# Homelessness as a medical condition

Randall Kuhn





"Diabetes cuts about eight years off the average life expectancy, but homelessness takes more like twenty or thirty years."

- Coley King, Venice Family Clinic

# Homelessness is a disease risk factor: For occurrence, treatment and fatality

#### Infectious disease

	Relative risk
Hepatitis B virus	3x
HIV infection	10x
Hepatitis C virus	16x
Active Tuberculosis	100-1000x

Source: Randall Kuhn, Jessica Richards, Sarah Roth, Kimberly Clair. Homelessness and Health in Los Angeles

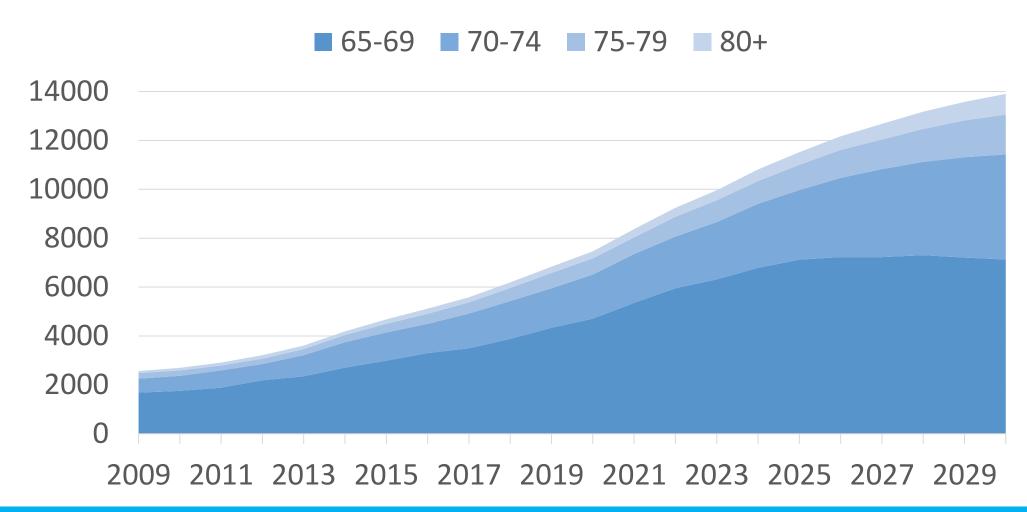
#### **Chronic disease**





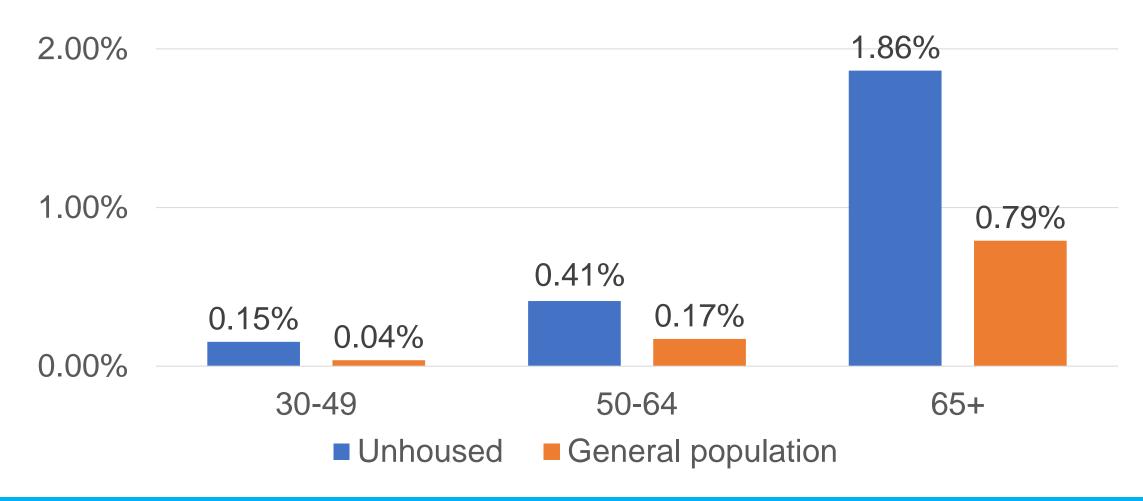
### Forecast of age 65+ homeless population

LA County, 2009-15 (actual) and 2016-30 (projected)



Source: Kuhn et al. (2019). The irresistible force of aged homelessness in New York, Los Angeles and Boston: An age-period-cohort forecast

# Chance of dying of COVID-19, LA County Unhoused vs. general population



Source: LA County COVID-19 Dashboard, LA Homeless Services Authority, US Census



### LA County mortality spike began in March 2020



https://capitalandmain.com/homeless-deaths-spiking-los-angeles-0831



#### Applications of medical approach

- Project Roomkey / Homekey
- Tier 1b vaccine prioritization
- Street medicine





### What are the drivers of excess health risk among PEH?

- Lifetime exposure to poverty, underhousing, racism
- Exposure to specific risks during homelessness
- Lack of access to health care
- Chronic homelessness poses added risks
- Unshelteredness adds additional risk

