COLORADO COALITION FOR THE Homeless Creating Lasting Solutions

We Will Remember 2014:
HOMELESS DEATH REVIEW

Eighty-four men, women, and children died in Denver in 2014, each death the result of the experience of homelessness. This report, compiled by the Colorado Coalition for the Homeless, details each of these deaths. All of the individuals identified in this report struggled against considerable odds for survival, but time on the streets contributed significantly to their passing.

The Colorado Coalition for the Homeless conducts an unofficial count through a coordinated process involving the Denver Coroner's Office and more than 25 homeless service organizations in the seven-county Denver metropolitan area. This includes: medical clinicians, health care professionals, case managers, outreach and social workers, hospice, shelter, and emergency service personnel, housing managers, chaplains, volunteers, and others who provide direct assistance for those experiencing homelessness. Not all deaths are reported to the Coroner's office, so the broader involvement of homeless service providers is essential.

We Will Remember 2014 details the trends in deaths among the homeless population by capturing information about gender, age, seasonal distribution, and type and cause of death. Each year this information helps our community understand the challenges faced by individuals experiencing homelessness, in order to acknowledge those we have lost and work to prevent such tragedies in the future.

Produced in conjunction with the

HOMELESS PERSONS' MEMORIAL VIGIL

DECEMBER 17, 2014

REMEMBERING THOSE WHO LIVED AND DIED ON THE STREETS IN 2014

A HEALTH PROBLEM CAN LEAD TO A DOWNWARD SPIRAL

As a consequence to homelessness, health care is frequently interrupted and uncoordinated. Mobility barriers, lack of health insurance, fragmented health services, and a mainstream health care system that often is not prepared to deal with the complex psychosocial problems presented by homeless patients partially explain discontinuity of care. Transience makes comprehensive medical care, referrals, and follow-up difficult to achieve effectively. Without homes, people are exposed to the elements, dehydration, infectious diseases, violence, unsanitary conditions, malnutrition, trauma, and addictive substances.[1]

People experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts. Nationally, homeless individuals experience an average life expectancy as low as 41 years,[2] in Denver in 2014, the average age of death was 49. A 1998 study found that even when demographics (age, etc.) as well as individual behaviors (e.g., smoking, drinking, obesity) were taken into account, the risk of dying for those with annual incomes less than $10,000 was 2.77 times higher than for those whose income was over $30,000.[3]

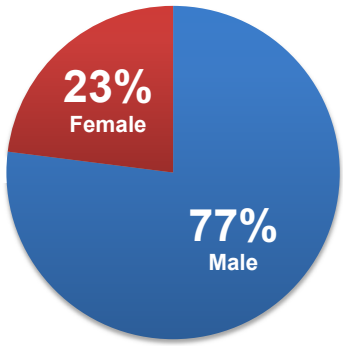
According to the Centers for Disease Control, the leading causes of death among the general population in the United States are heart disease, cancer, and chronic lower respiratory diseases.[4] Among the homeless population detailed in this report, the leading cause of death was attributed to complications from chronic drug and alcohol abuse. The second leading cause of death was heart disease. The third and fourth leading causes of death were homicide/suicide and blunt force trauma/diabetes. Since the Coalition began producing this report, the leading causes of death among the homeless population have remained the same.

PRIMARY CAUSE OF DEATH

1. Complications from Drug and Alcohol Abuse
2. Heart Disease
3. Homicide/Suicide
4. Blunt force trauma/diabetes

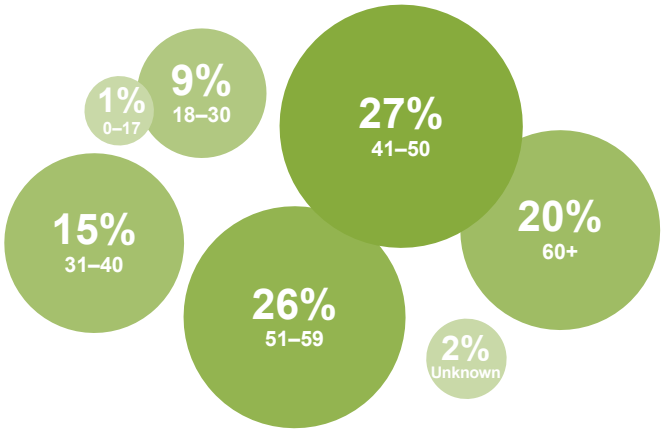
The leading cause of death was attributed to complications from chronic drug and alcohol abuse. The second leading cause of death was heart disease. The third and fourth leading causes of death were homicide/suicide and blunt force trauma/diabetes. Ten of the deaths reported are classified as unknown or pending.

GENDER



Sixty-five of the 84 deaths were male, 19 were female.

AGE



Deaths among this group ranged from 5 months to 79 years with an average of 49 years of age; the highest percentage of deaths were among individuals aged 41 to 50 years.

