COLORADO COALITION FOR THE Homeless Creating Lasting Solutions

HEALTH AND HOMELESSNESS

ISSUE BRIEF 2023

Poor health and homelessness are, unfortunately, often shared experiences. Homelessness is not only physically taxing, but also mentally and emotionally damaging. While experiencing homelessness, people are exposed to a multitude of factors that make it exceedingly difficult to address physical and mental health needs. Exposure to adverse weather conditions, dehydration, infectious disease, violence, unsanitary conditions, malnutrition, and trauma while experiencing homelessness are inherently difficult problems to resolve when people do not have a stable place to call home. At the Colorado Coalition for the Homeless, we recognize that housing is healthcare and that safe and supportive affordable housing is the foremost solution to health issues faced by those experiencing homelessness.

HOUSING IS HEALTHCARE

Access to safe and supportive affordable housing is foundational to health and wellbeing. Housing is one of the key social determinants of health—the conditions of the environments where people are born, live, and work that shape a wide range of health and other life outcomes.[1] Without stable housing, it becomes significantly more difficult to manage health conditions, access reliable health care, store medication and other medical supplies, recover from injury or other ailments, and generally address ongoing or sudden health concerns.

Preexisting health conditions can deteriorate, and new ones can emerge when people do not have a safe place to call home. In the same vein, health conditions can be a catalyst to job loss, depletion of savings or reliance on credit, and other financial hardships that force people to make difficult choices and push people towards housing instability. For example, 1 in 4 people with medical debt report experiencing housing-related problems such as eviction.[2] For people experiencing homelessness, who often struggle with poor health, housing is the healthcare they need most.

DISPARITIES IN HEALTH OUTCOMES

Homelessness takes a heavy toll on the body and mind. Living without stable housing presents unique health risks including the stress and trauma of instability, exposure to extreme weather, sleep deprivation, and high risk of becoming a victim of violent crime. People experiencing homelessness also have comparatively higher incidence of chronic conditions and co-occurring health problems than those with stable housing. For our unhoused neighbors, difficult years spent without stable housing also directly correlates with shorter lifespans. Clinicians at the Coalition report that patients often have conditions that mirror those of someone 15-20 years older who has not experienced homelessness. Life expectancy is between 15-30 years shorter for those experiencing homelessness compared to the general population.[3][4][5]

Adverse Childhood Experiences

In many cases, experiences of homelessness and poor health can be traced back to childhood and adolescence. In 1998, the Centers for Disease Control and Prevention and Kaiser Permanente published a study on the impact of adverse childhood experiences (ACEs) on long-term health and wellbeing. ACEs include potentially traumatic events like abuse, witnessing violence at home, living with someone struggling with mental health challenges or a substance use disorder, incarceration of a parent, or parental divorce or separation. Decades of research on the topic have demonstrated a link between ACEs and chronic health problems, mental health challenges, and substance use disorders in adulthood.[6] ACEs are also associated with experiences of homelessness. 53.9%, of people experiencing homelessness report 4 or more ACEs compared to 3-5% of the general public.[7] These findings reveal the inextricable nature of the impact of trauma, housing stability, and health and point to disparities in health outcomes among people experiencing homelessness.

53.9%, OF PEOPLE EXPERIENCING HOMELESSNESS REPORT 4 OR MORE ACES COMPARED TO 3-5% OF THE GENERAL PUBLIC

Chronic Health Conditions and Exposure

Inability to access regular healthcare, lack of access to healthy food, and other factors mean health conditions such as diabetes, respiratory disease, and cardiovascular disease are common among people experiencing homelessness – at rates three to six times higher than housed individuals.[8] In addition to these underlying health conditions, the lack of social connection, inconsistency of financial resources, stigma and judgement, and general trauma exacerbate negative impacts on health and makes being unhoused even more dangerous long term. Housing provides refuge and stability that allows people to manage ongoing health conditions and improve their lives. People experiencing homelessness are often unable to escape extreme heat leading to increased incidence of heat stroke, dehydration, and death. Similarly, extreme cold and wet or snowy conditions can lead to hypothermia, frostbite, and death. These exposures significantly impact and can worsen chronic conditions.