Still attempting to better quantify specific risks



#### **Homelessness Research Collaborative**

#### **Goal and Approach**

- Create a longitudinal, representative, up-todate data repository on homelessness in LA County to identify new research in support of service delivery and policy creation
- Data Collection that is:
  - Regular and flexible
  - Scalable
  - High quality



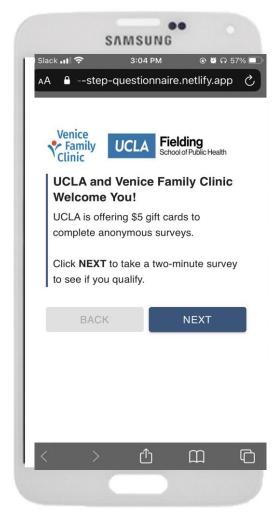






#### **Longitudinal Pilot Study**

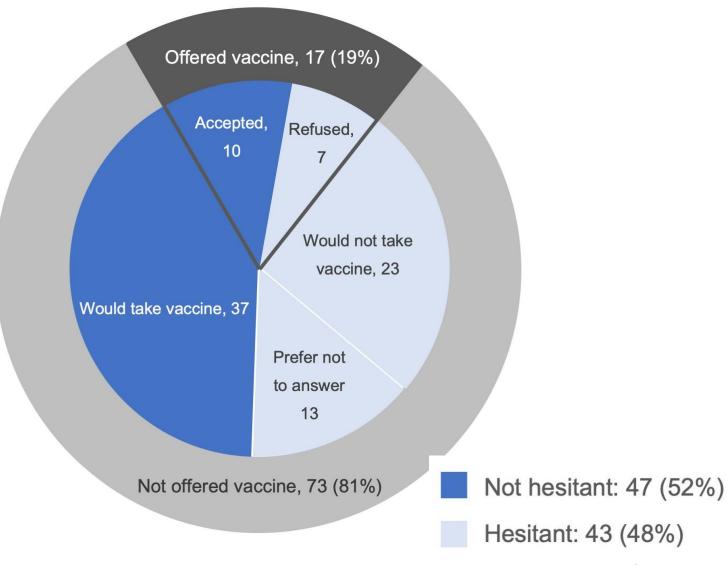
- Partnered with Venice Family Clinic as pilot site
- Piloted contactless recruitment, collection, incentive delivery
- High response rates and continued engagement
- Monthly surveys on: COVID-19 risk perception and protection, access to care, substance use, general well-being, COVID-19 symptoms
- In the third monthly survey, sent in February 2021, questions on vaccine uptake and acceptability were added





#### Vaccine study: the big picture

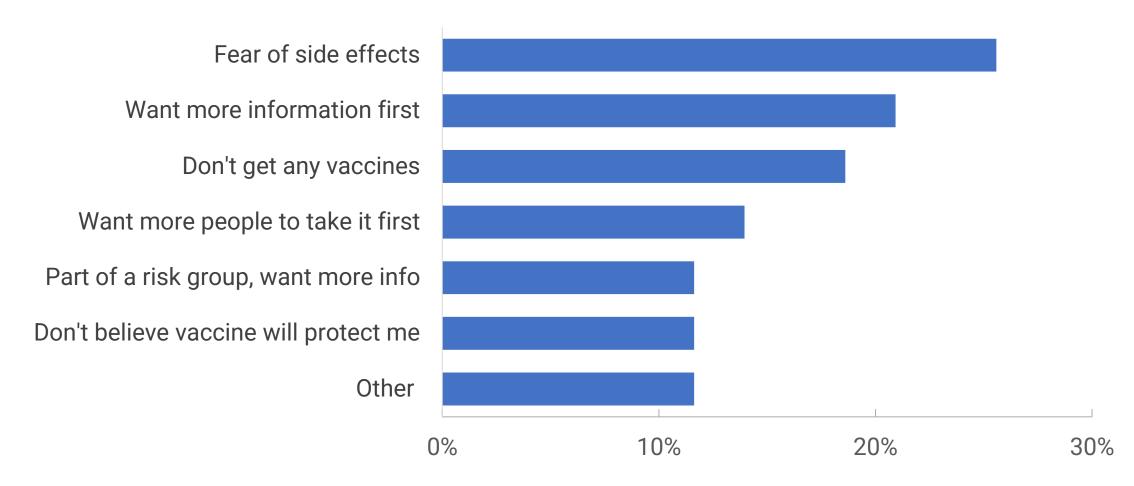
- 19% (17/90) offered vaccine
- 48% (43/90) expressed hesitation, either actual or hypothetical
- Hesitant = actual refusal or "would not take" or "prefer not to answer"