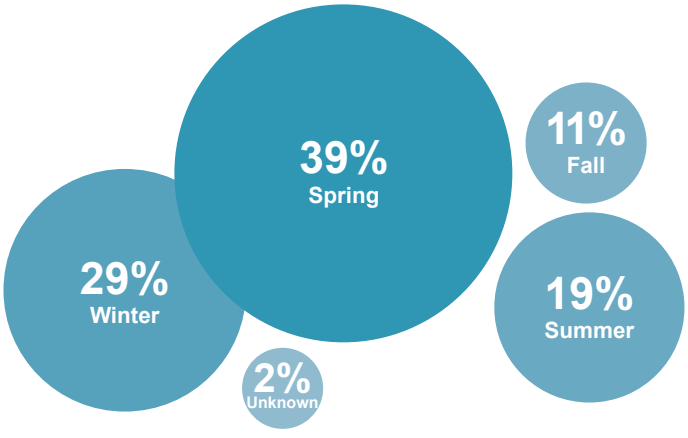
HOUSING IS HEALTH CARE

The lack of affordable housing continues to be one of the leading causes of homelessness in the United States and particularly in the Denver metropolitan area.[5] Never before have Denver's rents been so high, has the stock of affordable housing been so low, and have more people been on the streets. In Denver alone, 30,000 new affordable housing units are needed just to address the current housing needs of people living in poverty and those at-risk of or already experiencing homelessness.[6]

Residential instability increases risk for serious health problems, exacerbates existing illness, complicates treatment, and often exposes persons to further traumatization. Lack of stable housing presents serious barriers to improving the health of people with acute or chronic illnesses. Meeting immediate needs for food, shelter, and safety leaves little time for medical appointments. Discomfort associated with illness and treatment side effects are compounded by lack of privacy, risk of abuse, theft of medications, and no safe place to rest and recover.

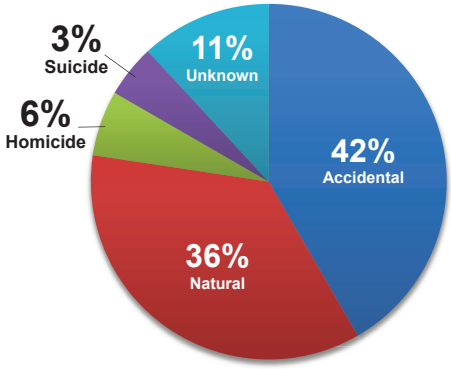
In extreme situations, many turn to emergency rooms although they are costly and inappropriate for ongoing care. Untreated addictions, as well as physical and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, incarceration, poverty, and homelessness. These are tragic outcomes for those experiencing homelessness; burdensome on health care, social service, and corrections systems; and, costly to taxpayers.

SEASONAL DISTRIBUTION OF DEATHS



The most deaths occurred in Spring (March 21–June 20) with 33, followed by Winter (December 21–March 20) with 24. Summer (June 21–September 22) had 16 deaths while Fall (September 23–December 20) had the least with nine. Actual dates were unknown for two people.

MANNER OF DEATH



Of the 84 deaths among the homeless population, there were 35 deaths categorized as accidental, 30 natural, five homicides, four suicides, and 10 unknown.

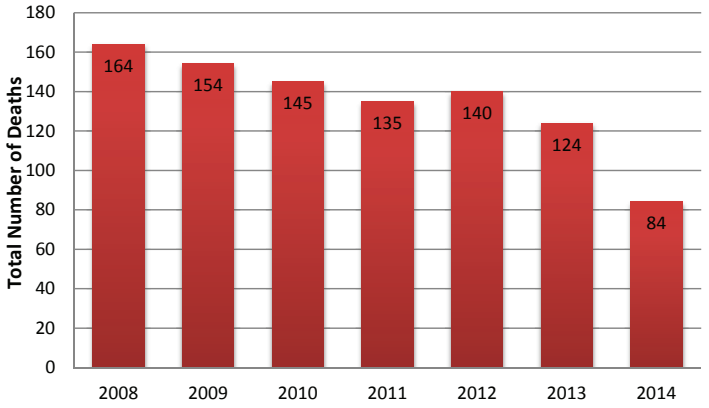
CONSISTENT HEALTH COVERAGE IS VITAL

Without housing and health care, simple cuts become infected, routine colds develop into pneumonia, and manageable chronic diseases such as asthma, hypertension, diabetes, and HIV become disabling, life-threatening, and costly conditions. The Affordable Care Act (ACA) enabled Colorado to expand Medicaid access to all adults without dependent children under 133% of Federal Poverty Level beginning in January 2014. Medicaid provides the consistent health coverage needed to prevent and treat the health issues of individuals experiencing homelessness and remains the primary health insurance option open to those living in poverty.[7]

While access to health care alone will not eliminate homelessness, this year's data shows that the expansion of Medicaid in Colorado has likely made a significant reduction in the number of people who died on the streets. A study that compared three states that substantially expanded adult Medicaid eligibility since 2000 with neighboring states without expansions found that the states that offered Medicaid expansion were associated with a significant reduction in adjusted all-cause mortality (by 19.6 deaths per 100,000 adults). The study also found that these states increased Medicaid coverage, decreased rates of un-insurance, decreased rates of delayed care because of costs, and increased rates of self-reported health status of "excellent" or "very good."[8]

The Colorado Coalition for the Homeless began offering integrated health services, including primary care, behavioral health care, dental, vision, and pediatric care in a new and expanded location in 2014. The Stout Street Health Center increases integrated health care access for up to 18,000 homeless individuals each year while providing supportive housing for 78 formerly homeless households. Prior to the ACA, only 15 percent of homeless individuals served by the Coalition were eligible for Medicaid. Today, nearly 70 percent of the Coalition's patients have been enrolled in Medicaid. As people begin to change the way they think about and access health care services, particularly those living on the streets, the ultimate goal is that street deaths attributed to lack of access to health care will be eliminated completely.

TOTAL NUMBER OF DEATHS



For the period of December 18, 2013 through December 17, 2014, 84 people who were homeless died in the Denver community.

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