

## Public Health and Homelessness

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

[Samantha Williams] With homelessness, people often think of the person who's sitting on the street or who is actually unsheltered. And what we're seeing, particularly in more urban areas, is the type of homelessness where you're more likely to describe people as unstable domiciles, where they don't necessarily have a place of their own to stay but they have several different places that they have to utilize because they don't have a single place to stay. So they may stay in a shelter one day, a friend's house another, a family member's house.

With the economic situation that we're in right now, you're finding more tent cities popping up; you're finding more places where people are living in their cars. So they're not living in the street, they may not all be utilizing shelters, but they're utilizing different living circumstances that are not traditional -- that are not the traditional home or the traditional apartments.

Mobility, as well as the homelessness, disconnects them from healthcare services. So when they finally do get access to care, it's at a later part in the disease progression where treatment regimens may have to be modified in order to address the issue. For example, with syphilis, if you get treatment in primary stage of syphilis, it may be very different if you're getting it in a later stage or like a tertiary, a latent stage of syphilis.

So the more mobility that you have, the less connection you have to healthcare resources and thus the more likely you are to potentially compromise not just the health issue that you're dealing with but also your overall health.

CDC actually is in a very great position to make a huge contribution to the elimination of homelessness. And when I say the elimination, I don't mean the eradication; I mean essentially the reduction of the number of people who are homeless, as well as the number of people who are affected or at risk of homelessness.

We, as a public health agency can do exactly that. We can actually improve the health of the public and partner with our other federal partners, as well as local partners, to really leverage our combined resources.

We may not be able to do a lot about overall poverty, but what we can do is make our contribution in lessening the impact of things like poverty. We can actually make it so that healthcare resources are more accessible. We can actually make it so that they are more economical for people who can't get free resources but still have to use, you know, their own money. We can also make it so that healthcare opportunities are actually in nontraditional settings.

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