#### Reasons for vaccine hesitancy (n=43)

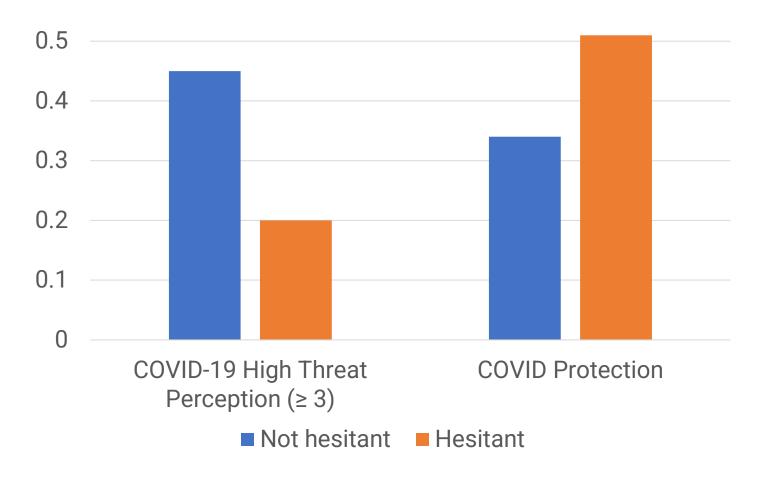
Among those who refused vaccine offer or said they would refuse





#### Threat perception and activation

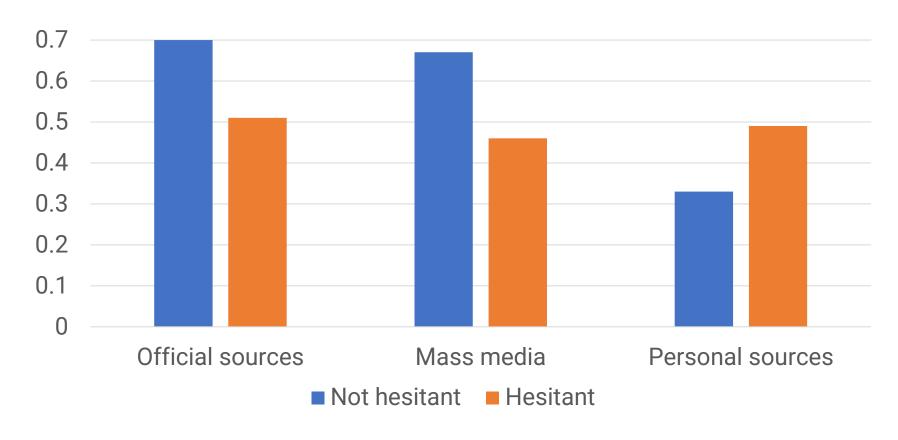
Hesitant have low COVID fear, but high protective behavior





#### **COVID-19 Information Sources**

Hesitant less likely to trust "official" sources, more likely to trust "personal" sources





Q: Are there interventions the City can conduct or support to increase vaccinations rates among the homeless?

Yes. Peer-based interventions could be highly impactful. Now would be the time to use them.

Q: High risks of mental illness, substance abuse, infectious disease, chronic illness, violence, and reproductive health risks among the homeless; are there interventions that could reduce these health risks?

Yes, but aside from rehousing, few have been systematically evaluated. We need to know what the risks are, and whether interventions like street medicine can reduce disease risk *and* increase willingness to accept housing.



## Q: Any recommendations to change in the Housing First approach?

- 1) No such thing as a housing first approach in LA
- 2) Services are needed before, during and after rehousing. Services draw people in
- 3) LA is overreliant on one particular housing first approach (project-based PSH)



HELP CENTER

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**MEETINGS & EVENTS** 

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#### Research & Results

**Explore Our Portfolio** 

Research Fundamentals

Research Results Highlights

**Putting Evidence To Work** 

Peer Review

**Evidence Synthesis** 

About Our Research

Comparative Effectiveness of Single-Site and Scattered-Site Permanent Supportive Housing on Patient-Centered and COVID-19 Related Outcomes for **People Experiencing Homelessness** 

☑ Sign Up for Updates to This Study









#### **Project Summary**

Background and Significance: People experiencing homelessness (PEH) have an increased risk of contracting the novel coronavirus (COVID-19) and are at a higher risk of COVID-19-related hospitalization and death due to increased vulnerability and known comorbidities. Consequently, the recent pandemic has made housing for PEH a top priority. Permanent supportive housing (PSH) programs that provide access to living and support services are the most effective approach for serving PSH, but it is not known what type of PSH programs can best address COVID-19-related risk.

Study Aims: This study aims to test the comparative effectiveness of place-based PSH (PB-PSH) and scattered-site PSH (SS-PSH) on PEH quality of life and whether COVID-19 related health behaviors act as a mediator in this relationship. In addition, this study aims to learn PEH adherence to social distancing guidelines and provider perspectives on challenges of implementing and sustaining COVID-19 related prevention practices and care in PSH.

### Implications of medical approach for policy

- More housing, more resources needed
- All housing options must be explored
- Creative financing for housing solutions
- Expand access to street medicine
- Must drastically amplify outreach (by 10x)
- Bridge the digital divide



### Homeless Research Data Collaborative <a href="https://www.homelessresearch.akidolabs.com/">https://www.homelessresearch.akidolabs.com/</a>

