

# Homelessness and Health

## **Summary of Recommendations:**

- **Guarantee access to comprehensive, affordable health services high quality for everyone in the United States**
- **Expand and strengthen the Health Care for the Homeless (HCH) and other targeted homeless health programs**
- **Strengthen mainstream health programs that respond to and prevent homelessness**
- **Increase investment in and accessibility of affordable housing for low-income people**
- **Assure that federal support for targeted services currently funded by the HUD McKinney-Vento Homelessness Assistance program is maintained and augmented**

**Poverty, lack of affordable housing, and the lack of comprehensive health insurance are among the underlying structural causes of homelessness.** For those struggling to pay for housing and other basic needs, the onset of a serious illness or disability easily can result in homelessness following the depletion of financial resources. Indeed, Harvard University researchers found that 50 percent of all bankruptcy filings were partly the result of medical expenses.<sup>1</sup>

**The experience of homelessness causes poor health.** As a consequence of poor nutrition, inadequate hygiene, exposure to violence and to the elements, increased contact with communicable diseases, and the constant stress of residential instability, people without homes suffer from health problems at much higher rates than those in the general population.<sup>2</sup> Forty-six percent of homeless individuals report chronic health conditions, including high blood pressure, diabetes, and cancer.<sup>3</sup> Unstably housed people are at significantly higher risk for emotional trauma secondary to physical or sexual abuse and family estrangement. The realities of homelessness seriously complicate the delivery of care for the effective treatment of these and other ailments. Health conditions requiring regular, uninterrupted treatment (such as diabetes, cardiovascular disease, tuberculosis, HIV/AIDS, addiction, mental illness) are extremely difficult to manage without a stable residence.

**Poor health is exacerbated by restricted access to appropriate health care.** The acute and chronic medical conditions of people without stable housing are exacerbated by limited access to health services: 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 if left untreated. Indeed, homeless individuals are three-to-four times more likely than their housed counterparts to die prematurely due to untreated acute and chronic medical problems.<sup>4</sup>

**Access to health care is impeded by lack of health insurance and other structural barriers.** More than half of surveyed homeless people nationwide, two-thirds of homeless adults unaccompanied by children, and 70% of clients served by HCH projects have no health insurance.<sup>5,6</sup> Restricted access to comprehensive health care only prolongs their homelessness. Additional barriers to health care access include lack of transportation, inflexible clinic hours, complex requirements to qualify for public health insurance, and mandatory unaffordable co-payments for various services.

**Mainstream health care safety net providers fail to meet the needs of homeless people.** In the absence of universal health care, the Federal government supports a separate health care system for low-income and uninsured people. Community Health Centers and publicly funded mental health and addictions

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<sup>1</sup> Himmelstein D, Warren E, Thorne D, Woolhandler S Illness and Injury as Contributors to Bankruptcy, *Health Affairs* Web Exclusive W5-63, 02 February, 2005. <http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.63/DC1>

<sup>2</sup> Zenger. *Chronic Medical Illness and Homeless Individuals. A Preliminary Review of the Literature.* National Health Care for the Homeless Council, 2002. [www.nhchc.org/Publications/literaturereview\\_chronicillness.pdf](http://www.nhchc.org/Publications/literaturereview_chronicillness.pdf)

<sup>3</sup> National Resource and Training Center on Homelessness and Mental Illness. Who is Homeless? 2006.

