The Role of Health Systems in Addressing Homelessness

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National Alliance to
End Homelessness

The National Alliance to End Homelessness (The Alliance)

➢ Founded in 1983 by a group of concerned citizens determined to meet the emergency needs of the nation's then-emerging population of homeless people.

➢ A nonpartisan, nonprofit organization whose sole purpose is to end homelessness in the United States.

The Alliance, *How We Work*

➢ We use research and data to find solutions to homelessness.

➢ We work with federal and local partners to create a solid base of policy and resources that support those solutions.

➢ We help communities to implement them.

Our Three Pillars

Policy and Programs

- Carries out the vital work of educating policymakers and the field about key strategies and policies for ending and preventing homelessness.
- Keeps federal policymakers and legislators informed of the needs of people experiencing homelessness and the programs serving them.
- Leads advocacy efforts on a grassroots level.

Capacity Building

- Supports efforts to end homelessness by offering training and technical assistance tailored to communities' unique needs.
- Helps design and implement crisis systems, improve systems' performance, and utilize data to end homelessness, particularly with an equity lens.
- Provides online courses, trainings, and webinars to inform the field of best practices to end homelessness.

Homelessness Research Institute

- Analyzes data to identify homelessness trends on national, local, and Continuum of Care levels.
- Publishes research that ensures policymakers, practitioners, the media, and the public have the best information about trends and emerging solutions to the problem.
- Uses an equity lens to identify disparities in homelessness data.

1.1   National Estimates of Homelessness

Exhibit 1-1: PIT Estimates of People Experiencing Homelessness by Sheltered Status, 2007-2022
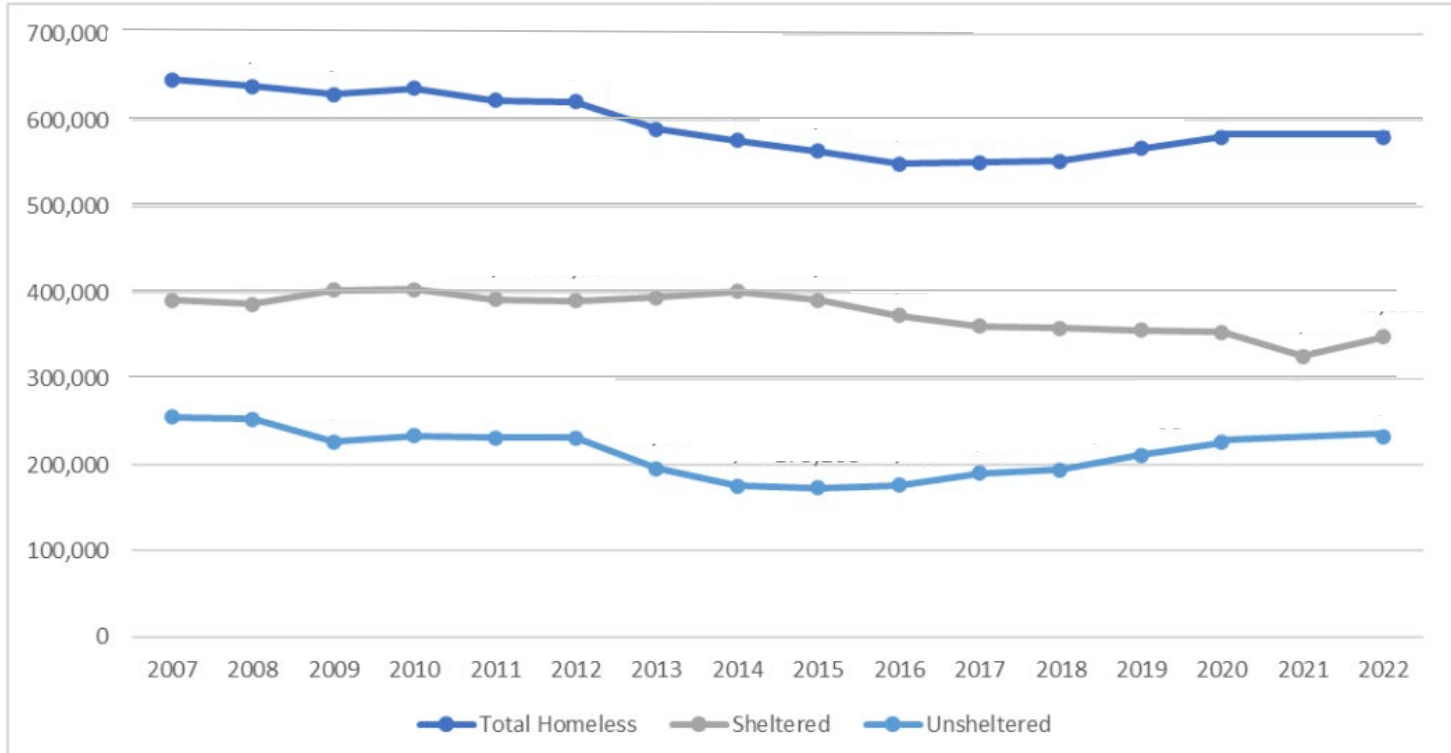
Homelessness: Key Points

- Growing Population

- Pathways to Homelessness

- Unique Needs

Pathways to Homelessness

- **Community-level factors** such as lack of accessible, affordable and available housing and limited safety net resources.

- **Individual risk factors**, such as medical problems, health-related behaviors such as substance use disorders, social factors (for example, social isolation, barriers to transportation), and financial insecurity.

