

## **Why Homelessness is a Disease that Needs our Attention**

Morally, we have a collective sense of responsibility to take care of the sick. It's time the homeless are included in our definition of sick.

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. While under this definition, many of us may fail to reach healthy status since we may not meet a criteria or two, there is a population of over half a million Americans who do not meet any of the criteria listed above: the homeless population.

Living without a home places one in a position of being chronically unhealthy on all measures of health. Here's why this statement is a dire reality:

### **What is homelessness?**

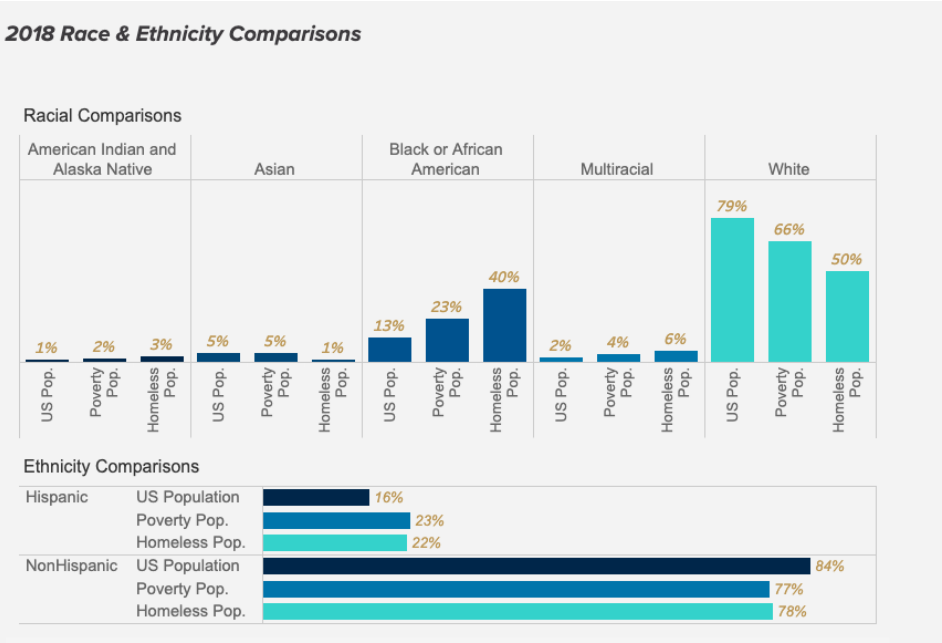
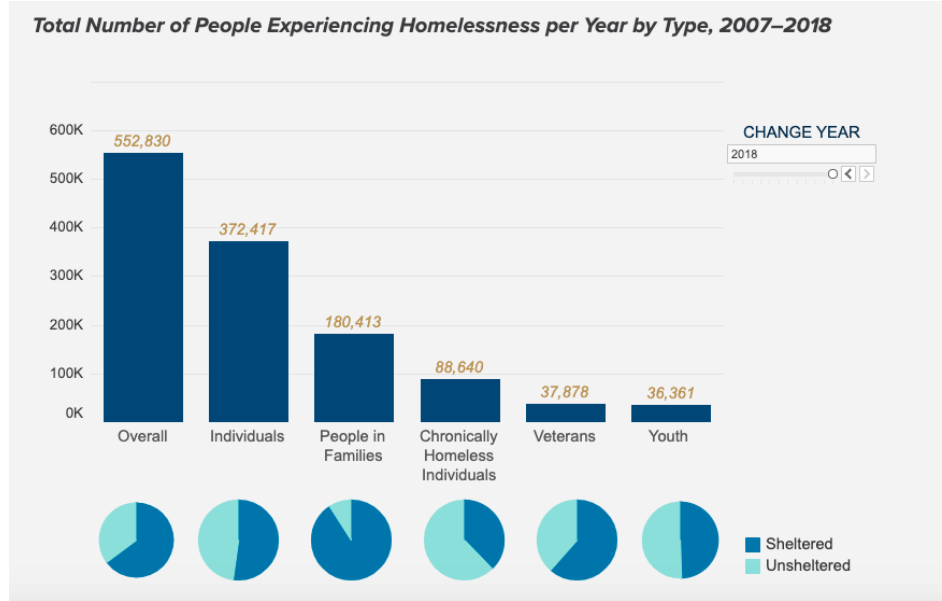
According to the U.S. Department of Housing and Urban Development, homelessness is defined as an:

