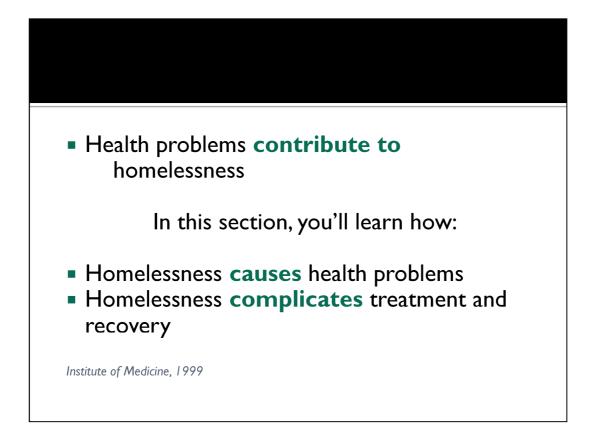


What is the relationship between homelessness and health?

Illnesses that are closely associated with poverty, such as tuberculosis, AIDS, malnutrition, and severe dental problems, devastate the homeless population. Health problems that exist quietly at other income levels, such as alcoholism, mental illnesses, diabetes, hypertension, and physical disabilities - are prominent on the streets. Human beings without shelter also fall prey to parasites, frostbite, infections and violence.



We know that [highlight first bullet] health problems contribute to homelessness. In this section, we'll learn more about [highlight second bullet] how homelessness causes health problems, and [highlight third bullet] homelessness complicates treatment and recovery.



Studies repeatedly show that just being homeless increases the chances of being sick. The rates of both chronic and acute health problems are extremely high among the homeless population. Homeless people experience illnesses at [incoming arrow!] three to six times the rates experienced by people who are housed. With the exception of obesity, strokes, and cancer, homeless people are far more likely to suffer from every category of chronic health problem.



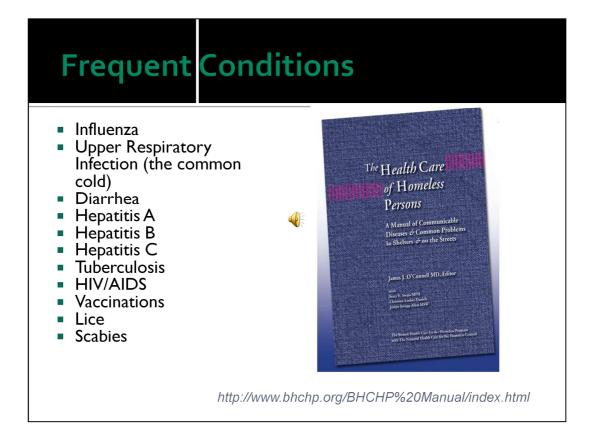
Homelessness and malnutrition go hand-in-hand, increasing vulnerability to acute and chronic illnesses. Homelessness also precludes good personal hygiene, and basic first aid.

Medical Implications of Homelessness

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



For people experiencing homelessness, illnesses are often more severe. People who are homeless in their 40's and 50's develop disabilities more commonly seen in people decades older. Exposure worsens the effects of illness. And the competing demands homeless people face – for example, having to choose between going to a clinic or looking for food, or between looking for food and waiting for a shelter bed, is just one reason people often have to delay treatment.



The manual, Health Care of Homeless Persons, lists specific acute and chronic diseases that are of particular concern to people experiencing homelessness.

Frequent conditions



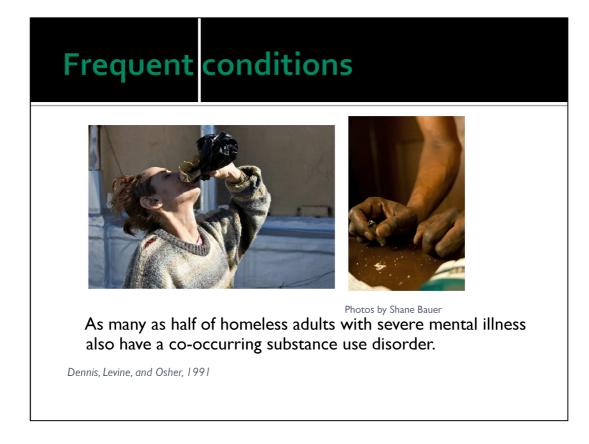
Early Frostbite of the Hand. This picture was taken several days later after the patient was exposed to a temperature of 18°F and no wind. The blisters are bloody, and he eventually lost two fingers.

Photos by James O'Connell MD

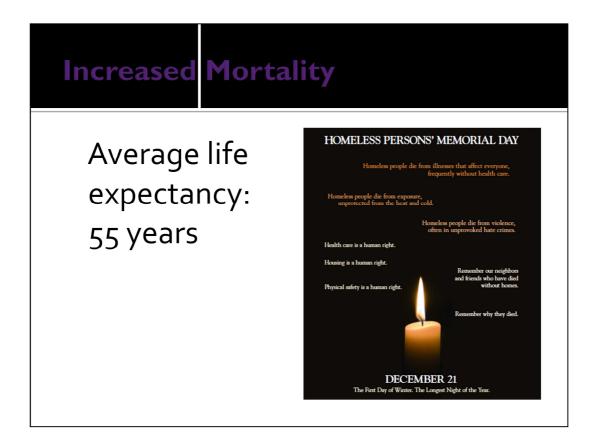


Cellulites. This man with COPD and chronic heart failure has been hospitalized several times for severe these ulcers..

