

HOMELESSNESS & HEALTH: WHAT'S THE CONNECTION?

FACT SHEET

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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 problems, financial problems and housing problems. *Over half of personal bankruptcies in the U.S. are the result of health issues.* Many who lose their housing double up with family and friends awhile, then move to shelters, their car or the street once others' hospitality is exhausted. Increasingly, this pattern affects families and people who have never before experienced extreme poverty.

People experiencing homelessness have complex health problems.

Without homes, people are exposed to the elements, disease, violence, unsanitary conditions, malnutrition, stress and addictive substances. Consequently, their rates of serious illnesses and injuries are *three to six times the rates of other people*. These conditions are frequently co-occurring, with a complex mix of severe physical, psychiatric, substance use and social problems. Resolving health problems is critical to resolving homelessness.

Access to care is difficult for impoverished people.

Like 47 million other Americans, the majority of homeless people do not have health insurance or the ability to pay for needed care so many providers will not treat them. In extreme situations, many turn to emergency rooms although ERs are costly and inappropriate for ongoing care. Federally funded Health Care for the Homeless (HCH) projects provide primary care without regard to one's ability to pay, but these 214 health centers reach less than a million homeless individuals annually out of the *three to four million who desperately need care*. Because many homeless people have limited mobility, competing daily priorities such as finding something to eat or place to sleep, and histories of mistreatment that can cause them to avoid "authorities," HCH projects use outreach teams and mobile clinic vans to bring them into care.

Life on the streets is brutal and short. The average age of death for homeless people is 30 years less than that of housed people.

—James J. O'Connell, *Premature Mortality in Homeless Populations: A Review of the Literature*. (Nashville: National Health Care for the Homeless Council, 2005)

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 good health, but unavailable to those without homes. *Increasingly, the data indicate that housing is health care.*

Solutions exist.

Working from an understanding that health care and housing are fundamental human rights, the *National Health Care for the Homeless Council* works with people who have experienced homelessness, health care and service providers of all sorts as well as policy makers. Through training, education, research and advocacy, we promote effective health care delivery practices for homeless people, empowerment of homeless people, universal health insurance, affordable housing and other approaches to breaking the deadly link between poor health and homelessness.



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