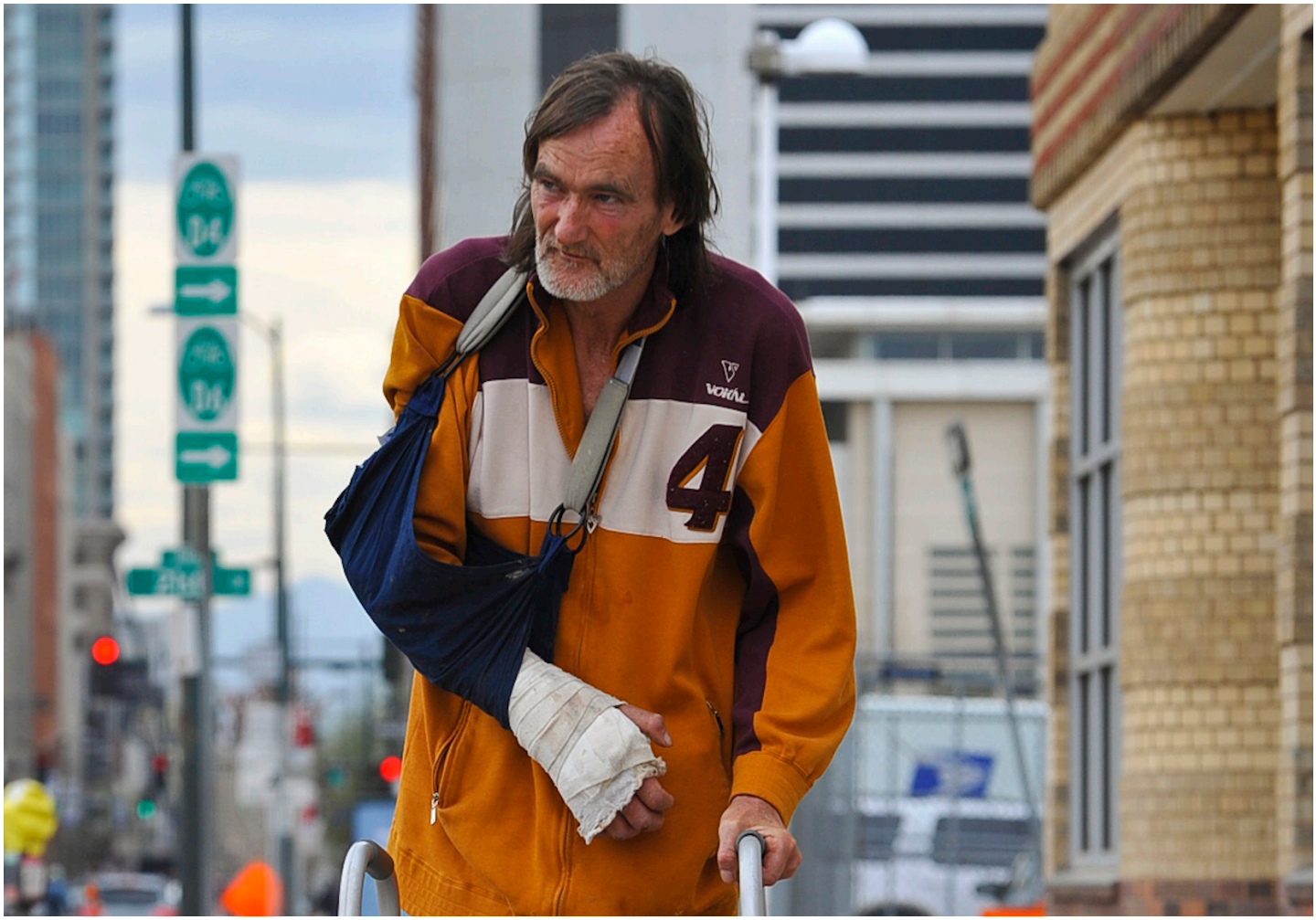
COLORADO COALITION FOR THE Homeless Creating Lasting Solutions

HEALTH AND HOMELESSNESS

ISSUE BRIEF 2019



Poor health and homelessness are more often than not, shared experiences. Homelessness is not only physically taxing, but mentally and emotionally straining. During homelessness, people are exposed to the elements, dehydration, infectious disease, violence, unsanitary conditions, malnutrition, and trauma. Undeniably, these factors influence a person's ability to get well and stay well.

