Addressing Health Disparities in the Homeless Population

Presentation for Blue Cross Complete Healthy Safety Net 2018: Building Resilience
Wednesday, September 26, 2018
Kellogg Center
East Lansing, Michigan

Panelist:
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2017 Statewide Data Report: What Homelessness Looks Like in Michigan
Michigan Statewide Homeless Management System (MSHMIS)

MSHMIS records and stores client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care.
Number of Homeless Individuals 2015-2017

For the third year in a row, Michigan saw a decrease in the total number of people experiencing homelessness. In 2017, there were an estimated 63,024 literally homeless individuals (individuals and families residing on the streets, in emergency shelters or in other places not fit for human habitation) statewide.

Celebrating Our Success 2015-2017 Decreases

- *Chronic Homelessness: 20%*
- Single Adults (25+): 9%
- Unaccompanied Minors (Under 18): 6%
- Veterans: 7%
- Youth (18-24): 10%
Michigan's Homeless Population

9% decrease from 2015-2017

2017 Literally Homeless Individuals
by Region Total Unduplicated Count 63,024

The map reflects the projected number of literally homeless individuals living in Michigan during the 2017 calendar year (CY). The numbers in the map represent the total number of literally homeless by region, while the percentages listed parenthetically represent the percent of Michigan's total literally homeless population who are in that region.

The sum of literally homeless individuals by region is greater than the total projected count because some individuals presented as homeless in more than one region at different points throughout the year.
Individuals experiencing homelessness in Michigan are three times more likely to have a disability than the general population.

The three most common disability types reported by Michigan’s homeless population include mental health, physical health and substance abuse disorders, with many individuals experiencing more than one disability.
What we see across homeless sub-populations
What we know about FAMILIES:

Families make up two fifths (42%) of the overall population

62% of adults are *age 18-34*; 75% are *female*; average age of *child*: 7

15% are *working poor*: monthly *average income* of $602

50% of adults and 61% of children are *African American*

~40% of *households* included members having a *disability of long duration*:

- 56% -- *mental illness*
- 34% -- *physical*

11% children in families having a *disability of long duration*:

- 35% -- *mental illness*
- 29% -- *physical*
- 16% -- *chronic health*
- 48% -- *developmental*

90% covered by health insurance
What we know about SINGLE ADULTS:

Single Adults have an **average age** of 42, and 64% are **male**
- 34% -- 18-34
- 44% -- 35-54
- 22% -- 55 and above (more about this group later)

11% are **working poor**: average **monthly income** of $746

55% of **youth** are **African American**

65% identified as having a **disability of long duration**
- 69% -- **mental illness**
- 43% -- **physical**
- 27% -- **chronic health**
- 35% -- **substance use disorder**

78% covered by health insurance
What we know about YOUTH (18 – 24):

4,282 Youth were identified in the count

50% female, 50% male

Average age is 21

45% identified as having a disability of long duration

- 79% mental illness
- 15% physical
- 11% chronic health
- 20% developmental
- 21% substance use disorder

72% covered by health insurance
What we know about UNACCOMPANIED MINORS (under 18):

698 Unaccompanied Youth were identified in the count

55% *female*, 43% *male*, 2% *other*

Average age is 16

39% identified as having a *disability of long duration*  
   82% *mental illness*  
   9% *physical*  
   13% *chronic health*  
   18% *developmental*  
   16% *substance use disorder*

93% covered by health insurance
What we know about SENIORS (55+):

7,937 Seniors were identified in the count; trending as our fastest growing homeless sub-population

26% female, 74% male

Average age is 60

75% identified as having a disability of long duration
58% mental illness
58% physical
35% chronic health
5% developmental
34% substance use disorder

84% covered by health insurance
Key data trends worth noting

- 83% of the homeless population had **health insurance** in 2017, with **Medicaid being the primary source** (followed by Medicare, State Insurance, VA, employer/private pay).

- **Nearly half** of Michigan’s homeless population has a **diagnosed disability**; 44% being **long-term disabilities**
  - 66% **mental illness**
  - 39% **physical**
  - 24% **chronic**
  - 12% **developmental**
  - 29% **substance use disorder**

- **Seniors (Age 55+)**
  - 75% of seniors have a **documented disability**
  - 17% of seniors qualified as **chronically homeless**
Challenging Conditions

This **vulnerable population** includes a wide range of people: individuals affected by mental illness, runaway youth, LGBTQ youth, people with substance use disorders, victims of domestic violence, struggling veterans, fragile elderly, victims of natural disasters, people released from prison – and so on…

Homeless youth, in particular, experience a disproportionate risk for morbidity and elevated risk of mortality.

Data suggests that children who’ve experienced homelessness are at increased risk of developing chronic illness during their lifetime.

Homeless adults have been shown to experience increased mortality.
Challenging Conditions

This is often related to:

- Aggravation of existing conditions

- Psychological strain, exposure to communicable disease and adverse environmental conditions create and/or lead to a range of chronic and acute health problems, including injury from the cold, tuberculosis, skin diseases, cardio-respiratory disease, nutritional deficiencies, sleep deprivation, musculoskeletal pain, dental trouble, etc.
Challenging Conditions

• Homeless individuals have a heavy burden of medical and psychiatric illnesses and use acute health care services at high rates.

• Health disparities are heightened by a complex burden of simultaneous medical, mental health, and substance use problems.

• The daily struggle for food, shelter, clothing, and safety relegates health to a distant priority which, in turn, exacerbates disease, complicates treatment, and drives excess mortality.

• Risk of violence complicates all aspects of life when living on the streets.
Challenging Conditions

• Lack of trust regarding health care providers

• Lack of access to ID/vital documents

• Lack of financial resources or health insurance to pay for medically related expenses

• Lack of insight into health condition/needs

• Lack of awareness of available services

• Lack of stable contact point (address, phone) to receive follow-up communication
Challenging Conditions

• Lack of reliable/adequate transportation to get to initial and follow-up appointments (doctors, social worker, dentist, etc.)

• Lack of appropriate storage for medication and other related self-care items

• Hours of service not conducive to patient needs

• Comprehensive medical records not available through a single provider (exacerbated by transiency of the population)

• Cognitive issues (impaired memory, ability to understand condition and related treatment needs)
Strategies

- **Patient-centered care** is particularly important for people who often feel marginalized and detached from the health system.

- **Federally Qualified Health Centers**, featuring multidisciplinary teams of clinicians that use an array of dedicated care strategies. Freestanding AND integrated into existing shelter operations (e.g., Sparrow VOA Health Center).

- Finding **permanent housing for homeless frequent utilizers** of the health care system [e.g., Medicaid Innovation Accelerator Program operated by MDHHS (using the State Innovation Model)]; Frequent User System Engagement (FUSE) model in Detroit and Ann Arbor (SAMHSA pilot).
Strategies

• Hospital discharge planning for homeless patients (SWs assigned to homeless shelters and HARAs to facilitate the linkages for appropriate case management)

• Homeless medical outreach (medical school programs/partnerships e.g., MSU’s Detroit Street Care program)

• Programs targeted to identified needs of specific sub-populations (e.g., street-based STD testing and treatment of homeless youth)
Thank you!

If you have any questions, please feel free to follow-up with me at ehufnagel@mihomeless.org.

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