

# HOMELESSNESS MYTHS AND FACTS

## HEALTHCARE AND HOUSING

Poor health and homelessness are frequently co-occurring experiences. The experience of being without a home is physically taxing, as well as mentally and emotionally straining. While experiencing homelessness, people are exposed to dehydration, infectious disease, violence, unsanitary conditions, malnutrition, and trauma. These factors, in the context of significant barriers to healthcare access, make getting well and staying well an extreme challenge. The Colorado Coalition for the Homeless employs a *Housing First* model, but this never means *Housing Only*. Data show that permanent supportive housing, which includes case management, physical and mental healthcare, dental care, and substance treatment services is the most effective way to resolve homelessness in our communities.

Combatting false narratives around health and our unhoused neighbors is essential for creating a healthcare system that works for all and providing lifesaving treatment to the most vulnerable of our neighbors.

# MYTH VS FACT

Substance use and mental health issues cause homelessness.

Data show that a lack of affordable housing is the primary reason for homelessness. However, the instability, trauma, and stress of being unhoused can significantly amplify the risk and severity of substance use disorders and mental health challenges. The experience of being unhoused makes successful treatment more difficult. Noncompliance with medication can be as high as 50%, as people's belongings are often confiscated, stolen, or lost.<sup>1</sup> Having unpredictable schedules and limited transportation further exacerbate the challenges of recovery.

People experiencing homelessness do not want to prioritize their health or wellbeing.

Research and clinical experience indicates that, when given the means and access, people experiencing homelessness seek healthcare more than the general population. This trend goes beyond emergency services to include primary care, vision services, and dental treatment. When asked about barriers to receiving services, people experiencing homelessness expressed an inability to pay for services (69%), no access card necessary to receive subsidized health care from safety net facilities (56%) and lack of transportation (51%) as their reasons.<sup>2</sup> Barriers to accessing preventative care, rather than personal investment in health, are responsible for dependence on emergency services among the unhoused.

Providing free, preventative healthcare is too large of a burden on taxpayers.

For the average person experiencing homelessness, emergency medical services cost \$18,500 per year. For more frequent users of emergency departments, visits can cost an average of \$44,400 per year. In contrast, providing free, preventative healthcare decrease costs by \$5,407 per individual per year.<sup>3</sup> Additionally, preventive care provided within a housing first model can result in decreased mental health treatment and as much as a 65% reduction in detox<sup>4</sup> services.