<td>273 (37)</td>
</tr>
</tbody>
</table>

Older adults likely at higher risk

- Age is key consideration for COVID
- Homeless individuals have many co-morbidities associated with increased risk
Project Roomkey

- Age 65 and over OR
- Underlying conditions
  - Diabetes, cancer, chronic lung, liver, kidney disease, HIV/AIDS
  - Smoking, Pregnancy, immunosuppression

Leased hotel rooms (FEMA/State reimbursement)
Community based organizations (staffing)
Health department/FQHC—health support
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Effective Solutions

- HOUSING is the answer
- ELI housing
- ELI Housing + supports (PSH) for those with behavioral disabilities
- HOUSING FIRST
- House people as quickly as possible
- Divert people from imminent homelessness as quickly as possible
Role of Shelter?

• NOT a destination (shelter ≠ housing)
• Part of the process to get people housed
• Shelter is LOW barrier
  – Pets, partners, possessions, privacy
• Staffed appropriately to get people into housing
• Length of stay short; no returns to homelessness

• COVID has made clear high risks of congregant shelters
Extremely Low Income (ELI) Housing

- Expand and preserve affordable housing
- ELI (extremely low income) housing: target towards those who make <30% AMI
  - Cutbacks in HUD threaten development
  - Good sources of information for national legislative efforts:
    - National Low Income Housing Coalition CA:

<table>
<thead>
<tr>
<th>Key Facts</th>
<th>1,306,034</th>
<th>$24,600</th>
<th>-1,019,190</th>
<th>$67,976</th>
<th>76%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renter households that are extremely low income</td>
<td>22%</td>
<td>Maximum income for 4-person extremely low income household (state level)</td>
<td>Shortage of rental homes affordable and available for extremely low income renters</td>
<td>Annual household income needed to afford a two-bedroom rental home at HUD’s Fair Market Rent</td>
<td>Percent of extremely low income renter households with severe cost burden</td>
</tr>
</tbody>
</table>
PREVENTION

- Not enough effort on preventing homelessness
- Prevention efforts need to be both EFFICIENT and EFFECTIVE
- Some increased action on eviction protection
- Individuals without a lease are at highest risk
  - HOME BASE in NY
- HOME SAFE
  - Targeting prevention funds for APS involved older adults in CA
- Most benefit is to target those at highest risk!
To be efficient—target those at highest risk

Shinn et al 2013
Eviction Prevention

- Just cause evictions
- Attorneys in housing court
- Money for rental arrears

- In COVID
  - Eviction moratorium
  - Rental relief!
Emergency Housing Assistance

- Families who called when housing assistance available 76% less likely to enter shelter at six months
  - Absolute decrease 1.6%
- One time payments up to $1500
- Average cost per caller referred $720; cost of homeless spell averted $10,300
- Limiting to very low-income callers reduce cost per episode averted to $6800

The impact of homelessness prevention programs on homelessness

William N. Evans1,2,3, James X. Sullivan1,3,*, Melanie Wallskog4
+ See all authors and affiliations
Rapid Re-Housing

- Connects families and individuals to permanent housing via tailored package of assistance. Can serve as bridge to longer-term support (i.e. rental vouchers)
  - Time-limited rental assistance
  - Targeted supportive services
    - Housing identification
    - Rent and move-in assistance (typically 6 months or less)
    - Case management and services

- Progressive engagement model
Permanent Supportive Housing

- Permanent supportive housing for those with chronic homelessness/disabling conditions
  - Subsidized housing
  - Linked supportive services that are voluntary
  - **Housing First** model – start with the housing
  - Shown to be highly effective at keeping people housed
  - Need to adapt for needs of older adults
Challenges: Affordable Housing and Prevention

- Enormous shortage of deeply affordable housing
  - Difficult to build for those most at risk
- Need to stop in-flow into homelessness
  - Difficult to target resources
- COVID pandemic presents risk of increases in homelessness when
  - State and local resources limited
  - Risks of homelessness higher than ever
Challenges: Aging population

- Loss of residential care facilities throughout CA
  - “Board and Care”
- PSH faced with providing services for aging population
  - Provision of personal care
    - Homebridge
    - PACE programs aligned with PSH
    - CAPABLE model
  - Advance Care Planning
  - Dementia Care
Final thoughts

- Homelessness reaching crisis proportions
- Aging population increases urgency
- Suffering is immense
- Use of healthcare system can be chaotic
- While mental health and substance use disorders are common, underlying causes are structural
- COVID makes clear toll of homelessness
- Solutions will not be easy, but are doable
- Must match solution to the problem
Thanks to....

- Claudia Ponath
- Pamela Olsen
- Angela Allen (in memory)
- John Weeks
- Jakki Carillo
- Tauni Marin
- Stephen King
- Kenneth Perez
- Marina Rosenberg
- David Guzman
- Lina Tieu

Community Advisory Board
- Carol Johnson
- Carol Wilkins
- Elaine deColigny
- Brenda Goldstein
- David Modersbach
- Barb Wismer MD
- Maria H
- Kym C
- Robin M

- Rebecca Brown MD
- Maria Raven MD MPH
- Emily Hurstak MD MPH
- Christopher Lee MD MPH
- Matthew Spinelli MD
- Kelly Knight PhD
- Maya Vijayaraghavan MD MAS
- Chuan-Mei Lee MD
- Daniel (DJ) Freitas MD
- Kaveh Hemati MD
- Leah Goodman MD
- Sandeepa Sriram MD
- Maria Patanwala
- Adam Bazari
- John Landefeld MD
- Michelle Tong
- Isabel Arellano Cuervo
- Dereck Paul
- Eric Vittinghoff PhD

- Louise Walter MD
- Irene Yen PhD
- Elise Riley PhD
- Margaret Handley MPH PhD
- Julene Johnson PhD
- Chris Weyer Jamora PhD

- Community Partner: St Mary’s Center
- Allen Temple
- East Bay Community Recovery Center
HOPE HOME papers currently available


HOPE HOME papers currently available


Sudore RL, Cuervo IA, Tieu L, Guzman D, Kaplan LM, Kushel M. Advance Care Planning for Older Homeless-Experienced Adults: Results from the Health Outcomes of People Experiencing Homelessness in Older Middle Age Study. J Am Geriatr Soc. 2018 May 09. PMID: 29741765.
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Raven MC, Kaplan LM, Rosenberg M, Tieu L, Guzman D, Kushel M. Mobile Phone, Computer, and Internet Use Among Older Homeless Adults: Results from the HOPEHOME Cohort Study. JMIR Mhealth Uhealth. 2018 Dec 10;6(12):e10049. doi:10.2196/10049. PubMed PMID: 30530464; PubMed Central PMCID: PMC6305882.


