Health Care for the Homeless 101: An Introduction for CHWs in the CMS Innovations Project
WELCOME CHWs!
Who is homeless?

More than 643,067 people slept on the streets or in shelters every night in January 2011.

Nearly two-fifths of them were on the streets, in cars, in abandoned buildings, or other places not meant for human habitation.

Photo by Alan Pickett
Who is homeless?

- Families with Children 30%
- Unaccompanied Youth 2%
- Single Women 17%
- Single Men 51%

Who is homeless?

- Hispanic: 13%
- White: 39%
- Asian: 2%
- African-American: 42%
- Native American: 4%

Where do we find people who are homeless?

- Cities: 70%
- Suburbs: 21%
- Rural: 9%

**National Coalition for the Homeless, July 2007 & June 2008**
Families with children are among the fastest growing segments of people without housing — 2% of all children in the US are homeless at any time.

In 2005, 32% of requests for shelter by homeless families were denied due to lack of resources.

*Photo by Sharon Morrison*

*National Coalition for the Homeless Fact Sheet # 2, Urban Institute, 2000*
50% use alcohol

50% have survival sex

35% use intravenous drugs

Photo courtesy of Nevada Partnership for Homeless Youth

Noell J et al, 2001; Ringwalt et al, 1998; Farrow et al, 1992
Age and Mortality

- Almost 80% are between ages 20–64
- Average life expectancy is 42-52 years
Is all homelessness the same?

Photo by Sharon Morrison
Temporary Homelessness

Photo courtesy of USDA NRCS

Photo by Lee Celano, NY Times
Episodic Homelessness

Photo by Shane Bauer

Photo by Shane Bauer
Chronic Homelessness

Photo by Alan Pickett
Living Environments

Unsheltered
- Bridges
- Cars
- Streets
- Woods
- Tents

Sheltered
- Racetrack
- Abandoned Buildings
- Shelters
- Motels
- Respite
- Hospitals

Transiently Housed
- Jails
- Drug and Alcohol Treatment Programs

Doubled Up
- Friends
- Family

Housed
2:2 What Causes Homelessness?
The Breadline, a sculpture by George Segal. Franklin D. Roosevelt Memorial. Washington D.C. USA
Poverty

Single Individual
$11,170

Two Person Family
$15,130

Three Person Family
$19,0900

Four Person Family
$23,050

2011 Poverty Level: 15%

BHCHP nurse Trish Bowe offering care to a backstretch worker outside the stables at Suffolk Downs Racetrack in Boston. Photo by Stan Grossfield

Paying the Rent

WHAT IS THE GAP BETWEEN THE ESTIMATED HOURLY WAGE NECESSARY TO AFFORD A TWO-BEDROOM APARTMENT AND THE WAGE AN AVERAGE AMERICAN RENTER ACTUALLY EARNs?

2012 Housing Wage $18.25
-2012 Renters’ Wage $14.15
GAP $ 4.10

2 Bedroom Unit

$18.25 per hour

Source: Out of Reach 2009, National Low Income Housing Coalition
Housing Affordability Crisis

1980

Today
Over half of all personal bankruptcies are attributable to health care costs.

Because people become ill or injured and cannot pay for their care, they lose their financial standing and eventually their homes.
Vulnerability

Photo by David Comb

Photo by Sharon Morrison

Photo courtesy of StreetSpirit.org
Mental Illness

It is estimated that 25 percent of homeless people have at some time experienced severe mental illness such as schizophrenia or a major mood disorder.

Substance Use Disorders

... approximately 26% of the homeless population is dealing with issues of substance abuse.

