

Homelessness and Health Impacts

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Outline:

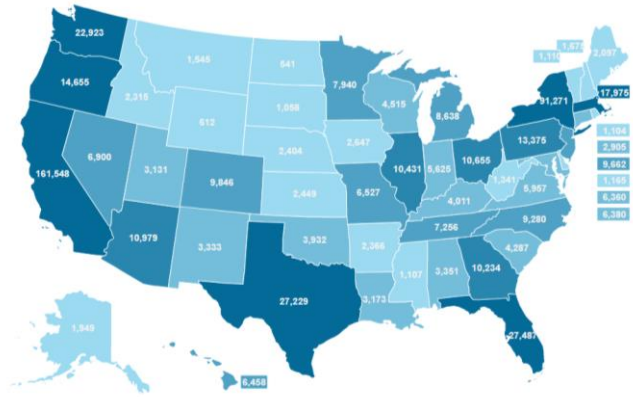
- Statistics
 - Prevalence, housing cost
- Observations
 - Resource limitations
- Impacts
 - ED usage, Suicidality, substance use
- Barriers to care
 - Actual vs assumed needs
- Approaches
 - Harm reduction
 - Legislation

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Prevalence

- In the US: 552,830 homeless
- Risk Factors: poverty, lack of affordable housing, severe mental illness, male sex
- In MN: 7,940 homeless
- In MN: 526,065 in poverty
 - Poverty: \$13,590 for individual
 - Poverty: \$27,750 for family of four

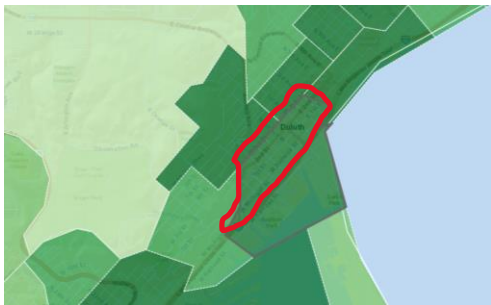
Total People Experiencing Homelessness



<https://www.usich.gov/homelessness-statistics/mn/>

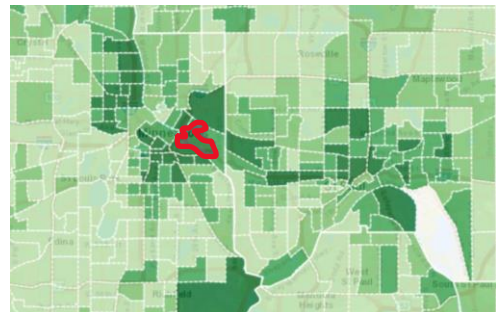
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What is “Affordable Housing”?



<https://mndatamaps.web.health.state.mn.us/interactive/povertytract.html>

Downtown Duluth: Poverty rate 59.2%
Fair market one bedroom rent: \$715/mo



<https://mndatamaps.web.health.state.mn.us/interactive/povertytract.html>

Minneapolis (East Bank) poverty rate 60.6%
Fair market one bedroom rent: \$1078/mo

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How Does This Show Up?

- St. Louis County Point in Time report (Jan 2022)
 - 596 homeless individuals
 - 167 chronically homeless
 - 234 unsheltered individuals
- 155 emergency beds in Duluth
 - Warming and drop in center
- Several months- two year wait for Section 8 housing
- Those left unsheltered spend nights outside



Photo: Atlas Obscura



Photo: Carol Christenson- Duluth in April

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Impacts on Health

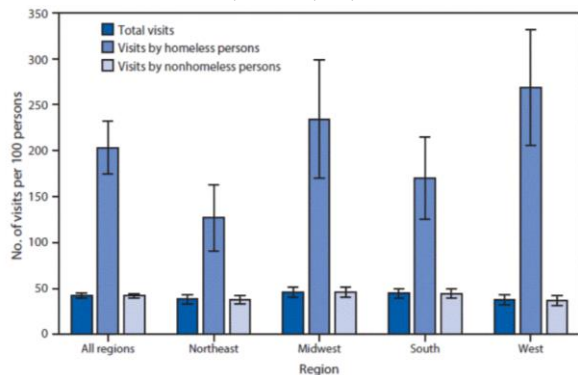
Health Conditions Among the Homeless Population in Comparison to the General US Population