HOUSING IS HEALTHCARE

Housing is the solution to the physical and mental toll of homelessness. Without housing, it is nearly impossible to maintain good health or recover from an illness or medical treatment. Access to safe and affordable housing is one of the foundational factors identified in Social Determinants of Health (SDOH). Social Determinants of Health, as determined by the Office of Disease Prevention and Health Promotion, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1] The health of people experiencing homelessness is more severely impacted due to their housing situation, which leads to increased mortality, chronic health conditions, mental illness, substance use, and risky health behaviors.[2]

Concurrently, illness or injury can be the catalyst to job loss, exhausted savings, and in the worst cases, homelessness. When resources are limited, difficult choices must be made. Families and individuals may be

forced to choose between paying rent, buying nutritious food, or filling medications

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ACCESS TO CARE

Primary care and preventative treatment are difficult for people experiencing homelessness to access, especially with competing priorities of food, safety, shelter, and clothing. In a 2014 Journal of Urban Health study, barriers to general health care services were identified as inability to pay for services (69 percent), no access card necessary to receive subsidized health care from safety net facilities (56 percent),[3] and lack of transportation (51 percent). Without ways to pay for and travel to appropriate health care services, people experiencing homelessness are less likely to use these resources to maintain their health.

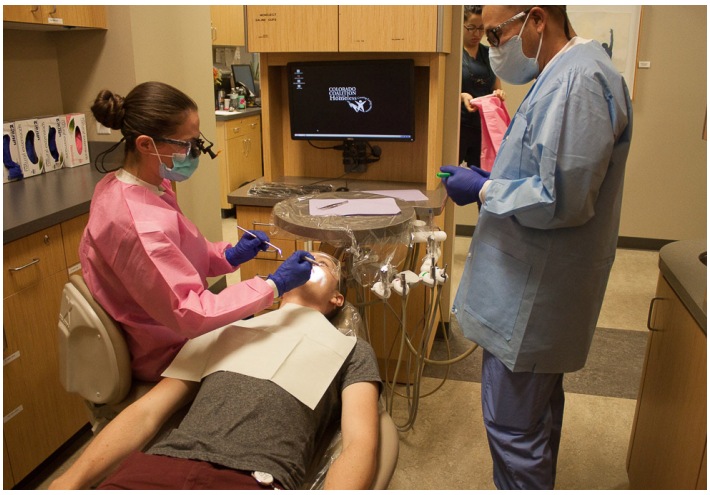
Therefore, people experiencing homelessness are more likely to use emergency services and be hospitalized for unmanaged conditions that could have been treated through ongoing primary care. Barriers to access often leave people with few options in preventative care, resulting in chronic and acute illnesses that are costlier to the system and dangerous to the patient.

Further, people experiencing chronic homelessness (consistently homeless for one year, or intermittently three times over five years) are less likely to access ongoing, regular primary care than those who have experienced homelessness for shorter periods of time. A 2010 study by the American Journal of Public Health concluded that individuals who were homeless for more than five years were less likely to report a usual source of care compared with those who were homeless less than five years.[4]

PRIMARY CARE

Primary care is often the first level of contact with a patient, but for people experiencing homelessness, this initial step can be much more complex. By the time a patient sees a physician, there are often co-occurring conditions including malnutrition, parasitic infestations, dental and periodontal disease, degenerative joint diseases, venereal diseases, hepatic cirrhosis secondary to alcoholism, and infectious hepatitis related to intravenous drug use.[5] Patients experiencing homelessness tend to have a higher rate of comorbidities and require more complex care which is more expensive.[6] In many cases, what housed populations consider preventable or treatable illnesses go years without care for people experiencing homelessness and lead to much more serious and expensive health concerns including terminal cancer, undiagnosed diabetes and hypertension, and death. For example, compared with the general population, people experiencing homelessness have alarmingly high rates of mortality from cancer. Significant disparities are recognized to exist in lack of identifying cancer risk factors, screening, diagnosis, and treatment for people experiencing homelessness.[7]

In addition, people experiencing homelessness often experience chronic pain in addition to their other physical and mental health conditions. In a 2011 study by BMC Family Practice, 37 percent of people experiencing homelessness were noted to have Grade IV chronic pain, which is categorized as high disability-severely limiting.[8] Chronic pain for people experiencing homelessness is most often associated with post-traumatic stress disorder, arthritis, and physical abuse as determined by the American Pain Society, however, the study found no causation between chronic pain and substance use, depression, or number of chronic medical conditions aside from arthritis.[9]



DENTAL

People experiencing homelessness are twelve times more likely than individuals with stable housing to have dental complications. Living on the street means that a person often does not have access to clean drinking water and the necessary oral hygiene tools that help prevent dental decay and maintain oral health. When a person is housed, but housed unstably such as a hotel or the residence of a friend or relative, they are still six times more likely to have dental problems.[10] With more severe dental needs including decaying teeth or having no teeth altogether, people who are unhoused are more likely to have ongoing dental health challenges which can extend beyond oral health and into other health issues. This includes increased risk of cardiovascular disease,

stroke, poor diabetes control, and premature birth, as well as mental health challenges with self-esteem due to rotting or no teeth.