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
  - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
  - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

### **Who is suffering from homelessness?**

In 2018, there were 552,830 individuals who were experiencing homelessness. Of the 500,000+ people, men accounted for about 60% of the population while women make up the remaining 40%, indicating a wide gender disparity. Additionally, a racial breakdown reveals that Whites make up 50% of the homeless population while Blacks comprise an astounding 40%, revealing an overrepresentation of Black individuals who only make up 13% of the general U.S. population.

Additional disparities are found amongst veterans who constitute 11% of the homeless population (compared to 8% of the general pop.) and the mentally ill who constitute around 25% of the homeless (compared to 6% of the general pop.).



**How sick are the homeless?**

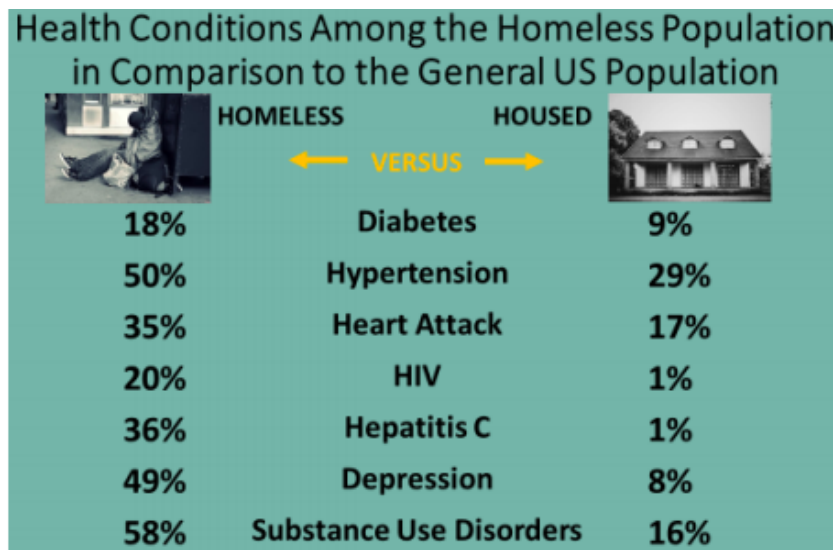
In short, very.

Homeless individuals suffer from disproportionate rates of several diseases. For instance, the homeless community has an extreme prevalence of diseases such as diabetes, hypertension, and HIV at rates of 18%, 50%, and 20%, respectively. Comparatively, amongst housed individuals, the rates are much lower at 9%, 29%, and 17%, respectively. Such disparities are indicative of a particularly detrimental risk factor linked to not having a home.

Additionally, the aforementioned diseases, diabetes and hypertension specifically, are amongst the leading causes of death in the U.S. Therefore, given the prevalence of high-mortality

illnesses such as these within the homeless population, it is no surprise that homeless individuals also suffer from an average shorter lifespan. Individuals experiencing chronic homelessness tend to die at an average of 12 years earlier than housed Americans.

The homeless population exist in a state in which their health is consistently compromised. When one is without a home, a minor cut or wound can become a life-threatening infection due to elemental exposure; the inability to access proper sanitation can lead to contracting diseases such as Hepatitis A or cholera; chronic hunger and dehydration may evolve into malnutrition and kidney damage. Each health condition requires intense medical treatment that is simply unavailable on the streets.



Source: Health Center Patient Survey (HCPS) 2009

### Why don't they just go to the hospital?

There are various factors that make the healthcare system inaccessible to the homeless population. Individuals who attempt to access the healthcare system after identifying a potential ailment are often cast out of the very institution meant to aid in their healing. There are several barriers to access that prevent diseases and maladies from being caught and treated early on. Many of the steps necessary to access the healthcare system are often not in the realm of possibility for individuals living on the streets. Whether it is scheduling an appointment (without access to a phone), finding transportation (without access to a car or money for a bus), registering for insurance (without a street address to put on forms or an ID that was likely lost or stolen), homeless individuals face several barriers prior to even entering a healthcare institution.