Sleep Deprivation

Sleep deprivation and its myriad impacts on the body and mind is also common among unhoused individuals. According to a 2017 survey conducted by Denver Homeless Out Loud, people sleeping rough on the streets are forced to sleep in short bursts because of physical discomfort, lack of security, and interruptions by police. Half of respondents reported getting two hours or less of uninterrupted sleep.[9] Sleep deprivation can affect the circulatory system, metabolic system, nervous system, immune system, brain, and mental health. Lack of sleep may lead to exacerbation of chronic health problems, depression, poor memory, reduced concentration, diminished reaction time, and hallucinations.[10] In the most severe cases, Stout Street Health Center (SSHC) patients have reported suicidal and homicidal ideation and shown signs of psychosis. Poor sleep may also impact people staying in shelters, sleeping in vehicles in unsanctioned locations, and couch surfing or doubling up.

Violent Crime, Injury, and Assault

Without a secure place to call home, people are particularly vulnerable to violence. It is common to associate crime with homelessness, but people experiencing homelessness are more likely to be victims of violent crime than perpetrators.[11] One study found that about half of unhoused respondents had experienced a violent attack and 62% of respondents had witnessed an attack on another unhoused individual.[12] Another study found that people with mental illnesses were more likely to be attacked, and that recent experiences of victimization led to

prolonged experiences of homelessness.[13] People experiencing homelessness also visit emergency rooms at a significantly higher rate than the general population, often to treat injuries from assault.[14]

ABOUT HALF OF PEOPLE EXPERIENCING HOMELESSNESS HAVE EXPERIENCED A VIOLENT ATTACK.

Women experiencing homelessness also report high rates of physical and sexual violence before, during, and following episodes of homelessness. One sample of unhoused mothers found that 92% had experienced severe physical and/or sexual violence at some point in their lives.[15] In another sample, 13% of homeless women reported being raped in the last year, and half of these women were raped at least twice.[16]

CCH case managers report that the experience of assault is nearly universal for women on the streets. This high incidence may be influenced by factors like childhood abuse, substance use, length of time unhoused, mental illness, physical disability, location and shelter options while unhoused, and engaging in economic survival strategies such as sex work. Interpersonal victimization by acquaintances, strangers, sex traffickers, and intimate partners is more prevalent among women experiencing homelessness than the general population, highlighting the unique vulnerability that comes with homelessness and a possible factor contributing to the likelihood of experiencing homelessness.[17]

The experience of homelessness also puts people at increased risk of injury, especially sprains, strains, abrasions, contusions, and burns. People are often unable to store their belongings in shelters or on the streets, forcing them to carry heavy bags and other items. This is a primary cause of sprains and strains—the most common type of injury among the population. Traumatic orthopedic injuries are also common among unhoused individuals, including injuries from being struck by motor vehicles.[18] Research has also shown that over half of people experiencing homelessness have had a traumatic brain injury, which can be both a cause and consequence of being unhoused.[19] Living without stable housing makes people significantly more vulnerable to a range of accidental injuries and attacks that negatively impact health.

Chronic Pain

People experiencing homelessness often live with chronic pain. One study found that 54% of unhoused respondents reported chronic pain, and that experiences of pain were associated with patterns of substance use.[20] Another study found that 37% of people experiencing homelessness had chronic pain categorized as highly disabling.[21] Living with chronic pain can greatly inhibit one's ability to regain stability by making daily tasks and employment more difficult. Further, poor sleeping conditions, stress, and barriers to accessing medications and other forms of care associated with homelessness can make chronic pain especially challenging to manage.

Comorbidities and Complex Needs

Patients experiencing homelessness tend to have a higher rate of comorbidities and require more complex care. One study identified the most common comorbidities as respiratory illness due to tobacco use (77%), depression (58%), substance use disorder (56%), anxiety disorder (50%), hypertension (44%), and alcohol use disorder (43%).[22] The study highlights those patients with a history of substance use were more likely to have other health conditions and more severe health issues. The simultaneous occurrence and intertwined nature of these conditions complicates treatment procedures and increases the severity of overall health problems. For example, compared with the general population, people experiencing homelessness have alarmingly high rates of mortality from cancer, in part due to comorbidities, elevated risk factors and behaviors, and disparities in screening, diagnosis, and treatment.[23]