EMERGENCY SERVICES

On average, people who are unhoused visit the emergency room five times per year, at four times higher rates than their housed peers.[11] People experiencing homelessness are more susceptible to higher rates of assault or traumatic injury from life on the streets, as well as poor health and early death. This utilization puts a strain on emergency room services and highlights the systemic challenges of access and primary care health for people experiencing homelessness.

Emergency room visits cost, on average, $3,700 which equates to $18,500 spent per year for the average person experiencing homelessness and $44,400 spent per year for the highest utilizers of emergency departments.[12] People experiencing homelessness are often unable to pay these high medical expenses, which means that ultimately taxpayers will carry this financial burden.

Emergency services, as well as detox facilities and jails, are not equipped to provide ongoing to care to people experiencing homelessness. This results in people being released back to the streets with few resources to manage a health condition, stay healthy, remain substance use free, and attain necessary housing and case management services for recovery.

MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Research shows that 71 percent of people experiencing homelessness have a mental illness or post-traumatic stress. Additionally, 59 percent are struggling with long-term substance use disorders (SUDs).[13] Both mental illness and substance use disorders interrupt people suffering from these illnesses from completing daily tasks such as budgeting, maintaining stable relationships, and completing household chores. This, in combination with the stigma in accessing psychiatric, behavioral, or substance use recovery treatment, often keeps people from the services they need.

The most common types of mental illness seen in the homeless population includes depression, bipolar disorder, schizophrenia, anxiety disorders, and substance abuse disorders. These disorders can be the cause or consequence of homelessness, though often amplified by the instability, trauma, and stress of being unhoused.

As the symptoms of mental illness worsen, people's ability to cope with their surroundings—or the ability of those around them to cope with their behavior—becomes severely strained. In the absence of appropriate therapeutic interventions and supportive alternative housing arrangements, many end up on the streets.[14]

For people with mental illness who take medication for their illness, noncompliance can be as high as 50 percent. A person experiencing homelessness must find a way to store his/her/their medication, remember to take the medication routinely without access to a clock or calendar, and ensure it is not lost or stolen. Consistently taking a prescription while being unhoused is nearly impossible, which leads to many people experiencing homelessness with a mental illness continue to suffer from their illness.

Additionally, substance use disorders present serious barriers to employment, stable housing, and the ability to provide for one's self and family. Opioid use has increased at an alarming rate in Colorado and across the nation. Coloradans die of drug overdose every nine hours and 36 minutes, with prescription and illicit opioids as the leading driver.[15] Adults aged 25 to 44 experiencing homelessness are nine times more likely to die from an opioid overdose than their housed counterparts. Because chronic pain is extremely common among people experiencing homelessness, opioid use is a serious risk factor. "It's very hard to tease out pain from a host of other behavioral health problems," says Robert Schiller, MD, Mount Sanai Hospital. "People are in pain from isolation, from depression, from thought disorders. The fact is, people somaticize. For people [experiencing homelessness], so many of their conditions are undifferentiated. The social determinants of their quality of life are intertwined with the physical dimensions of their health."[16]

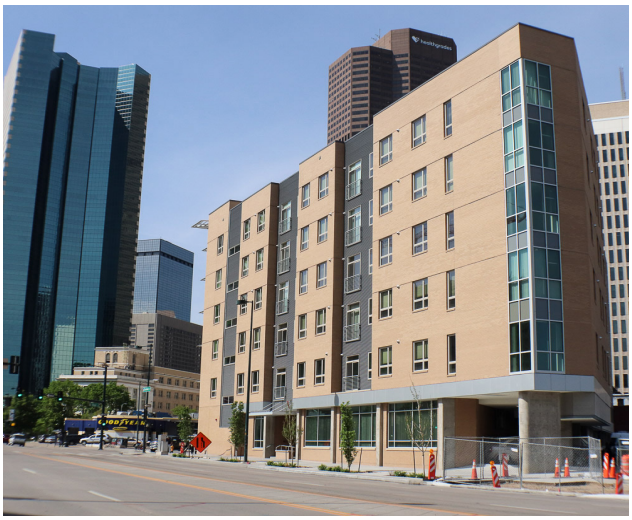
HOMELESS DEATHS

For Americans experiencing homelessness, their total life expectancy is 30 years lower than their housed counterparts.[17] At least 233 people experiencing homelessness died in metropolitan Denver, Colorado, in 2018. Of the individuals for whom a manner of death was identified, 46.67 percent were categorized as accidental which includes deaths from exposure to the elements as well as drug overdose, and 33.33 percent were classified as natural which includes heart disease, diabetes, and other health conditions. Among the 91 confirmed causes of death, drug overdose was the primary cause at 29.7 percent.

