

HOMELESSNESS AND HEALTH



A HEALTH PROBLEM CAN LEAD TO A DOWNWARD SPIRAL

Many people are reduced to homelessness in a downward cycle that begins with a health problem and rapidly escalates into employment, financial and housing problems.

Conversely, homelessness causes medical problems, exacerbates existing illness, and complicates treatment. Without homes, people are exposed to the elements, dehydration, infectious diseases, violence, unsanitary conditions, malnutrition, trauma and addictive substances.

People experiencing homelessness have three to six times the rates of serious illnesses and injuries of those who are housed.

The vast majority of homeless people lack health insurance, primarily because they do not qualify for public insurance and cannot afford private insurance. For those who are insured, co-payments and the cost of prescription medications often inhibit homeless families and individuals from seeking needed medical and mental health care, thereby neglecting health concerns until they become emergencies.

As a result of these factors, individuals experiencing frequent homelessness are three to four times more likely to die prematurely than the general population. The average life expectancy in the homeless population is estimated between 42 and 52 years, compared to 78 years in the housed population.¹

Resolving health problems is critical to resolving homelessness.

HOMELESS CHILDREN

Children experiencing homelessness are sick more often than housed children; they experience high rates of acute and chronic health problems. The constant barrage of stressful and traumatic experiences also has profound effects on their development and ability to learn.

Homeless children have four times as many respiratory infections, twice as many ear infections, and are four times more likely to have asthma.

Children experiencing homelessness are four times more likely to show delayed development and twice as likely to have learning disabilities as non-homeless children.²

Poor child health also strains family resources and has the potential to push poor families deeper into poverty.

HOUSING IS HEALTH CARE

In extreme situations, many turn to emergency rooms although they are costly and inappropriate for ongoing care.

Untreated addictions, as well as physical and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, incarceration, poverty, and homelessness. These are



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tragic outcomes for those experiencing homelessness; burdensome on health care, social service and corrections systems; and costly to taxpayers.³

However, providing permanent supportive housing, together with access to integrated medical and behavioral health care, has been shown to increase adherence to treatment, decrease incarceration, and reduce costly visits to emergency rooms.

HEALING AND RECOVERY ARE NEARLY IMPOSSIBLE WITHOUT A HOME

Bed rest, healthy food, refrigeration for medications and the ability to stay out of the weather are critical to maintaining good health, but unavailable to those without homes.

For people with disabilities or serious health problems who lack stable housing, supportive housing provides an essential foundation for access to primary care and chronic disease management; and housing-based services reduce utilization of more costly emergency, inpatient, and long term care.⁴

WE CREATE SOLUTIONS

The Colorado Coalition for the Homeless is recognized nationally as a leader in the integration of housing, health care and support services for persons experiencing homelessness.

The Coalition's Stout Street Clinic has been delivering free health care, mental health care and substance treatment services for homeless individuals and families in downtown Denver for over 25 years. The Coalition also provides care at satellite locations throughout Denver at La Casa Quigg Newton Family Health Center, Samaritan House, St. Francis Center, Urban Peak, Renaissance West End Flats and throughout metropolitan Denver via the Mobile Medical Unit.

In 2011, the Coalition's Stout Street Clinic provided 36,296 medical care visits, 1,914 pediatric visits, 25,287 mental health visits, 5,464 dental clinic visits, and 1,182 eye clinic visits to 13,000 patients and filled 127,206 prescriptions at the pharmacy.

The Coalition's Respite Care Program serves people experiencing homelessness who have no place to recover after they have been discharged from the hospital. In addition to providing daily visits from nursing staff, patients benefit from a safe, secure, restful environment where they can access supportive services such as housing assistance and treatment programs.

REFERENCES

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- ⁴ National Healthcare for the Homeless Council. (2011). The Nexus of Health Reform, Housing & Homelessness: Recommendations for the Obama Administration from the National Healthcare for the Homeless Council. Available at <http://www.nhchc.org/wp-content/uploads/2011/10/HealthReformRecsNHCHC0108092.pdf>.