<sup>4</sup> O'Connell, *Premature Mortality in Homeless Populations: A Review of the Literature.* National Health Care for the Homeless Council, 2005. [www.nhchc.org/PrematureMortalityFinal.pdf](http://www.nhchc.org/PrematureMortalityFinal.pdf)

<sup>5</sup> Burt M et al. *Homelessness: Programs and the People They Serve – Findings of the National Survey of Homeless Assistance Providers and Clients.* The Urban Institute, Dec 1999. [www.huduser.org/publications/homeless/homelessness/contents.html](http://www.huduser.org/publications/homeless/homelessness/contents.html)

<sup>6</sup> Health Resources and Services Administration, DHHS. *Health Care for the Homeless Rollup Report for CY 2007...* [www.bphc.hrsa.gov/uds/2007data/National/homeless/NationalTable4ho.htm](http://www.bphc.hrsa.gov/uds/2007data/National/homeless/NationalTable4ho.htm)

programs form the core of this “mainstream” health care safety net. Unfortunately, limited resources, lack of experience with this population, and insufficient linkages to the full range of health and supportive services seriously restrict the ability of mainstream providers to meet the unique needs of people experiencing homelessness.

**Targeted programs improve public health and health care access for people experiencing homelessness.** When displaced people with poor health do not receive the care they need, the communities in which they live experience negative consequences. The high prevalence among homeless populations of infectious diseases, mental illnesses, and addiction disorders (often occurring together) attests to the seriousness of this public health risk. Recognizing that homelessness restricts access to mainstream resources, Congress established Health Care for the Homeless (HCH) in 1987 to provide targeted services for people without stable housing. HCH has been reauthorized three times, most recently in 2008 with passage of the Health Care Safety Net Act.<sup>7</sup> The HCH program has demonstrated that community-level health services tailored to the special needs of people experiencing homelessness can dramatically improve their access to appropriate care. HCH projects provide primary and behavioral health care along with social services, including intensive outreach and case management to link clients with appropriate resources. These programs are designed to meet the health and supportive service needs of individuals without stable housing far more effectively than mainstream health care safety net providers have done in the past.

## Recommendations

1. **Guarantee access to comprehensive, high quality, affordable health services for everyone in the United States.** In 2007, 45.7 million Americans (15.3% of the U.S. population) had no health insurance,<sup>8</sup> including approximately 70% of clients served by HCH projects.<sup>9</sup> There is compelling evidence that people with health insurance have better access to health care than do those receiving safety net services alone.<sup>10</sup> We urge Congress and the Administration to provide universal health coverage and access to comprehensive and affordable health care of high quality. (For additional information, see our Policy Statement on Universal Health Care at [www.nhchc.org](http://www.nhchc.org).)
2. **Expand and strengthen the Health Care for the Homeless (HCH) and other targeted homeless health programs.** Last year, Congress unanimously passed the Health Care Safety Net Act of 2008, which reauthorized the Community Health Center program (Section 330 of the Public Health Service Act, including the HCH program) for five years. The HCH Program currently supports 205 HCH projects in all 50 states, the District of Columbia, and Puerto Rico, serving 742,588 in 2007—a sizable number, but far below the 3.5 million Americans who annually experience homelessness, as reported by the Urban Institute.

In FY 2009, Congress appropriated \$2.2 billion for Community Health Centers, including \$191 million (8.7%) for the HCH program. We urge Congress and the Administration to strengthen and expand community health centers through the Access for All America Act (S. 486/H.R. 1296) and appropriate \$2.9 billion for health centers, including at least \$252 million for the HCH program in FY 2010. Additional funds for all Health Center programs would enable Health Centers to provide primary care and related services to a growing number of uninsured people, including those who are experiencing, at risk of, or in transition from homelessness. Additional funds for the Health Care for the Homeless program would assist grantees to:

**A) Care for more people experiencing homelessness.** As increasing numbers of people fall below Federal poverty guidelines, join the ranks of the uninsured and experience homelessness, many seek services from HCH projects, whose clientele includes: families with children exiting the welfare system, persons with disabling addictions denied access to Medicaid, uninsured workers, unaccompanied youth,

<sup>7</sup> Public Health Service Act, Title III, Section 330(h), 42 U.S.C. Sec. 254b.

