Social Determinants of Health:
Predictors of Health among People without Homes

FACT SHEET October 2016

Over the past three decades, social determinants of health (SDOH) have received increased recognition as factors that contribute to health inequities. While a growing body of literature has underscored the role of housing and health care access barriers in achieving positive health outcomes among people without homes, there remains a great need to explore other individual, social, and structural factors that impact health outcomes of this population.[1] This fact sheet reviews the SDOH most commonly associated with homelessness and provides resources to address these issues within the health care setting.

What are Social Determinants of Health?

The World Health Organization (WHO) defines SDOH as "the circumstances, in which people are born, grow up, live, work and age, and the systems put in place to deal with illness." They demonstrate that health outcomes are influenced by multiple factors, including: 1) neighborhood and built environment; 2) health and health care; 3) social and community contexts; 4) education; and 5) economic stability [Figure 1].[2] The County Health Rankings approach breaks down these factors of influence demonstrating that local, state, and federal policies shape health communities and that, combined, non-clinical health factors (i.e. health behaviors, social, economic, and physical environment factors) are among the strongest predictors of longer life and good health outcomes [Figure 2].[3]

Figure 1: SDOH for People without Homes
Source: Adopted from HealthyPeople 2020, Social Determinants of Health *Image developed on Piktochart.com

Social Determinants of Health and Homelessness

Studies of the general U.S. population have demonstrated that mortality, morbidity, and risky health behaviors are directly linked to education, income, social support, and segregation based on socioeconomic status and race.[4] For example, in 2000, about 133,000 deaths in the US were attributable to individual level-poverty and 245,000 deaths to low education (less than a high school education).[5] Compared to the general housed population, people without homes have been and are now more severely impacted by SDOH, leading to increased mortality, chronic health conditions, mental illness, substance use, and risky health behaviors.[6] They are more likely to face extreme poverty resulting in an inability to obtain and maintain housing, pay for health services, and afford basic daily necessities like food and clothing.[7,8] Moreover, many have not attained a high level of education, further limiting their likelihood of avoiding these financial difficulties.[9,10] Other contributors to adverse health outcomes among this population include:[2, 9, 11-13]

- Limited availability of affordable housing;
- Unsafe living conditions (exposure to violence and poor environmental conditions) prior to and during bouts of homelessness;
- Personal, provider, and systematic barriers to health care;
- Social isolation with limited to no social support and social inclusion in the community;

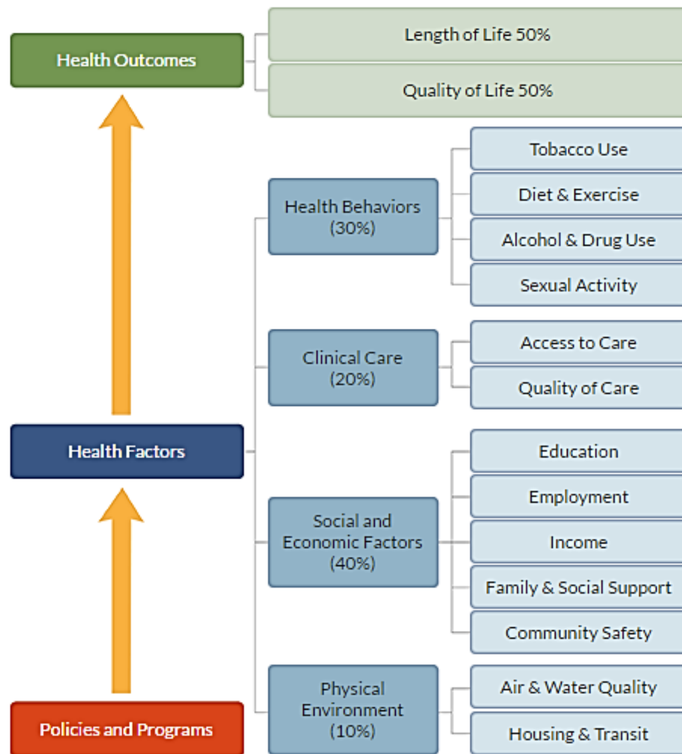

Figure 2: County Health Model of Population Health
County Health Rankings model 2014 UWPHI

- Influence of social networks that engage in risky behaviors and a disconnect from positive home-based networks; and
- Increased likelihood of involvement with the justice system.

The culmination of these factors place people without homes at the lowest end of the social gradient (or the social ladder), which, according to the WHO, equips them with the least power, resources, and ability to break the cycle of poverty.(14)

Health outcomes associated with these factors have been documented for this population.(14) For example, Martins et al. revealed that study participants without homes consumed fatty foods in excess and were not able to meet daily nutrition standards set by the U.S. Department of Agriculture. Conversely majority (68%) of study participants were either overweight (29%) or obese (39%) and were at high risk for chronic diseases (70%).(16)

Strategies and Tools to Address SDOH

Social determinants of health have contributed to and continue to perpetuate the difficult situations faced by people without homes. With this in mind, strategies that address SDOH will need to expand traditional scope of practices beyond medical care and should include 'social care' services that address the social, environmental and individual factors that influence health.(1) This is especially important in the U.S. where medical care spending exceeds that of social care yet health issues are still higher and life expectancy is lower than in other high-income countries that spend more on social care.(17) For people without homes, services are needed in the form of: education, income benefits (e.g. disability and social security), housing assistance, employment programs, and food security. These service needs may actually take priority over the provision of medical care.

