CARING FOR PEOPLE EXPERIENCING HOMELESSNESS

Simha Reddy, MD

November 8, 2024

WA State ACP

Conflicts of Interest

- No financial conflicts of interest

Affiliations

- University of Washington, Department of Medicine
- Puget Sound VA Health Care System
- King County Regional Homelessness Authority, Implementation Board

- The views expressed today are mine alone and do not necessarily reflect those of the entities above

Objective

- Understand the significant vulnerability of our homeless patients
- Consider changes we can make in our institutions and communities

Agenda

- Background
- Health Inequity
- Health Care Delivery: Challenges and Approaches
- Our Role

"WHY ARE THERE SO MANY HOMELESS PEOPLE HERE?"

This is actually two separate questions

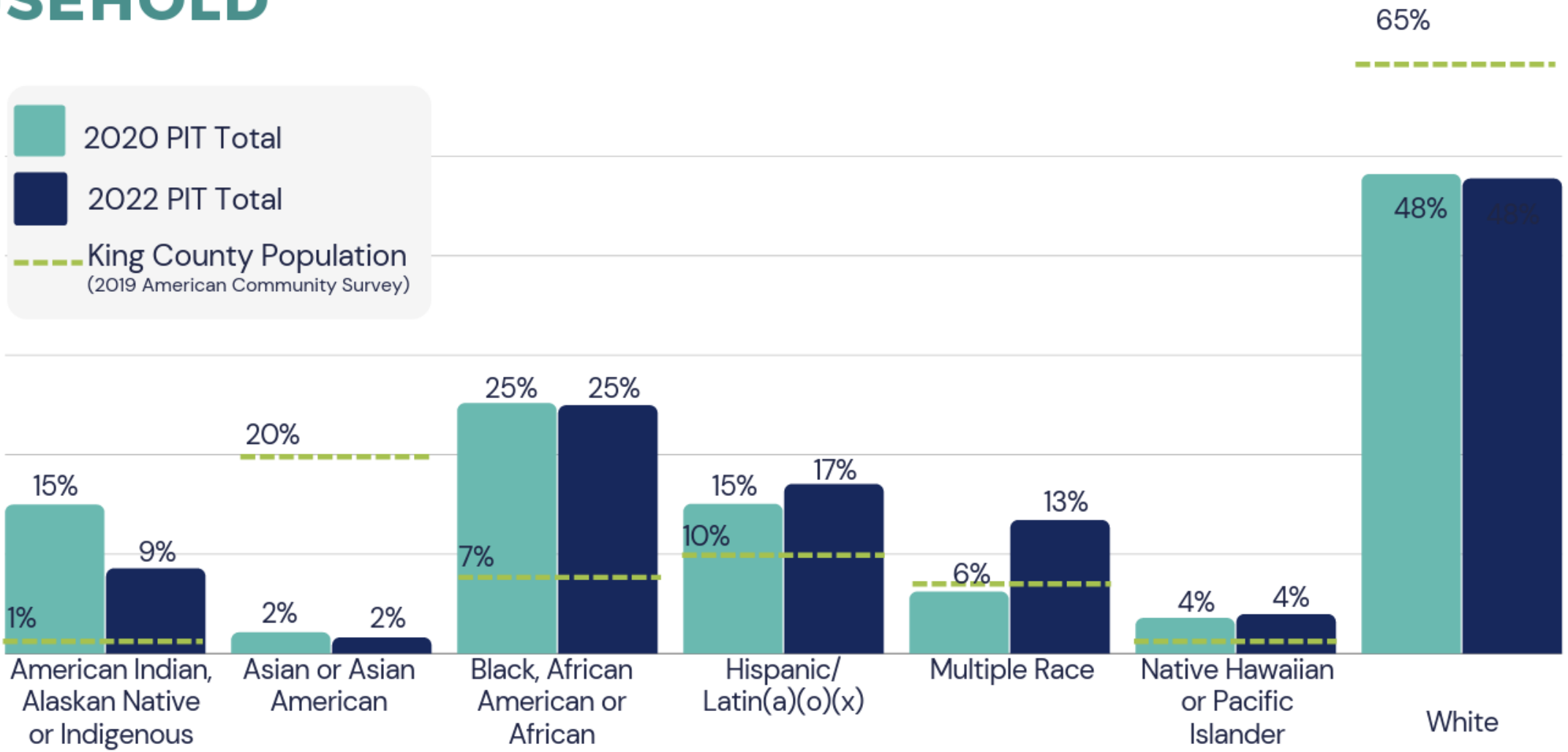
What explains the variation between communities?