On the off chance that they are fortunate enough to succeed in overcoming the aforementioned barriers, they still face multiple other challenges once they present themselves at a local hospital

or clinic. One major challenge is the stigma associated with being homeless and the resulting discrimination. Many healthcare providers hold biases towards homeless individuals and as a result provide them with a lower quality of care. Homeless individuals testify to being spoken to in disrespectful manners and overall feeling unwelcomed by healthcare providers. As a result, there is a much lower incentive for seeking treatment when one does not feel like they are respected as a human being and as a result, their pain is seen as less important compared to others.

Another barrier to access stems from the rising cost of healthcare. Luckily, many homeless individuals qualify for MediCare and can levy medical costs if covered by insurance. Furthermore, many cities have federally qualified health centers (FQHC) which were established to provide healthcare to everyone even if they are unable to pay or lack health insurance. However, even with systems such as these in place, there are still circumstances that require out of pocket pay that would leave homeless individuals stuck due to the unaffordability of prescriptions, treatments, and operations.

Failure to receive adequate and timely medical attention and treatment only serves to exacerbate already declining health. Homeless individuals remain sick and get even more sick because they are shut out from resources meant to help them.

### **What's the relationship between being housed and being healthy?**

The social determinants of health are factors that contribute to health outcomes in individuals that expand past the absence or presence of disease. Determinants include education, income, employment, physical environment, and of course, housing. Housing is identified as a determining factor of good health because living in a healthy home provides the stable environment needed to promote good health. As previously discussed, people living without a home face extreme rates of diseases that simply aren't present amongst those with a home. Having a place to rest your head at night provides you with safety, warmth, and protection from the elements. On the contrary, being without a home puts one at increased rates for assault, theft, injuries, weather-related inconveniences, city-sanctioned eviction, and much more. Apart from the absence of disease, one can not be healthy while living under consistent high stress and often life-threatening conditions.

### **How can I support better health outcomes amongst homeless individuals?**

While there are numerous ways to do your part, here are 3 ways to get involved:

#### **Housing First**

As discussed, housing and health are closely linked to one another. Providing housing to homeless individuals is the first step in promoting better health outcomes because it eliminates all of the health risks tied to living on the streets or in a shelter. Unfortunately, a problem many individuals face when going through the housing application process is being ineligible for housing due to factors such as drug/alcohol addiction or having a criminal past. Housing First asserts that housing is so critical to health that failure to abide by a list of criteria should not stand in the way of someone being housed. In fact, *nothing* should stand in the way.

Under the Housing First model, previously homeless individuals are given a team of interdisciplinary professionals such as social workers, psychologists, and doctors who work alongside them to manage their health and well-being.

Supporting Housing First policies is a great way to serve as an advocate for the health of the homeless population.

### Street Medicine

Street medicine is an approach that bring healthcare to individuals living on the streets. It is a way to circumnavigate the barriers to care people face by bringing clinicians and their medical supplies directly to those in need. Whether walking by foot or traveling in cars, teams of medical providers and volunteers visit local parks and public areas to treat those who otherwise would not be treated.

Street medicine began in the early 90s as a response to the growing number of homeless in Pittsburgh who were extremely sick yet extremely neglected. 30 years later, street medicine has spread all across the world and teams of doctors, nurses, students, therapists, and social workers serve the homeless in their community by meeting them exactly where they are at.

Supporting a local street medicine team with your time, money, or donations helps them provide healthcare to those who are pushed out by the traditional healthcare system.

### Advocacy & Activism

Advocacy and activism is necessary to push homelessness to the forefront of the political agenda. Partnering up with local homelessness advocacy organizations provides them with the voices and manpower needed to show that homelessness is a public problem not an individual one.

A simple social media post highlighting health statistics in the homeless community can be the first small step towards advocacy. This followed by donations, volunteering, and drumming up public discourse are all ways that the everyday person can show support for better health outcomes amongst the homeless.

For additional resources and information, please visit:

<https://www.nationalhomeless.org/factsheets/health.html>

<https://www.hudexchange.info/homelessness-assistance/diseases/>

<https://endhomelessness.org/>

<https://nhchc.org/understanding-homelessness/homelessness-resources/>

<https://www.cdc.gov/phlp/publications/topic/resources/resources-homelessness.html>