

Homelessness and Health – Part I

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Samantha Williams] I'm Dr. Samantha Williams, a research psychologist at the CDC. Today I'm speaking with John Lozier, the Executive Director for the National Healthcare for the Homeless Council, a Nashville-based, national membership organization that works in the area of homelessness and health care.

John, can you tell me what impact homelessness has on the health of the United States?

[John Lozier] It's really a profound relationship between homelessness and poor health. Two important aspects of that are that homelessness results from people being sick in the first place. Illnesses in our society and our economy often result in people becoming utterly impoverished. Half of all personal bankruptcies in the United States have to do with medical cost and unpaid medical bills.

People get sick, they lose their jobs, they go bankrupt, they lose their homes, they become homeless; it's a tragically common path. The other side of the problem is that homelessness, in turn, causes health problems. The exposures of homelessness are exposures to violence and to disease and to the elements, to poor nutrition, to lack of control over your daily life, and to the temptations of alcohol and drugs, and tobaccos, and all those risky behaviors that people engage in, in order to survive or in order to tolerate their living situation. People get sick, people get very, very sick. And in Healthcare for the Homeless, we see people with multiple, complex, interrelated health conditions. They have chronic illnesses, they have acute illnesses—communicable diseases. The health situation of the poorest people in our country is not surprisingly, very, very bad. That, in turn, generates cost for all of us. It's not so much that homeless people, as a population, are a health risk to the rest of the population, though there's an element of truth in that. They are large reservoir of untreated latent tuberculosis, for example. But they end up relying on sources of care that cost a lot, like emergency rooms, and they end up getting into care only when their diseases are very advanced and very costly to deal with. We don't have a system that makes sense to break the relationship between homelessness and poor health.

[Samantha Williams] John, what barriers do homeless people experience when they try to access health care?

[John Lozier] There are three sorts of barriers that people face when they're homeless and try to access health care. One is financial, another is just geographic, and the third is attitudes of health care providers.

The financial barriers are that homeless people that are pretty much, by definition, utterly impoverished and don't have health insurance. So there are not many places that they can turn to to receive health care. We still treat health care like a commodity in this country—something to be bought and sold, something to make a profit off of. And the financial barriers start at the very front door of any health care facility you try to access.

Geographic barriers are barriers of access. Clinics are not typically located in very poor communities, which is where homeless people are relegated to or in downtown areas. If they are there, they're for a higher-end clientele than homeless people constitute. Homeless people often don't have the sorts of transportation resources. Bus lines don't go to the right places, they can't pay for cabs, they don't have cars. Just getting to a provider is a problem.

Then the third is attitudes. There are many, many providers, including people who are well-motivated to take care of other impoverished and very needy people who don't want homeless people in their waiting rooms. Homeless people often haven't had the opportunity to bathe, they sometimes have behavioral health problems, they might be acting out in waiting rooms, they present complex health problems that providers might not be prepared to deal with. And so provider attitudes are reasons people are turned away. They're a reason why people don't often go in the first place; so we in health care for the homeless have had to make really vigorous efforts to reach out and bring people into care who desperately need the care but have had such bad experiences with the system. That requires a lot of people who are very ill that they don't want to try anymore. We work on that.

[Samantha Williams] Our mission at CDC is prevention. Talk a little bit about prevention efforts that are being implemented with homeless populations.

[John Lozier] When we talk about prevention and homelessness, we need to talk about two things. We need to talk about preventing homelessness in the first place, because of the health consequences that it carries. And when we talk about preventing homelessness in the first place, we have to talk about providing affordable housing for everybody; providing accessible health care for everybody, and providing adequate income to function in our society for everybody. We have failed on all three fronts, so far. Therefore, we continue to have mass homelessness in this country that we didn't know 50 years ago.

The other level of prevention is preventing among homeless people, behaviors that result in the deterioration of their own health. We have to focus on a number of issues there. Homeless people can be lured into risky behaviors - drug injection activities and trading sex for shelter - in order to get the resources that they need to survive. Part of that is preventing homelessness in the first place so that doesn't happen. They also engage in behaviors like smoking. There are studies that say that 98 percent of homeless people smoke cigarettes. We're trying in Healthcare for the Homeless to educate the clinicians who work in our field about the real hazards of tobacco smoking and about the possibilities that homeless people can stop smoking and can reduce their smoking behaviors. We're heavily invested in harm reduction. There're Healthcare for the Homeless programs that participate in needle exchange, and then condom distribution, and then putting out bleach kits, and then using motivational interviewing techniques to reduce peoples' engaging in harmful behaviors, like drinking. There's good evidence that motivational interviewing can reduce peoples' hurtful, self-harming behaviors.

[Samantha Williams] John, thank you for being with us during our Inaugural Public Health and Homelessness Symposium at CDC. If listeners would like more information about the National Healthcare for the Homeless Council or about John Lozier, please visit www.nhchc.org.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.