A Closer Look at the Pathways

Adults who experience homelessness for the first time before age 50* tend to have:

- adverse experiences,

- substance use disorders, and/or mental health challenges;

- been involved in the justice system; and/or were under-employed early on in life.
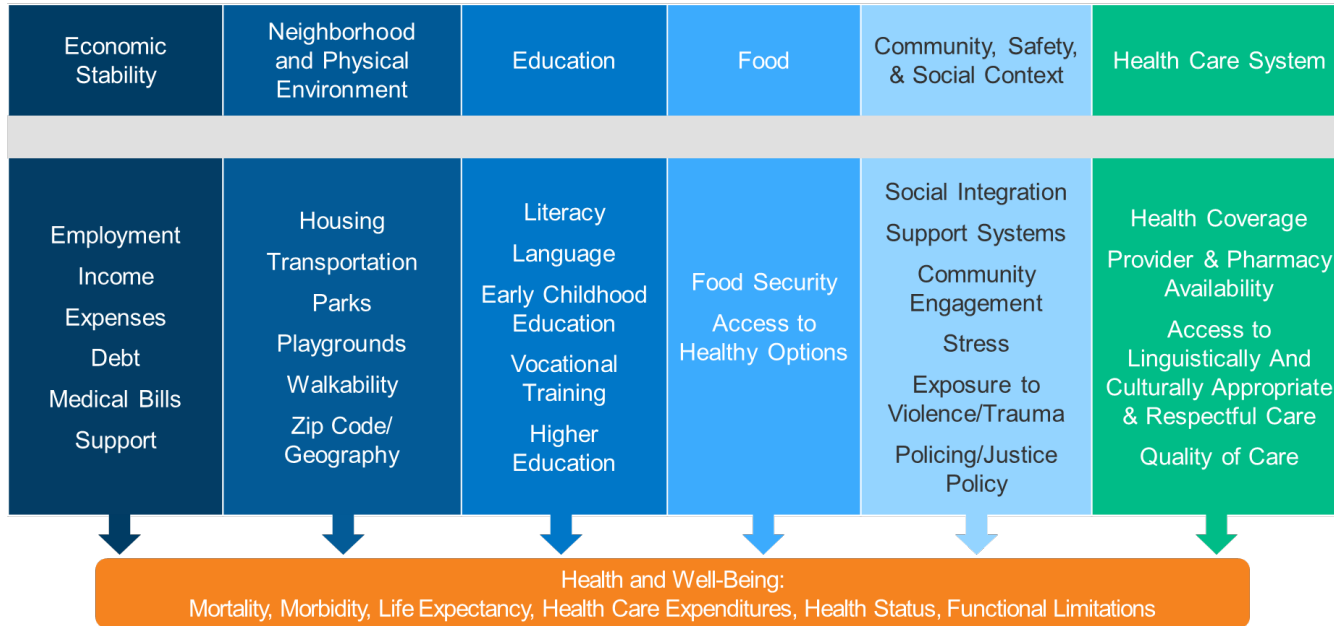
*structural impacts

Adults who first experience homelessness at age 50 and older typically have:

- experienced a financial or health crisis,

- lost a loved one, or otherwise experienced a relationship breakdown with the income-earner,

- and/or experienced barriers to continued ability to work.

Unique Needs

- Chronic health conditions

- Cognitive concerns

- Mobility limitations

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Parks Playgrounds Walkability Zip Code/ Geography	Literacy Language Early Childhood Education Vocational Training Higher Education	Food Security Access to Healthy Options	Social Integration Support Systems Community Engagement Stress Exposure to Violence/Trauma Policing/Justice Policy	Health Coverage Provider & Pharmacy Availability Access to Linguistically And Culturally Appropriate & Respectful Care Quality of Care

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Connecting Healthcare with the Homelessness System

- Knowledge Sharing

- Commitment

- Advocacy

- Leveraging of Resources

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U.S. Dept. of Housing and Urban Development (HUD), *A Brief Overview*

HUD's efforts support a variety of interrelated policy areas, such as:

- Affordable housing development and preservation,
- Community and economic development,
- Fair housing,
- Health and housing,
- Homelessness,
- Homeownership,
- Rental assistance, and
- Supportive housing and services.

Continuum of Care (CoC), *What is it?*

➤ A CoC is a state, regional or local planning body that coordinates housing and services for individuals and families who are experiencing homelessness, or at risk of experiencing homelessness.

➤ A CoC may be led by an agency within government, or a local non-profit.

➤ Typically, medium/large sized communities have their own CoCs while smaller/rural communities are represented at the state level, known as Balance of State (BOS) CoCs.

Bright Spots

- Models of Care
- Peer Supports
- Integration of Services

+Proactive Screening and After Care Support

Include the voices of people with lived experience of homelessness.

Telehealth at Libraries - Idaho

Boston Health Care for the Homeless Program - Massachusetts

Stout Street Health Center - Colorado

Housing at Risk Program – New York

Resources

- The Alliance
  - [Homelessness Research Institute](#)
  - [Center for Capacity Building](#)
  - [Center for Learning - National Alliance to End Homelessness](#)
- HUD
  - [HUD Exchange](#)
  - [CoCs](#)
- National Health Care for the Homeless Council
  - [Best Practices](#)

Examples

- [Community Outreach and Empowerment Program](#) – New Mexico

- [Healthcare x Homelessness Liaison Toolkit](#) – Connecticut

- [National Center for Medical-Legal Partnership](#) – National

- [Community Paramedic Care Impact on Health of People Facing Homelessness](#) – Mayo Clinic study, ongoing in Minnesota

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thank you!

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