ACCESS TO CARE & IMPORTANCE OF PRIMARY CARE

Living without safe, stable housing puts people in a near constant state of emergency that makes it difficult to access and prioritize healthcare and treatment. Health priorities often compete with food access, safety, shelter, clothing, and other basic needs during periods of homelessness or housing instability. Experiencing homelessness presents additional barriers to primary and preventative care, including financial hurdles, limited transportation options, difficulty securing and attending appointments, stigma that reduces engagement, and low trust in systems. As a result, people lack basic health services that address wellness, prevention, and treatment for common or

minor health needs. Primary care provides continuity and is crucial for health maintenance, early detection, and managing chronic or long-term conditions. One study found that 59% of adults experiencing homelessness did not have a family doctor, compared to only 9% of the general population.[24] Another study found that the odds of having a family doctor significantly decreased with every additional year that a person had been unhoused throughout their lifetime.[25]

For patients who do not regularly see a primary care provider, conditions that are generally considered preventable or treatable may go undiagnosed or untreated and deteriorate into more complex and serious health concerns. For example, dental health depends on preventative care and living on the street often means that a person does not have access to routine check-ups, clean drinking water, and the necessary oral hygiene tools to maintain dental health. In a nationwide survey, 83% of people missing a tooth while homeless had not had a dental cleaning in the previous 4 years, a rate 4.6 times higher than in the general population. As a result, people experiencing homelessness are twelve times more likely than individuals with stable housing to have dental complications, and even those living in a hotel or staying with a friend or relative are still six times more likely to have dental problems.[26] Just as with dental health, other basic health issues are best treated through regular, consistent care and check-ups that are harder to access while unhoused or unstably housed.

Overall, the lack of access to healthcare and options for treatment means that the health needs of people experiencing homelessness often go unmet. One study found that in the previous year, three quarters of respondents experiencing homelessness had at least one unmet healthcare need and half had two or more unmet needs. Rates of unmet needs were about 6 to 10 times higher for unhoused individuals than the general population. Considering that all respondents had recently accessed care at a clinic, these estimates are likely conservative.[27]

Without consistent access to conventional healthcare services, people experiencing homelessness are more likely to use emergency services and be hospitalized for unmanaged conditions that could have been treated through preventative and primary care. People who are unhoused visit the emergency room an average of five times per year, four times the rate of their housed peers.[28] People experiencing homelessness are often unable to pay these high medical expenses, which means that taxpayers ultimately carry this financial burden.

PEOPLE WHO ARE UNHOUSED VISIT THE EMERGENCY ROOM AN AVERAGE OF FIVE TIMES PER YEAR,

4x THE RATE OF THEIR HOUSED PEERS

In 2012, Denver city officials estimated that 250 people in the homelessness-incarceration cycle required $7.3 million in public services over a single year, cycling through jails, hospital emergency rooms, temporary shelters, and detox centers.[29] Relying on emergency rooms to treat basic or chronic health conditions is significantly more costly and less effective for the patient. Improving access to care for people experiencing homelessness leads to better health outcomes while also reducing the burden on emergency systems and saving money.

MENTAL HEALTH

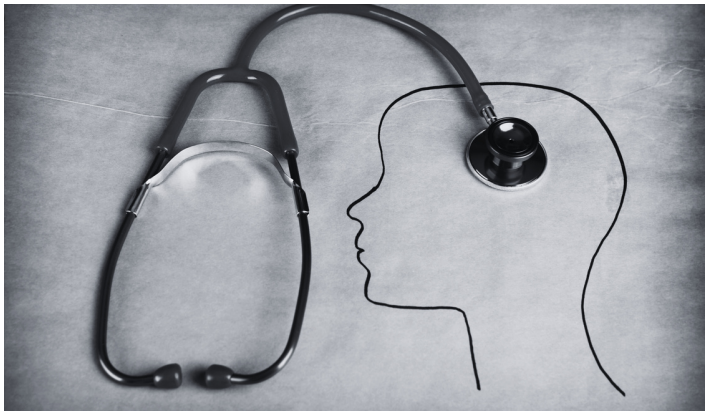
Mental illness within the population of people experiencing homelessness is common, although estimates of its prevalence vary significantly. Colorado's 2022 Point in Time Count suggests that about 31% of people experiencing homelessness have a severe mental illness, which include but are not limited

to depression, bipolar disorder, schizophrenia, anxiety disorders, and substance abuse disorders.[30] In 2022, 122,888 out of 582,462 (about 21%) total people experiencing homeless across the United States had a severe mental illness.[31] Other estimates are even higher, including one study which found that 71% of people experiencing homelessness had a probable mental illness or major psychiatric distress.[32]