- ***The affordable housing gap***
- For every 100 people <30% area median income ($34K), only 28 affordable homes.
- SSI is $952/month

What factors put someone at risk for becoming homeless?

- ***Vulnerability of any kind, for ex:***
- Physical health
- Mental health
- Substance use disorders
- Racism
- Childhood trauma
- History of incarceration

RACE & ETHNICITY* OF HEAD OF HOUSEHOLD



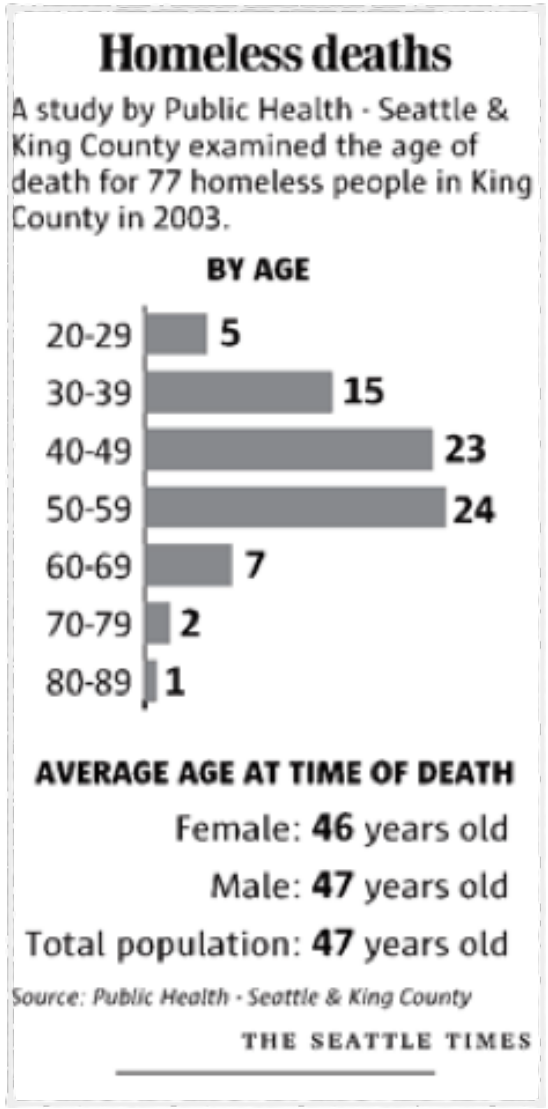
*HUD requires submission of race and ethnicity as separate categories. Here, we have included households identifying as Hispanice/Latin(a)(o)(x) with the HUD-required race categories. Since these questions are asked separately, a respondent may identify as Hispanic/Latin(a)(o)(x) and in another category represented in this chart.

