



National Coalition for the Homeless

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Health Care and Homelessness

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Poor health is closely associated with homelessness. For families struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction.

The problem has been increasing, as the number of uninsured Americans continues to rise. In 2004, 15.7% of the population, or 45.8 million people, in the United States were without health insurance coverage, up from 45 million people in 2003 (U.S. Bureau of the Census, 2005). The coverage held by many others would not carry them through a catastrophic illness. Of the millions of uninsured, 78.8% work full or part-time (Center for Economic and Social Rights, 2004).

The rates of both chronic and acute health problems are extremely high among the homeless population. With the exception of obesity, strokes, and cancer, homeless people are far more likely to suffer from every category of chronic health problem. Conditions which require regular, uninterrupted treatment, such as tuberculosis, HIV/AIDS, diabetes, hypertension, addictive disorders, and mental disorders, are extremely difficult to treat or control among those without adequate housing.

Many homeless people have multiple health problems. For example, frostbite, leg ulcers and upper respiratory infections are frequent, often the direct result of homelessness. Homeless people are also at greater risk of trauma resulting from muggings, beatings, and rape. Homelessness precludes good nutrition, good personal hygiene, and basic first aid, adding to the complex health needs of homeless people. In addition, some homeless people with mental disorders may use drugs or alcohol to self-medicate, and those with addictive disorders are also often at risk of HIV and other communicable diseases.

Homeless children also experience numerous health problems. Nine million children in the United States do not have health insurance. In 2000, 32.2% of these children lived in families below the federal poverty line (Children's Defense Fund, 2004). Children who are uninsured, compared with insured children, are more than four times as likely to have delayed medical care because of cost, more than twice as likely to go without needed prescriptions and more than twice as likely to go without eye glasses (Key Facts: The Uninsured, 2004).

PROGRAM AND POLICY ISSUES

People who are homeless are overwhelmingly uninsured and often lack access to the most basic health care services for their complex health care needs. At present, there is one federally funded program, Health Care for the Homeless (HCH), that is designed specifically to provide primary

health care to homeless persons. It was established in 1987 and was reauthorized in 2002 by Congress via the Health Care Safety Net Amendments Act. HCH projects are successful because they are designed and controlled by local communities to fill significant gaps in existing health care delivery systems. Health and social service workers in HCH projects provide comprehensive care through accessible clinics and mobile and street health outreach. No other indigent care system provides this service. Currently the HCH program funds 154 grantees in every state, the District of Columbia and Puerto Rico. As a result, the HCH program serves more than 515,000 clients (National Health Care for the Homeless, 2003). For the people served by Health Care for the Homeless programs, the restoration of physical health is often a first step toward reentry into stable housing and mainstream society.

However, the crumbling health care safety net, the arrival of managed care, and growth in homelessness have resulted in increased need for homeless health care services. Welfare reform is also having an impact: many families leaving welfare lose health insurance, despite continued Medicaid eligibility. The 1997 welfare reform legislation caused 675,000 people to lose health insurance, including 400,000 children (Families USA, 1999). These and other policy changes have made it impossible for HCH programs to reach the majority of homeless people in America. Lack of affordable housing also impacts efforts to provide health care to homeless persons. Housing is the first form of treatment for homeless people with medical problems, preventing many illnesses and making it possible for those who remain ill to recover.

Universal access to affordable, high-quality and comprehensive health care is also essential in the fight to end homelessness. A health insurance system could reduce homelessness and, more significantly, help to prevent future episodes of homelessness, as well as ease the pain -- and even prevent unnecessary deaths -- of those on the streets. A universal health system would also reduce the fiscal impact and social cost of communicable diseases and other illnesses.

RESOURCES

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National Health Care for the Homeless Council, Inc. Federal Programs to Address Homelessness In the U.S., 2003. Available at www.nhchc.org.

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Redlener, Irwin, MD and Dennis Johnson. Still in Crisis: The Health Status of New York's Homeless Children, 1999. Available from [The Children's Health Fund](#), 317 East 64th Street, New York, NY 10021; 212/535-9400.

Wright, James and Eleanor Weber. Homelessness and Health, 1987. Out of Print. McGraw Hill, 1221 Avenue of the Americas, New York, NY 10020; 212/512-2000.

ADDITIONAL RESOURCES

[HHS Homelessness Web Site](#) Information on homelessness through the U.S. Department of Health and Human Services, including programs, funding, resource centers, documents and links related to homelessness in America.

Health Care for the Homeless Information Resource Center, c/o Policy Research Associates, 262 Delaware Avenue, Delmar, NY 12054-1123; 888/439-3300, ext. 246; Email: nbrady@prainc.com.

The Health Care for the Homeless Information Resource Center publishes free annotated bibliographies and other information on many aspects of health care and homelessness (tuberculosis, HIV/AIDS, dental needs, child development, etc.).

[National Health Care for the Homeless Council](#), P.O. Box 68019, Nashville, TN 37206 8019; 615/226-2292; email: nhchc@nhchc.org.

The National Health Care for the Homeless Council advocates on federal health care policy issues, coordinates the staffing of an HCH clinicians network, and provides support to local projects.

[National Resource Center on Homelessness and Mental Illness](#), c/o Policy Research Associates, 262 Delaware Avenue, Delmar, NY 12054-1123; 800/444-7415, ext. 232; Email: nrc@prainc.com.

The National Resource Center on Homelessness and Mental Illness maintains and updates a bibliographic database on homelessness and mental illness. The Center publishes a series of free, annotated bibliographies and an information packet on financing.