Like other health conditions, these disorders can be the cause or consequence of homelessness. In the absence of appropriate treatment and support, people with mental health issues may struggle to work, perform daily tasks, manage money appropriately, and maintain stable relationships. In some cases, this can lead to homelessness. The instability, stress, and trauma that comes with being unhoused can also result in new or worsened mental illness.

Mental health issues can be difficult to treat because being unhoused can significantly interfere with one's ability to seek out appropriate care and maintain treatment. Additionally, the stigma associated with mental health challenges can also pose a barrier to care. For people experiencing homelessness who take medication for their illness, noncompliance can be between 22-49% due to difficulty storing medication (especially ones that need to be kept within a certain temperature range), the impact of instability on taking medications consistently, and risk of medications being stolen or lost. [33]

Across the nation, we are experiencing a mental health crisis, with two in five adults reporting symptoms of depression and anxiety. At the same time, over a third of Americans live in a community with a shortage of mental health professionals, and less than half of Americans with mental health conditions receive treatment. Black and Brown communities, in particular, are disproportionately under-treated.[34] These trends are compounded among people experiencing homelessness.



SUBSTANCE USE DISORDERS

Substance use disorders are more common among people experiencing homelessness than the general population, but estimates of prevalence are inconsistent. The 2022 Colorado Point in Time count found that 2,564 out of 10,397 people reported chronic substance use, about 25%.[30] Substance use disorders can be a factor that leads to homelessness when it interferes with one's ability to perform routine tasks or take care of themselves physically, emotionally, and mentally. When someone is already struggling to afford rent or mortgage payments, addiction can get in the way of work and lead to financial hardship and loss of housing. Substance use can also strain relationships and crucial support networks that act as a buffer to keep people from becoming unhoused. At the same time, substance use can be a strategy for coping with the stress and trauma of being unhoused.

ADULTS AGED 25 TO 44 EXPERIENCING HOMELESSNESS ARE 9X MORE LIKELY TO DIE FROM AN OPIOID OVERDOSE THAN THEIR HOUSED COUNTERPARTS.

Colorado – and the Nation – is facing an unprecedented overdose crisis. Among deaths of Coloradans experiencing homelessness in 2022, overdose was the most common primary cause, documented in 50% of cases. This is largely due to the increased presence of fentanyl in the drug supply in recent years, especially when the user is not aware of fentanyl contamination in the drug they are consuming.[5] In Colorado, there is a fatal overdose every 4 hours, 45 minutes and 9 seconds.[35]

Adults aged 25 to 44 experiencing homelessness are nine times more likely to die from an opioid overdose than their housed counterparts.[36] This is because being unhoused is associated with risk factors that make substance use more deadly. Not having a safe, private space to use means that people often do so in alleyways, fast food restaurant bathrooms, buses, and other unsafe places. Also, people often use alone, which is a primary risk factor for death as there is no one to respond in case of an overdose. Unaccompanied drug use in public places is often a result of shame or lack of social connection, however, the main drivers are a lack of dedicated safe spaces

where people can use and a dearth of resources to prevent overdose.

HOMELESS DEATHS

The experience of homelessness can lead to premature deaths for many people. Overall, people experiencing homelessness have an average life expectancy of 15 to 30 years less than the general population.[3 4 5] In the Denver Metro area alone, at least 263 individuals experiencing homelessness passed away in 2022. At the time of death, the average age was 50.5—nearly 25 years younger than what is generally considered to be a premature death. Of the individuals for whom a cause of death was identified, the leading causes were overdose (50.3%), chronic disease (12.7%), alcohol related (9.8%), infectious disease (8.7%), and blunt force injuries (6.9%).[5]

The number of deaths has climbed each year since 2017, and the number of deaths reported by the Denver Medical Examiner's Office in 2022 hit an all-time high. These figures are likely underestimates. Though the majority of deaths are categorized as unintended accidents or due to natural causes, this is not to suggest that these individuals' deaths were unaffected by their experience of homelessness. On the contrary, most of these deaths could be prevented with improved access to healthcare, housing, and other basic needs.