The second most reported cause of death in 2018 was from blunt and sharp force trauma which can include gunshot wounds, suicide, or blunt force to the head or torso. This is cause for concern as the number of crimes reported against people experiencing homelessness has increased 42 percent (1,008 incidents in 2017) since 2014.[18]

SOLUTIONS

The Coalition's main objective is to provide lasting solutions to homelessness through quality affordable and permanent supportive housing. Housing removes the dangers of living on the street and provides an opportunity for people to treat their physical and mental health concerns in the safety and security of their own home. For people participating in the Denver Social



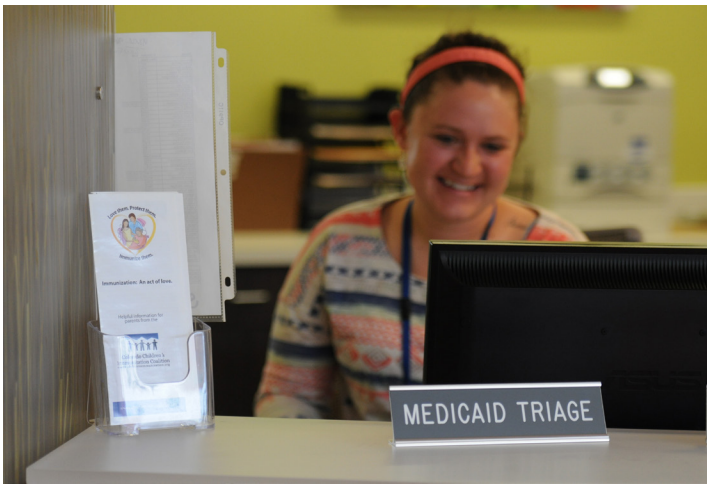
Impact Bond (SIB), those who were high utilizers of jail, emergency services, and detox services, housing changes everything, and to date, is anticipated to save the city of Denver between $3 million and $15 million over the five-year program. The SIB data demonstrates what Colorado Coalition for the Homeless already learned in its Housing First Works report in 2012 which showed substantial cost savings through providing permanent supportive housing to 3,000 households. Housing this group of individuals gave them the comfort, safety, security, and privacy they needed to begin to address physical and behavioral health challenges. Denver realized savings of $5,407 per individual housed due to decreases in emergency room visits and inpatient costs.[19]

People experiencing homelessness need better access to medical, dental, and mental health care to treat and prevent illness. An antidote to access are Community Health Centers, also called Federally Qualified Health Centers (FQHCs), which are federally designated programs that:

- Serve all patients regardless of ability to pay.
- Are located in medically underserved communities or populations.
- Provide comprehensive health care, including access to dental and mental health services.
- Are run by community boards: 51 percent of board members must be patients.
- Are community-based nonprofits or public agencies with a mission to provide health care to low-income, working families.[20]

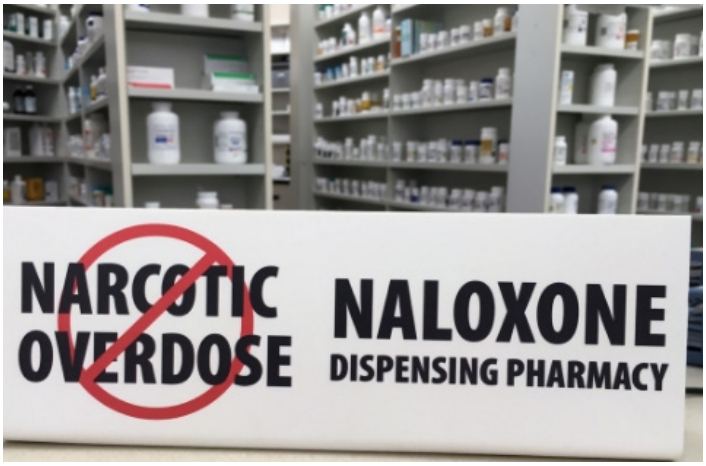
Stout Street Health Center, operated by the Colorado Coalition for the Homeless, is one of 194 clinics that meet the requirements above in the state, comprised of 20 total Community Health Center networks. There, people experiencing homelessness can access the care they need in low-barrier settings with staff specifically trained to address the unique needs of vulnerable populations. Stout Street Health Center uses a patient-centered, trauma-informed model to provide medical and behavioral health care, substance treatment services, dental and vision care, social services and connection to supportive housing to more fully address the spectrum of challenges homeless adults and children bring to their medical providers.