HOMELESS	VERSUS	HOUSED
18%	Diabetes	9%
50%	Hypertension	29%
35%	Heart Attack	17%
20%	HIV	1%
36%	Hepatitis C	1%
49%	Depression	8%
58%	Substance Use Disorders	16%

<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

Depression 6x more common
 Substance use disorder 3.6x more common

Annual ED visits per 100 people 2015-2018



<http://dx.doi.org/10.15585/mmwr.mm6950a8>

Nationally:
 42 ED visits per 100 non-homeless individuals
 203 ED visits per 100 homeless individuals

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Association Between Suicide Attempts and Homelessness in a Population-based Sample of US Veterans and Non-veterans

Tsai and Cao 2019

- Data included 3,101 veterans and 33,024 non-veterans
- Lifetime suicide attempt increased among homeless individuals
 - 5.3x general population (23.3% vs 4.4%)
 - 8.8x if homeless veteran (24.5% vs 2.8%)
- After controlling for common risk factors between homelessness and suicide attempts
 - Homeless non-veterans 1.8x increased risk
 - Homeless veterans 3.75x increased risk
- Homelessness may be considered as an independent risk factor for suicide attempt

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Identifying and Understanding Gaps in Services for Adults Experiencing Homelessness

Barile, Pruitt, Parker, 2019

- Survey of 577 urban, homeless US adults
- 30% described substance use or mental health as the primary factor leading to their homelessness
- Dissonance between presumed vs self-reported needs
- Basic services utilized to survive even though secondary services may help escape homelessness



Photo: <https://www.managementstudyguide.com>

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Identifying and Understanding Gaps in Services for Adults Experiencing Homelessness

Barile, Pruitt, Parker, 2019

- Stigma
 - “Mean staff” a statistically significant reason for not utilizing needed services
- Transportation
 - Most reported need
- What makes a service desirable:
 - Convenient location (59%)
 - Provides needed service (49%)
 - Nice staff (46%)
 - Being treated with respect (44%)
- Which services are helpful may vary based on individual path leading to homelessness

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Efforts to Address Homelessness

- Local (Duluth)
 - CHUM Overnight warming center
 - “Stepping On Up” 5 year plan
 - Harm reduction model
 - \$300,000 for 2021-2022
 - Authorized outdoor living zones, fund two community outreach positions, tents, sleeping bags, etc.
- State
 - Legislation- H.F. 4225
 - Grants up to \$10,000,000 to improve/expand emergency shelter
 - \$2,500,000 in FY2023 for transitional housing programs
 - 1,650,000 in FY2023 for Shelter-Linked Youth Mental Health



Startribune.com



Mnhs.com

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Conclusion

- Homelessness is associated with an increased risk of chronic diseases, including depression and substance abuse.
- Homelessness may be an independent risk factor for suicide after common risk factors are controlled for.
- Barriers for homeless individuals seeking care include stigma and transportation, which may contribute to high Emergency Department utilization.
- Investing in infrastructure to reduce homelessness may reduce the healthcare costs and improve healthcare outcomes associated with homelessness.

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References

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- *QuickStats*: Rate of Emergency Department (ED) Visits, by Homeless Status and Geographic Region — National Hospital Ambulatory Medical Care Survey, United States, 2015–2018. MMWR Morb Mortal Wkly Rep 2020;69:1931 DOI: <http://dx.doi.org/10.15585/mmwr.mm6950a8>
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- <https://www.house.leg.state.mn.us/comm/docs/rhXzU4IKsESHcumE4KqWg.pdf>

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