Photo by Shane Bauer
Adverse Childhood Experiences

- 27% history foster care, group home, or other institutional setting
- 25% history childhood physical or sexual abuse
- 21% history childhood homelessness
- 33% ran away from home
- 22% forced to leave home

Self-report data from Interagency Council on Homelessness, 1999
Poverty: Hunger

- 24% of requests for emergency food assistance went unmet
- 51% of people requesting emergency food assistance were members of families
- Requests for emergency food assistance increased 15.5% from previous year

U.S. Conference of Mayors Report, 2011
Lack of Affordable Housing

1.7 Million units

- Average wait for public housing = 20 months
- Average wait for a Section 8 Voucher = 35 months
2.3: What is the relationship between homelessness and health?
- Health problems **cause** homelessness
- Homelessness **causes** health problems
- Homelessness **complicates** treatment and recovery

Institute of Medicine, *Homelessness, Health and Human Needs*, 1987
Medical Implications of Homelessness

Challenge: finding nutritious food
Challenge: maintaining personal hygiene

Photos by Shane Bauer
Homelessness is a marker for sickness

Photo by Sharon Morrison

Three to Six Times
Frequent Conditions

- Influenza
- Upper Respiratory Infection (the common cold)
- Diarrhea
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Tuberculosis
- HIV/AIDS
- Vaccinations
- Lice
- Scabies

Frequent conditions

Early Frostbite of the Hand. This picture was taken several days later after the patient was exposed to a temperature of 18° F and no wind. The blisters are bloody, and he eventually lost two fingers.

Cellulites. This man with COPD and chronic heart failure has been hospitalized several times for severe these ulcers.

Photos by James O’Connell MD
Frequent conditions

As many as half of homeless adults with severe mental illness also have a co-occurring substance use disorder.

Dennis, Levine, and Osher, 1991
Medical Implications of Homelessness

- Severity of illness
- Rapid aging
- Realities of exposure
- Competing demands
Increased Mortality

Average life expectancy: 55 years
Homelessness complicates efforts to treat health problems
Barriers to Care

Shelter Line forms at 3pm

Notice to Patient: MUST BE TAKEN WITH FOOD OR MILK

No one seen without an appointment

Bus Fare: $2.75 Metro Pass ONLY Driver accepts no cash
For many people...

... the emergency room is the primary care provider
Module 3.1 Origins
Origins

From the 1988 Newsletter of the RWJ Foundation

RWJF Presents Federal Officials with Guide to Homeless Care

Foundation staff members presented U.S. Public Health Service (PHS) officials with a guide to health care for the homeless as the government began to implement the Stuart B. McKinney Homeless Assistance Act (PL 100-77) in February.

The guide is based on the Health Care for the Homeless Program, a $25 million national initiative jointly funded by the foundation and the Pew Charitable
Homelessness Re-emerged

Important causes included severe cuts in the federal housing budget.

Migrant mother with children, circa 1936

Photo by Mark Hines
‘Housing Crisis’ by Claude Moller for the Western Regional Advocacy Project

The opening of general public emergency shelters in 1983 shows a clear connection between the drop in affordable housing and the birth of modern homelessness. It is the result of the deep cuts shown here. Note the advent of homeless-specific federal assistance in 1987, when the federal government was forced to enact an emergency response to its own failure to maintain a housing safety net. Since that time, Congress has funded HUD homelessness assistance at a miniscule level, while refusing to restore cuts to the larger affordable housing programs.
Contributing Factors

- High unemployment (near 10%)
- Reduced mental hospital capacity ("deinstitutionalization")
- Post-traumatic stress disorder (PTSD) among veterans of Vietnam war
The HCH Demonstration Program

Health issues were glaringly obvious among those now dwelling on the streets.

The wife of an executive of the nation’s largest health care philanthropy asked her husband:

“What are you going to do about this?”
December 1983 - the Robert Wood Johnson Foundation, the Pew Charitable Trust and the U.S. Conference of Mayors announce a grant competition for a major demonstration program.