Other approaches to addressing SDOH include:

- Collecting SDOH data on patients without homes or at risk of homelessness;
- Reviewing needed, proposed, and existing policies and practices that influence health within the organization;
- Ensuring that the health impact of policy and practice changes are considered; and
- Ensuring that intervention and prevention programs use a multidisciplinary approach that is inclusive of health and non-health related sectors at the local, state, and federal level.

Resources

Homeless service providers are encouraged to review the following resources to gain a better understanding of the determinants of health impacting people without homes. Tools and strategies to address SDOH in the health care setting are also provided.

- 2014 National Health Care for the Homeless Conference and Policy Symposium archives. The Social Determinants of Health and Homelessness. Available at: https://www.nhchc.org/2014-conference-schedule-and-workshop-descriptions/
- Center for Disease Control and Prevention. Social Determinants of Health: Know what affects health. Available at: http://www.cdc.gov/socialdeterminants/
- Cole BL and Fielding JE, "Health impact assessment: a tool to help policy makers understand health beyond health care," Annu. Rev. Public Health. 2007. 28:393-412. Available at:

http://international.uiowa.edu/files/international.uiowa.edu/files/file_uploads/Healthimpactassessment.pdf

- Gottlieb L et al., "Collecting and applying data on social determinants of health in health care settings," JAMA. 2013. 173(11):1017-1020
- McNeil R et al., "Learning to account for the social determinants of health affecting homeless persons," Med Education. 2013. 47:485-494
- National Center for Medical Legal Partnership, The need, response, and resources tabs. Available at: http://medical-legalpartnership.org/need/
- Office of Disease Prevention and Health Promotion, HealthyPeople 2020. Social Determinants of Health. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- Prevention Institute. THRIVE: Community tool for health & resilience in vulnerable environments. Available at: http://www.preventioninstitute.org/component/jlibrary/article/id-96/127.html
- Rudolph et al., "Health in all policies: a guide for state and local governments. American Public Health Association and Public Health Institute. 2013. Available at: https://www.apha.org/~/media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx
- Zlotnick C et al., "Health Care for the Homeless: what we have learned in the past 30 years and what's next," Am J Public Health. 2013. 103:S199-S205

References:

1. Mcneil R, et al., "Learning to account for the social determinants of health affecting homeless persons," *Med Educ*. 2013. 47:485-494
2. HealthyPeople 2020, "Social determinants of health," Office of Disease Prevention and Health Promotion Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
3. County Health Ranking & Roadmaps, A Robert Wood Johnson Foundation program, "Our approach." Available at: http://www.countyhealthrankings.org/our-approach
4. Galea S, et al., "Estimated deaths attributable to social factors in the United States," *Am J Public Health*. 2011. 101:1456-1465
5. Heiman HJ et al., "Issue brief: Beyond health care: the role of social determinants in promoting health and health equity," The Kaiser Family Foundation. 2015
6. Fazel S, et al., "The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations," *Lancet*. 2014. 384:1529-1540
7. National Alliance to End Homelessness, "The state of homelessness in America 2016." Available at: http://www.endhomelessness.org/library/entry/SOH2016
8. Gelberg L et al., "Health, homelessness, and poverty," Arch Intern Med. 1990. 150:2325-2330
9. Hwang SW, et al., "Multidimensional social support and the health of homeless individuals," *J Urban Health*. 2009. 86(5):791-803
10. Tarabini A, "The poverty reduction strategy papers: an analysis of a hegemonic link between education and poverty," *Int J Educ Dev*. 2012. 32(4):507-516
11. Campbell DJT et al., "Primary health care needs and barriers to care among Calgary's homeless populations," *BMC Fam Pract*. 2015. 16:139
12. Watson J, et al., "Social exclusion, health and hidden homelessness," *Public Health*. 2016. Available at: http://dx.doi.org/10.1016/j.puhe.2016.05.017
13. Davidson C, "Social networks of individuals experiencing homelessness," In Focus: A Quarterly Research Review of the National HCH Council. 2014. Available at: http://www.nhchc.org/wp-content/uploads/2015/02/in-focus-social-networks.pdf
14. World Health Organization, "Social determinants of health: Key concepts." Available at: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/
15. Jones CA et al., "Cardiovascular disease risk among the poor and homeless," *Curr Cardio Reviews*. 2009. 5:69-77
16. Martins et al., "Assessment of food intake, obesity, and health risk among the homeless in Rhode Island. *Public Health Nurs*. 2015. 32(5):453-461
17. American Public Health Association, "Investing in the healthiest nation," Available at: https://www.apha.org/~/media/files/pdf/infographic/2016_nphw_infographic.ashx

This project is supported by the Health Resources and Services Administrators (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09746, National Training and Technical Assistance Cooperative Agreement, for this budget year's total cooperative agreement award of $1,625,741.00, and 0% of this total NCA project financed with nonfederal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.