In addition to FQHCs like Stout Street Health Center, Medicaid expansion now provides new insurance options for people experiencing homelessness, especially previously ineligible single adults, curtailing one of the greatest challenges of access. In expansion states like Colorado, Medicaid expansion has changed the health care landscape, especially for those experiencing homelessness. Pre-expansion, only about 10 percent of Coalition patients had health coverage. Today, 68 percent are covered.[21]



People experiencing homelessness need a place to recover from injury, serious illness, and mental illness. Without a place to rest, conduct proper wound care, and manage medications, individuals are often re-hospitalized. This expensive, inhumane cycle perpetuates chronic homelessness. Respite facilities allow people experiencing homelessness this opportunity in safe and clean environment with medical oversight. To address the dearth of resources available to people healing from medical treatment, the Coalition will build Recuperative Care Housing adjacent to the Stout Street Health Center in downtown Denver with 50 recuperative care beds to transform 600 lives annually.

Supervised Use Sites (SUSs), Naloxone, and Medication Assisted Treatment (MAT) are part of the solution to treat substance use disorders in our communities. SUSs help people who are using injectable drugs do so in a safe manner, preventing overdose and the spread of HIV and Hepatitis B and C. Increased access to the life-saving

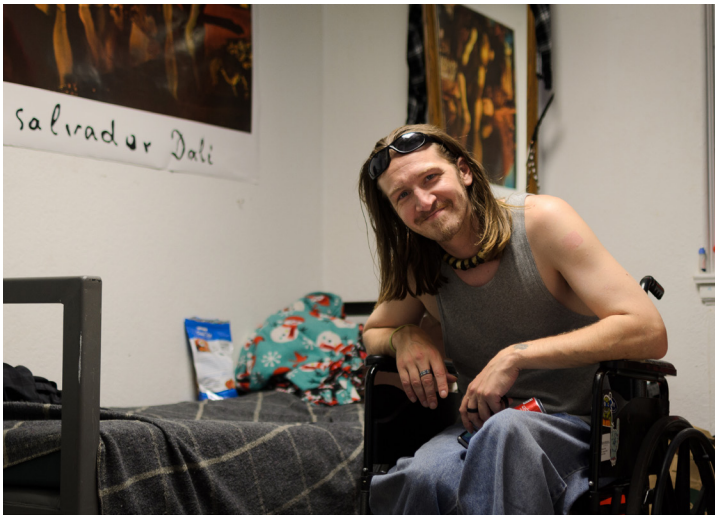


drug Naloxone can prevent people from dying of opioid overdose. From May 2012 to December 2017, Naloxone saved the lives of 742 people from overdose at the Harm Reduction Action Center in Denver. Lastly, MAT addresses both physical dependency and addiction by lessening the severity of withdrawal symptoms and helping a person return to normalcy in their brain function and behavior.

IMPOSSIBLE TO RECOVER WITHOUT HOUSING

After ten years on the streets, cycling in and out of jail, Thomas Katalenas got connected with Colorado Coalition for the Homeless, where he was diagnosed with Schizophrenia. Before his diagnosis, he lacked understanding of his mental health concerns, access to appropriate medication, and support, exacerbating his symptoms and increasing his vulnerability.

Thomas recalls being scared at night inside and outside of his head. If he wasn't battling the voices in his head, he was trying to protect himself from the weather and violence on the streets. Once, Thomas was attacked, and his ear was cut off, in a dispute over twenty dollars. "I went to the emergency room and waited for hours to been seen. Once



I received the medical attention needed, I remember the doctor telling me keep my wound clean to avoid further damages," he explains. At the time Thomas was sleeping on park benches, sidewalks, and in storefronts and had no way to keep his wound clean.

Thomas has reconnected with family and is now recovering at the Coalition's Fort Lyon Supportive Residential Community. He was also able to get glasses through the Coalition. He remembers the first time he put his new glasses on, the first time he was able to see clearly in more than a decade. "Fort Lyon is a place where I can work on my stability," Thomas says. "I will leave here with a plan and stability to start the next chapter of my life. Without my sister's and the Coalition's help, I would have died on the streets because time would go by so slow and my prayers were not being heard fast enough. I am no longer scared for tomorrow. I'm actually excited!"

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