One application from each of the nation's 50 largest cities was accepted for review.
The purposes of the program were:

- To demonstrate new ways to deliver health and social services to homeless persons
- To demonstrate better ways to link homeless people with public benefits
- To encourage a broad cross section of groups in our big cities to work together in common cause
- To provide an opportunity for learning, leading to further action down the road
- And to improve the health of the homeless people it served

The HCH Demonstration Program

Nineteen projects funded in 1984

Medical, nursing and social work services

Based on work of St. Vincent’s Hospital in New York City

Philip Brickner, MD

Albuquerque
Baltimore
Birmingham
Boston
Chicago
Cleveland
Denver
Detroit
Los Angeles
Milwaukee
Nashville
New York
Newark
Philadelphia
Phoenix
Saint Louis
San Antonio
Seattle
Washington
Results of the HCH Demonstration Program


Address Unknown: The Homeless in America by James D. Wright (New York: Aldine de Gruyter, 1989)
- Organized independently by Project Directors within the demonstration program (1985) to provide peer support and advocacy
- Became the designated charity of Comic Relief™ telethons
- Provides Training and Technical Assistance for HCH with funding from HRSA and other sources
Organizational Membership

- The National HCH Council:
  - 501(c)(3) organization
  - 120 organizational members
  - Individual Membership Groups:
    - HCH Clinicians’ Network
    - Nat’l Consumer Advisory Board
    - Respite Care Providers’ Network
Federal Response to Homelessness

1987: Stewart B. McKinney Homeless Assistance Act

- “... urgently needed assistance to protect and improve the lives and safety of the homeless”
- Emergency food and shelter
- Transitional and long-term housing
- Primary health care
- Mental health services
- Education
- Job training
HCH in the McKinney Act

- 1988: DHHS funded 109 HCH projects in 41 States

- The design of the new federally-funded projects replicated the model developed by the foundation-funded demonstration program.
The term “homeless individual” means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

Public Service Health Act, Section 330(h)(5)(A)
A homeless person is an individual without permanent housing who may live on the streets, stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle or in any other unstable or non-permanent situation. A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness.

Bureau of Primary Health Care, HCH Principles of Practice, Program Assistance Letter 99-12
Consolidation of Health Centers

1996: Health Center Consolidation Act – Section 330
- 330(e) Community Health Centers
- 330 (g) Migrant Health Centers
- 330 (h) Health Care for the Homeless
- 330 (i) Public Housing Primary Care
Growth of the Federal HCH Program

- Health Care for the Homeless Program = 8.7% of total Health Center appropriations
- At least one HCH grantee in each State, the District of Columbia, and Puerto Rico.
- 243 Grantees serving over 800,000 persons per year
Who are HCH Grantees?

- 56% are Community Health Centers
- 26% are other community-based organizations
- 14% are local Public Health Departments
- 4% are Hospitals
The HCH Approach to Care

Organizing Health Services for Homeless People: A Practical Guide

by Marsha McMurray-Avila
Outreach

Abby Lehrman, BS, outreach worker,
San Francisco Community Clinic Consortium
Service locations

Betty Schulz, CPNP, RN stands in front of the Mercy Children's Health Outreach Project in Baltimore
Designed for Accessibility

- Extending hours
- Providing transportation
- Using sliding payment scale

Photo courtesy of Care Alliance HCH, Cleveland, OH
Sensitivity

- Engaging individuals who are homeless often involves overcoming significant fear and suspicion
- Trauma-informed care
- A patient, nonjudgmental, persistent approach is often required

Celelia at St. Francis House in Boston.
Photo by James O’Connell, MD
Comprehensive services

- Understand health care and other basic needs are interrelated
- Use multidisciplinary clinical teams
- Integrate primary care with the treatment of mental health and substance use disorders
- Secure housing, entitlements, and jobs
Referrals

Onsite and referral resources
Clinical adaptations

- Prescribing simple medical regimens with few side effects
- Screening for common problems
THANK YOU!
BE CAREFUL OUT THERE!
John Lozier, MSSW
Executive Director