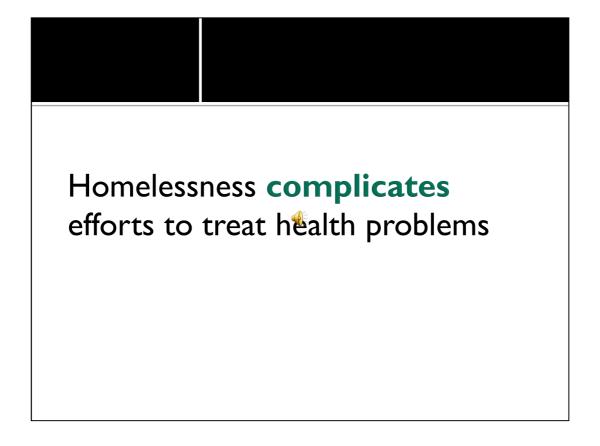
Here are two examples of common health conditions homeless people experience: frostbite and leg ulcers. Circulatory, dermatological and musculoskeletal problems are common results of excessive walking, standing, and sleeping sitting up.



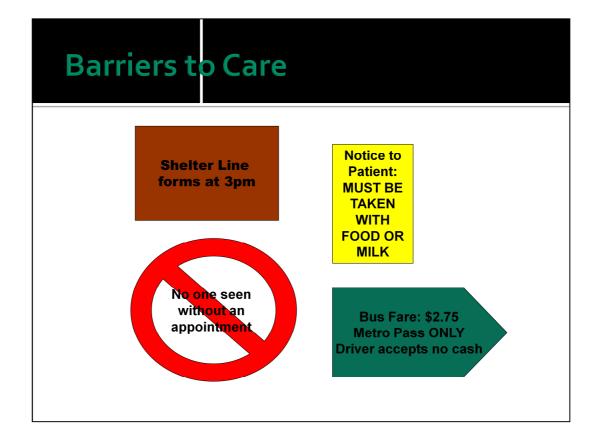
Stresses associated with homelessness also reduce resistance to disease, and account for the emergence of some mental illnesses. In addition, some homeless people with mental disorders may use drugs or alcohol to self-medicate, and those with addictive disorders are also often at risk of HIV and other communicable diseases. Studies suggest that as many as half of homeless adults with severe mental illness also have a cooccurring substance use disorder.



Homeless people die at 3.5 times the rate of the general population. Most homeless people die in their 5th decade, twenty years earlier than the national average.

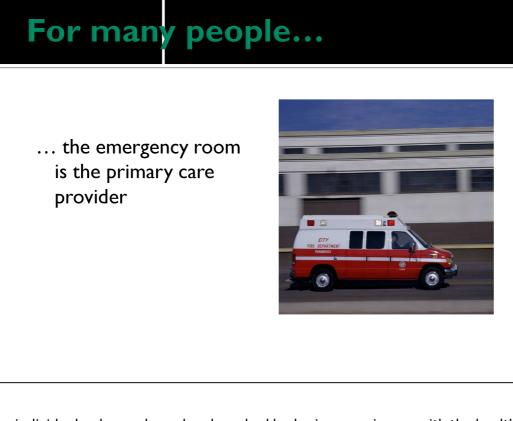


Not only does being homeless raise the risk of severe health problems and death, but being homeless complicates efforts to treat these health problems.



The health care delivery system is not built to serve people living without stable housing. Health care facilities often are located far from where homeless people stay, public transportation systems are insufficient or nonexistent in many places (fade in bus pass), and most homeless people don't have cars. Clinic appointment systems are not easily negotiated by people without telephones (fade in appt graphic), and for whom other survival needs – like finding food and shelter -- may take priority (fade in shelter line sign). Also, standard treatment plans often require resources not available to homeless persons, such as places to obtain bed rest, refrigeration for medications, proper nutrition or clean bandages (fade in food or milk sign).

Conditions which require regular, uninterrupted treatment, such as tuberculosis, HIV/AIDS, diabetes, hypertension, addictive disorders, and mental disorders, are extremely difficult to treat or control among those without adequate housing.



Many individuals who are homeless have had bad prior experiences with the health care delivery system, avoid mainstream providers, and use emergency rooms when they can no longer put off seeking treatment. For many people, the emergency room is the primary care provider.



People experiencing homelessness often also experience a loss of trust in people and hope for recovery. Research and experience confirms the harsh truth about homelessness and health: not only are people without homes more likely to get sick. People without homes also have a tougher time getting well.

In the final video of this segment, you'll hear more about the relationship between homelessness and health from members of the HCH field.