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
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

What is “Affordable Housing”?  

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

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

Impacts on Health


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

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

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
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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

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

Starttribune.com
Mnhs.com
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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