<sup>8</sup> Center on Budget and Policy Priorities. Poverty and share of Americans without health insurance were higher in 2007... 26 August, 2008. [www.cbpp.org/files/8-26-08pov.pdf](http://www.cbpp.org/files/8-26-08pov.pdf)

<sup>9</sup> Health Resources and Services Administration, DHHS. Health Care for the Homeless Rollup Report for CY 2007. [www.bphc.hrsa.gov/uds/2007data/National/homeless/NationalTable4ho.htm](http://www.bphc.hrsa.gov/uds/2007data/National/homeless/NationalTable4ho.htm)

<sup>10</sup> Holahan, J. and Spillman, B. “Health Care Access for Uninsured Adults: A Strong Safety Net is Not the Same as Insurance.” *The Urban Institute*. Jan 2002. [www.urban.org/url.cfm?ID=310414](http://www.urban.org/url.cfm?ID=310414)

and veterans unable to obtain VA health services. Additional funds would establish HCH projects in communities where they do not exist and enable existing HCH projects to manage caseloads and address the increased demand better.

**B) Maintain financial viability.** Expansions of health center services cannot be effective without a viable base. In the FY 2009 Appropriation for Community Health Centers, base grant awards were adjusted by an average of only 3%, far below the inflationary cost increases faced by health centers. Recruitment and retention of provider staff in a competitive health care environment and maintenance of core services require annual base adjustments that recognize the reality of cost increases.

**C) Expand addiction and mental health services.** HCH projects are required to provide access to addiction and mental health services. Regrettably, inadequate funding levels limit the capacity of many projects to provide these services, even though clinicians report that behavioral health disorders are among the health problems most commonly experienced by their homeless patients. Additional funds would allow HCH projects to offer a more robust array of addiction and mental health services in integrated health care settings. Funding for these services could potentially come from annual grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Section 506 of the Public Health Service Act.

**D) Develop medical respite care arrangements.** In the absence of a safe place to recuperate from illness, medical interventions may be ineffective. Lack of appropriate accommodations for those who require supervised medical care but are not ill enough to remain hospitalized makes it difficult for them to recover from illness and resolve homelessness. With support from HRSA, several HCH projects have pioneered responses to this service gap in the form of medically-supervised medical respite care in residential settings (see detailed policy statement on Medical Respite Care at [www.nhchc.org](http://www.nhchc.org)). Additional funds could assist HCH projects in developing and strengthening 24-hour acute and subacute recuperative care arrangements for their patients.

3. **Strengthen mainstream health programs that respond to and prevent homelessness.** Mainstream programs such as Medicaid and Federal block grants administered by SAMHSA and other agencies play an important role in homeless health care. We urge Congress and the Administration to ensure that mainstream health care safety net providers are adequately funded and accountable for serving unstably housed people. (Detailed recommendations regarding mainstream programs appear in other policy statements in this series, available at [www.nhchc.org](http://www.nhchc.org).)
4. **Increase investment in and accessibility of affordable housing for low-income people.** Residential stability is a critical component of effective health care. Affordable housing stock has declined substantially over the past decade in most localities. We urge Federal, state, and local governments to substantially increase funding for affordable housing, including permanent housing with supportive services for people with chronic and disabling health conditions. (Further recommendations regarding housing policy are detailed in the policy statement on Housing and Homelessness, available at [www.nhchc.org](http://www.nhchc.org).)
5. **Assure that Federal support for targeted services currently funded by the HUD McKinney-Vento Homelessness Assistance program is maintained and augmented.** Competitive funding incentives established by HUD through annual NOFAs in recent years have created very strong pressures to reduce spending of McKinney grant funds for supportive services. In many parts of the country there is little or no funding available from HUD for services. To date, no Federal funding streams large enough to replace lost HUD service dollars have been identified, although the U.S. Department of Health and Human Services has the greatest potential to do so, as well as the expertise to administer service dollars effectively. There must be adequate Federal funding and judicious oversight of these services by an agency with expertise in the coordination of comprehensive health care services for homeless people. Reliance on mainstream programs such as Medicaid to fund these services is unwarranted without significant eligibility expansions, given the low rate of Medicaid enrollment among people experiencing homelessness.