Homelessness and Poor Health: Housing as Treatment
Link Between Homelessness and Poor Health

“The medical problems of homeless persons are rarely exotic but rather common illnesses magnified by prolonged neglect during the daily struggle for survival.”

- Jim O’Connell, MD
Homelessness is a marker for sickness.
Increased Mortality

- Seven large scale mortality studies in USA
  - Drug overdose has replaced HIV as the emerging epidemic
  - Cancer, heart disease next most common
- Mortality rates 4.5 – 9.0 times that of the general public
- Average age at death in Boston = 51
- Death from complications of substance use and undertreated medical illness
Mortality Among Homeless Adults in Boston

Shifts in Causes of Death Over a 15-Year Period

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O’Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths

Follow up study using same cohort

Estimated proportion of deaths attributed to substances using population-attributable fractions

Over half of all deaths attributable to substances

Proportion of Deaths Attributable to Substances

- Tobacco only: 17.6%
- Tobacco & alcohol: 0.3%
- Alcohol only: 12.1%
- Alcohol & drugs: 4.9%
- Drugs only: 17.0%
- Non-substance: 48.1%
Age-Stratified Substance Attributable Rates

Baggett T, et al. AJPH 2015
Age-Stratified Substance Attributable Rates

Baggett T, et al. AJPH 2015
Health Implications

- Increased mortality
- **Severity of illness**
  - Layered addiction-related, psychiatric, medical illness
- Exposure
- Violence and victimization
- Competing priorities
- Chronic stress
- Medication difficulties
- Stigmatization by health care providers
BHCHP Cohort 2010: Mental Health and Substance Use

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>All (N=6,494)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td>4,384 (68%)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1264 (19%)</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>1889 (30%)</td>
</tr>
<tr>
<td>Depression</td>
<td>3068 (47%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2627 (40%)</td>
</tr>
<tr>
<td>Substance use disorders</td>
<td>3890 (60%)</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>2628 (40%)</td>
</tr>
<tr>
<td>Drug use disorder</td>
<td>3118 (48%)</td>
</tr>
<tr>
<td>Co-occurring mental illness and substance use</td>
<td>3135(48%)</td>
</tr>
</tbody>
</table>

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Health Implications

- Increased mortality
- Severity of illness
  - Layered addiction-related, psychiatric, medical illness
- Exposure
- Violence and victimization
- Competing priorities
- Chronic stress
- Medication difficulties
- Stigmatization by health care providers
Health Implications

- Behavioral health issues
- Developmental discrepancies
- Risk of communicable diseases
- Barriers to disability assistance
- Lack of transportation
- Lack of social supports
- Criminalization
- Limited access to nutritious food and water
- High health care costs
Medical Implications

- Behavioral health issues
- Developmental discrepancies
- Risk of communicable diseases
- Barriers to disability assistance
- Lack of transportation
- Lack of social supports
- Criminalization
- Limited access to nutritious food and water
- **High health care costs**
BHCHP Cohort 2010: ED Use

The average number of ER visits for all patients was 4.0.
### BHCHP PCC versus Other Medicaid PCC Patients

<table>
<thead>
<tr>
<th>Diagnostic and Other Characteristics</th>
<th>Statewide</th>
<th>BHCHP Patients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>426,768</td>
<td>3,998</td>
</tr>
<tr>
<td>DxCG (Risk) Score</td>
<td>1.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Both Mental Health &amp; Substance Use</td>
<td>10%</td>
<td>51%</td>
</tr>
<tr>
<td>Asthma or COPD</td>
<td>6%</td>
<td>24%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Hospital Discharges Per 1,000</td>
<td>129</td>
<td>859</td>
</tr>
<tr>
<td>ED Visits Per Person</td>
<td>1.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Average Annual Cost</td>
<td>$6,679</td>
<td>$20,925</td>
</tr>
</tbody>
</table>

*Medicaid-only BHCHP patients enrolled in the PCC plan.*

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Adapt Care
HOW CAN I SCREEN FOR HOMELESSNESS?

- Rather than, “Are you homeless?”
- Instead ask, “Where do you stay?”
Key Aspects of a Care Model

- Engagement
- Outreach
- Framework of prioritization
- Patient-centered goal setting
- Connection to housing opportunities
Engagement
Engagement

- Respectful, non-judgmental approach
- Avoid re-traumatization
- Resist stigmatization
- Offer token gestures that address basic needs
- Recognize link between social issues and poor health
Outreach
Framework of Prioritization

- Set realistic care plans (consider limitations of environment)
- Modify treatment to account for extreme circumstances
- Explore barriers to compliance
- Encourage ANY positive change
- Care planning with community-based organizations
HOW CAN INSULIN BE MANAGED WITHOUT A FRIDGE?

- If insulin can’t be refrigerated, it works about 70% as well as usual.
- Prescribers should titrate dose accordingly.
- Patients should keep insulin in the outer pocket of a bag, out of sunlight, and off the body.
- Can be stored at room temperature up to one month.
Opioid Considerations

- Given high risk of OD, use caution
- However, homelessness shouldn’t be thought of as “contraindication”
- Consider street value of “potentiators”
  - Clonidine = $1 per 0.1 mg
  - Gabapentin = $2 per 300 mg
  - Clonazepam = $2 per 1 mg
- Opioid agonist therapies for OUD can be successful and life-saving
  - Similar outcomes to non-homeless individuals (Alford 2007)
Conclusions

- People who experience homelessness experience extremely poor health.
- Adapting care to this population is essential.
- The relationship with the patient is everything.
  - Listening to the story enables me to feel compassionate again.
- Treatment planning must be led by the patient and often requires creativity.
Tune In for Next Webinars

- **Wednesday, June 22, 2016: The Trauma of Homelessness**
  - *Presented by:* Ellen L. Bassuk, MD, Founder, Center for Social Innovation; President, The Bassuk Center on Homeless and Vulnerable Children and Youth and Jeff Olivet, CEO, Center for Social Innovation

- **Wednesday, June 29, 2016: Keys Cure Homelessness: Housing and Your MassHealth PCC Plan Members**
  - *Presented by:* Tom Lorello, LICSW, MSW, Executive Director, Heading Home, Inc. and Erin Donohue, MSW, Assistant Vice President, Communications and Special Projects, Massachusetts Behavioral Health Partnership