SOLUTIONS

The Coalition's main objective is to provide lasting solutions to homelessness first and foremost through quality affordable and supportive housing. Housing removes the dangers of living on the street and provides an opportunity for people to address their physical and mental health concerns in the safety and security of their own home.

SOLUTIONS: FQHCS

People experiencing homelessness need better access to medical, dental, and mental health care to treat and prevent illness. Community Health Centers, also called Federally Qualified Health Centers (FQHCs), work to fill these critical gaps. FQHCs are federally designated programs that serve all patients regardless of ability to pay. They are typically located in medically underserved communities and are operated by community-based nonprofits or public agencies.

Stout Street Health Center (SSHC), operated by the Colorado Coalition for the Homeless, is one of 238 clinics in the state that meet the above requirements, comprised of 20 total Community Health Center networks. At SSHC and the Coalition's five other clinics and mobile unit, people experiencing homelessness can access the care they need in low-barrier settings with staff specifically trained to address the unique needs of vulnerable populations. Stout Street Health Center uses a patient-centered, trauma-informed model to provide medical and behavioral health care, substance treatment services, dental and vision care, social services, and connection to supportive housing to more fully address the spectrum of challenges homeless adults and children bring to their medical providers. In 2021, the Coalition served 14,272 patients through 129,253 visits. In addition to this impact on the community, SSHC demonstrated a $27.7M savings to the overall health system, including $20.7M to Medicaid, as well as $10.8M in federal tax revenues and $1.6M in state and local tax revenues. The total economic impact of yearly operations is over $103.2M.[37]

SOLUTIONS: EXPANDED RECUPERATIVE AND RESPITE CARE

Hospital stays among people experiencing homelessness are nearly twice as long as those of people who are housed, in part because discharges are prolonged when patients do not have a stable home to which they can be discharged.[38] People experiencing homelessness need a place to recover from injury, surgery, serious illness, and mental illness. Without a place to rest, conduct proper wound care, and manage medications, individuals are often re-hospitalized. This expensive, inhumane cycle perpetuates chronic homelessness and chronic illness.

Emergency services, as well as detox facilities and jails, are not equipped to provide ongoing care to people experiencing homelessness. This results in people being released back to the streets with few resources to manage a health condition, stay healthy, remain substance use free, and attain necessary housing and case management services for recovery.

Respite and recuperative care facilities allow people experiencing homelessness an opportunity to recover in a safe and clean environment with medical oversight. Data demonstrates that hospital discharges to recuperative care centers not only improve health outcomes, but they also reduce health care costs for both insurers and hospitals by reducing days spent in the hospital, readmissions, and emergency room use.[39]

The Coalition has offered respite beds at Beacon Place for over 20 years, and in 2023 CCH opened a building that is the first of its kind in Colorado—the John Parvensky Stout Street Recuperative Care Center (SSRCC). The SSRCC is adjacent to the Stout Street Health Center in downtown Denver and has 75 recuperative care beds to help transform over 500 lives annually. The center offers 24-hour supervised care, private and shared rooms, personal hygiene items, freshly prepared meals and snacks from a full kitchen, access to laundry facilities, and access to community rooms. Clients are referred through partnerships with Denver area hospitals and health care facilities and stay for an average of 30-45 days, with a minimum of 14 days. This timeframe allows for individuals to establish primary care relationships and work with case managers who can assist with housing, benefits, and other proven solutions to homelessness. In its first two months, the center received 228 referrals and served 84 patients.

SOLUTIONS: SUPPORTIVE HOUSING TO BREAK THE JAIL TO HOMELESSNESS CYCLE AND IMPROVE HEALTH OUTCOMES

One intervention launched in 2016, Denver's Social Impact Bond (SIB) program, provided housing and supportive services to 363 unhoused individuals who were frequent users of the city's emergency services.[40] Participants in the program saw reductions in shelter stays, police interactions, jail time, and emergency detox services. In addition, people used less emergency health care, received more office-based care, had better access to prescription medications, and overall better access to preventative care.

