Current Challenges:
Homelessness and Health

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Homelessness and Health

• Health Problems Cause Homelessness
  – Medical conditions cause 62% of all personal bankruptcies in the United States

• Homelessness Causes Health Problems
  – Exposure to the elements, to violence, to communicable disease, to parasites
  – Attenuation, malnutrition
  – Circulatory complications
  – Self-medication
Worse Overall Health

• Homeless people have worse overall physical and mental health than the general population.

• The risk factors that lead to homelessness are similar to those that lead to poor health outcomes, such as early life poverty, mental health and substance use disorders.
Mortality

Life expectancy:

- US Population: 77 years
- Homeless in Boston: 51 years
- Homeless in Atlanta: 44 years
- Homeless in San Francisco: 41 years
- Homeless in Phoenix: 49 years


Medical Vulnerability

• Specific factors cause chronically homeless individuals to be more at risk of premature death.

• These include >3 hospitalizations or ER visits in a year, >3 ER visits in previous 3 months, age >60, cirrhosis of liver, end stage kidney disease, HIV/AIDS, co-occurring psychiatric illness, substance abuse, chronic medical conditions

• Once medically vulnerable homeless are identified, increasing effort on part of community providers to prioritize these individuals for available housing.
Barriers to Care

**Intrinsic**
- Poverty/Inability to Pay
- Distrust of System
- Prior Bad Experiences
- Competing Priorities
- Disorganized Lifestyle
- Multiple Complex Health Problems
- Mental and Physical Disabilities
- No documents, no transportation
- Language/Illiteracy

**Extrinsic**
- No Insurance
- No money for co-pays
- Complex Eligibility Requirements
- Discrimination
- Cultural Incompetence
- Insufficient Services
- Long Waits
- Disorganized Services
- Inaccessible service locations
- No transportation
- Provider Attitudes
Examples of Health Disparities

• Over 90% of homeless women have experienced severe physical or sexual abuse at some point in their lives, approximately 63% have suffered abuse from an intimate partner as adults.*

• Up to 50% of homeless persons have experienced some type of traumatic brain injury in their lifetime. Average age of first injury is 18. More than 70% of these injuries occurred before the onset of homelessness.**

* National Network to End Domestic Violence

The Human Experience of Homelessness

• Poverty, hunger, lack of basic necessities
• Being someone who is shunned by society, ridiculed
• People don’t want you around, usually that includes your own family
• Finding yourself a slave to your addictions
• Not being able to get what you need to make things better for yourself or those you love
• Isolation
The experience of homelessness has been found to impair the psychological functioning of homeless people, regardless of age, gender, diagnosis, or medical/psychological history.

Psychiatric Disorders, and drug and alcohol misuse

• More than 30 studies have investigated mental disorders, and they typically show a high prevalence of psychiatric diagnoses in homeless people compared with general population estimates. Most common are drug and alcohol dependence.

• Review of the literature regarding homelessness also shows that the prevalence of psychotic disorders is typically as high as depression. This contrasts with other high risk populations such as prisoners, where depression is at least twice as common.

Summary of Medical Challenges

• Coming from some scenario of social chaos
• Lack of preventative care
• Pathologic lifestyle (poor hygiene, poor nutrition, violence, victimization, history of inhaled, ingested and injected toxins, exposure to multiple infectious diseases)
• High likelihood of mental illness, traumatic brain injury, history of psychological trauma
The goal...

• Seamless continuum of care, care transitions
• User-friendly for challenging population with unique needs, multiple comorbidities, startling disparities
• Integrated in every way, including behavioral health needs
• Priority for the most medically vulnerable when housing available

Streets...Mobile Outreach...Family Health Center...Hospital...Medical Respite Center...Family Health Center
Circle the City Medical Respite Center
Integrated Services

Physical health
• 24 hour nursing care
• Medical provider on site or on-call 24/7
• Physical Therapy on site
• Medication assistance
• End-of-life care
• Services include pain management, complex wound care, IV therapy

Mental health
• Psychiatry on site
• Med management
• Peer support specialist
• Case management (assistance with benefits, housing)
• Care coordination with mental health system
• Robust program of activities and social support
The remaining gaps...

• Additional Respite capacity. This includes more beds for highest acuity, as well as development of new models that address needs of those needing lower levels of care.

• Bridge housing availability for those leaving Respite.

• More Permanent Supportive Housing capacity, with availability of health care resources to those residing in these units.

• Development of innovative models of health care delivery for persons experiencing homelessness which address current accessibility barriers.