HOMELESSNESS AND HEALTH

Mean Age at Death of Homeless in King County

47

3.8x age-adjusted mortality*
9x higher if unsheltered**

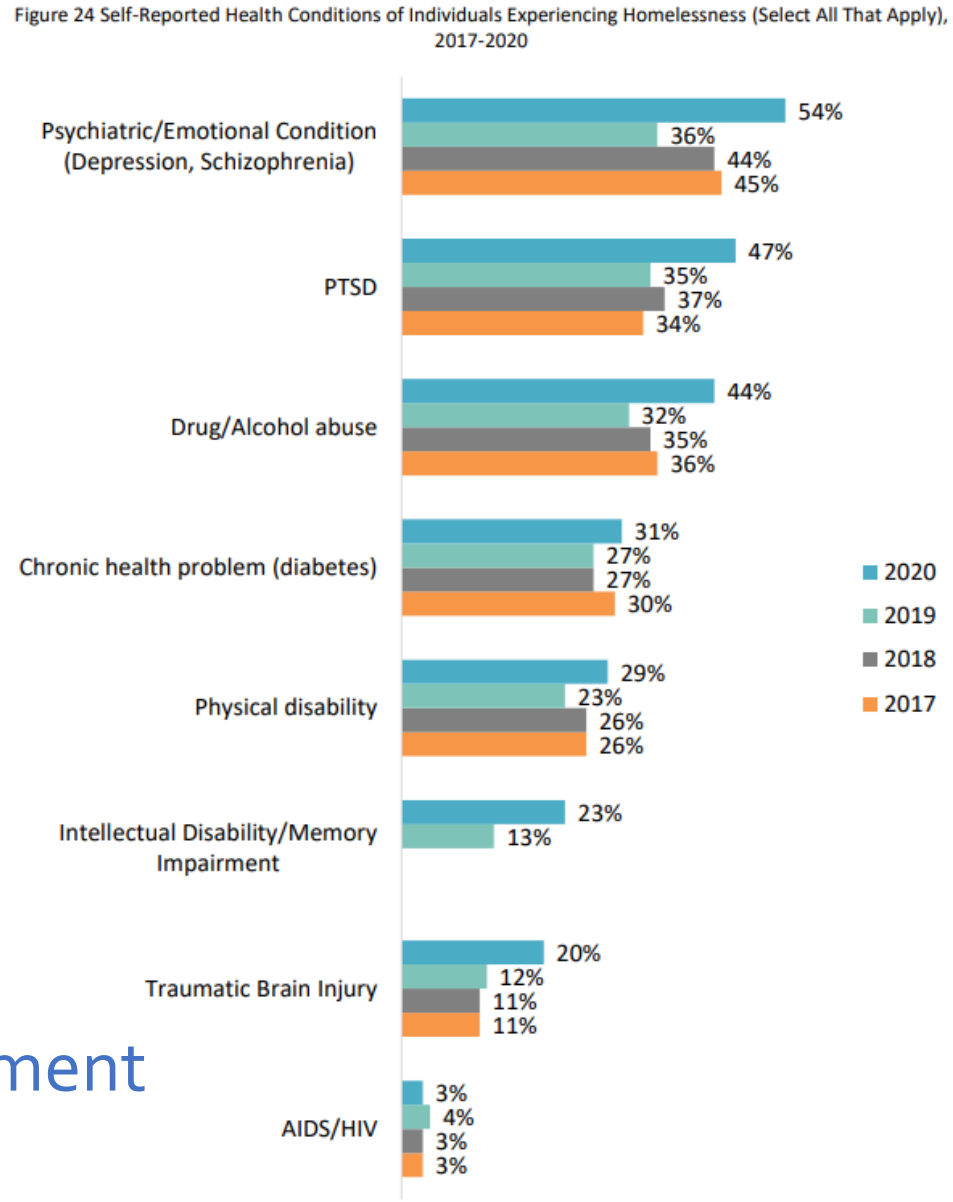


* Change et al. PLoS One. 2023; 18(2):e0281912

** Roncarati et al., JAMA Intern Med. 2018; 178(9):1242-1248

Homelessness and Health

- Poor health ➡ Homelessness
  - disabling medical condition
    - *med bankruptcy, inability to work*
  - higher rates of severe mental illness
  - higher rates of PTSD
  - higher rates of substance abuse
  - higher rates of traumatic brain injury
  - higher rates of mild cognitive impairment