For people participating in the SIB program - those who were high utilizers of jail, emergency services, and detox services - housing changed everything. As a result of the initiative's success, Denver repaid $9.6 million to investors and saved $6,876 in annual cost of services for each individual enrolled in the program. About half of these savings benefited Denver, while the other half went to the state and the federal Medicaid program. The program saved the city of Denver approximately $6.8 million, almost 80 percent of the up-front investor capital.[29]

The SIB data reinforced the value of CCH's "housing first approach" which has driven substantial cost savings through permanent supportive housing. Housing this group of individuals provided the comfort, safety, security, and privacy they needed to begin addressing physical and behavioral health challenges. Of those who were housed through the SIB program, 86% of remained housed for at least the following year, 81% remained housed after 2 years, and 77% were still housed after 3 years. In addition, the Urban Institute study found that supportive housing increased office-based care for psychiatric diagnoses, decreased emergency department visits, and increased access to prescription medication.[29]

The Social Impact Partnership to Pay for Results Act (SIPPRA) project builds on the successes of the SIB program. Between 2022-2029, SIPPRA will house 100 people experiencing homelessness who are at high risk for avoidable and high-cost health services with the goal of reducing net federal health care expenditures for Medicaid and Medicare.

SOLUTIONS: TREATING SUBSTANCE USE DISORDERS

Overdose Prevention Centers (OPCs), Naloxone, and Medication Assisted Treatment (MAT) are part of the solution to treat substance use disorders. OPCs help people who are using injectable drugs do so in a safe manner, preventing overdose and the spread of HIV and Hepatitis B and C. There are nearly 200 OPCs in operation across 14 countries, and there has not been a single overdose death at any one of them.[41] Although these centers are proven to be effective, Colorado does not permit them. A bill introduced during the 2023 Legislative Session (HB23-1202) would have allowed municipalities to authorize the establishment of lifesaving OPCs, but unfortunately, it did not pass.[42]

Naloxone is a life-saving medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time. From May 2012-March 2023, 3,849 lives were saved by Harm Reduction Action Center (HRAC) participants with access to naloxone. People who use drugs are the true first responders in this overdose crisis. Over 500 pharmacies in Colorado carry Naloxone.[43]

MAT addresses both physical dependency and addiction by lessening the severity of withdrawal symptoms and helping a person return to normalcy in their brain function and behavior. The Coalition hosts a weekday walk-in afternoon MAT Clinic where clients can meet with medical providers and peer specialists, staff with lived experience who support recovery. There is also a support group available. Learn more at coloradocoalition.org/health services.

Experiencing homelessness while dealing with a substance use disorder can make the path to recovery and stability even more inaccessible. Even when housed, recovery is a significant challenge. The lack of a stable support network, access to reliable medical care, a healthy environment free of drug use, and above all, a place to call home can make it nearly impossible.

HOW YOU CAN HELP

Data proves that housing is healthcare. How can you increase affordable housing in Colorado? Advocate with the Coalition by joining Advocacy Network. Learn more about the affordable housing crisis here. Contact your elected officials to impact change for your unhoused neighbors. Find elected officials here.

A BETTER FUTURE THROUGH HOUSING

A 67-year-old veteran, David Larvick already found significant improvement in his health through the Coalition's housing first model.

Struggling with physical and mental health issues, David had been without a stable home for more than 10 years. Like many people experiencing chronic homelessness, David suffered from multiple health conditions and was a frequent visitor to local hospital emergency rooms. His condition would improve, but then, discharged to the street, his health would deteriorate again. In Spring of 2022, David was randomized into the SIPPRA study, outlined above. Once contacted, he was immediately placed into bridge housing. Next, working with Coalition case managers, David secured an apartment in the new Renaissance Legacy Lofts.

Since working with the team, David has not had a single ambulance trip to the ER, and the team has assisted him in applying for and obtaining SSI, food stamps, getting medications, nutritional counseling, budgeting, and more.

While David was in the process of completing housing paperwork, his team noticed that he was having difficulty seeing the papers and locating the signature line. They linked him to the Stout Street Health Center where he learned that he had cataracts and was very close to becoming blind in both eyes. David shared that he had been struggling to manage diabetes while living on the street, but he hadn't realized that he was having difficulty with his vision.

With housing and health care David is making progress toward better health and stability, and a brighter future. "I'm just so excited to be able to see what the world looks like again," he shared after receiving life altering medical care.

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