Homelessness and Health

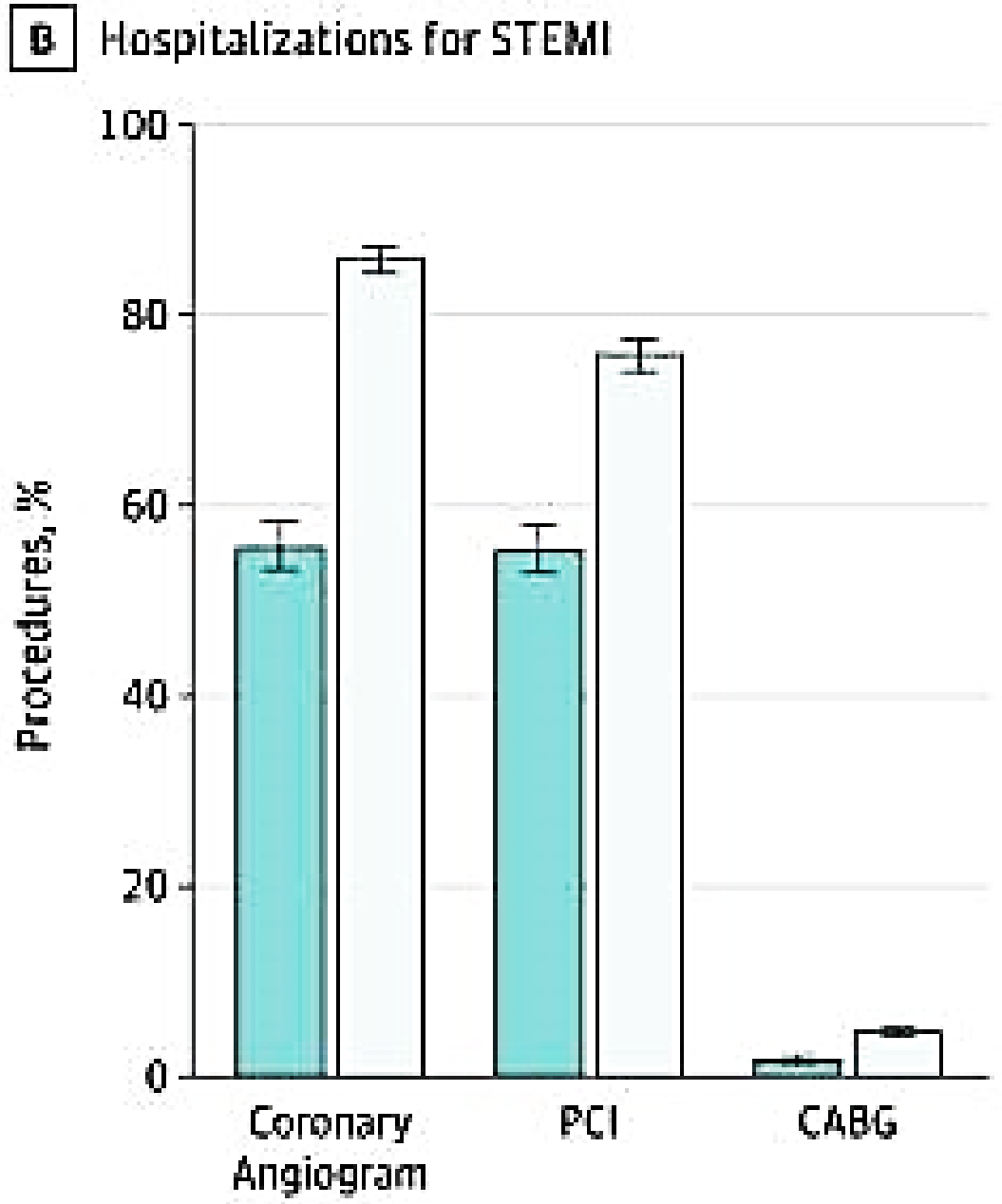
- Homelessness ➡ Poor health
  - victims of violence, exploitation, accidents
  - exposure to elements
  - skin conditions / infestations / foot issues
  - infection risk (COVID, Flu, hepatitis, HIV, TB)
  - food insecurity and lack of food choice
  - worsening of mental illness and substance abuse
  - difficult to control chronic conditions
  - inequitable health care / bias / stigma**

Estimated almost ¼ of new HIV and HCV infections in the US occur in the unstably housed*

* Stone et al. Lancet Public Health. 2022; 7:e136-45 **Reilly and Williamson. Health Soc Care Community. 2022; 1-14.

Cardiovascular disease

- Cross-sectional study
- 25K hospitalizations among homeless pts compared to 1.8M hospitalizations among housed pts in NY, MA, FL between 2010 and 2015
- Adjusted for demographics, payor, and comorbidities, those hospitalized for ACS less likely to have cath, PCI, CABG
- For those with stroke, less likely to have cerebral angiography but did get thrombolysis



* Wadhera et al. JAMA Intern Med. 2019: 180 (3): 357-366.

Trauma

- Pennsylvania Trauma Outcome Study
- Retrospective cohort study
- 2003-2018, 773 patients presenting with trauma
- Similar level of injury
- Adjusted Odds Ratio of 3.11 (CI 2.64-3.66) for complication
- Adjusted Odds Ratio of 1.8 (CI 1.29-2.50) for mortality

*

Skicki et al. Am Surg. 2023: 89(6): 2362-2367

Cancer and Homelessness

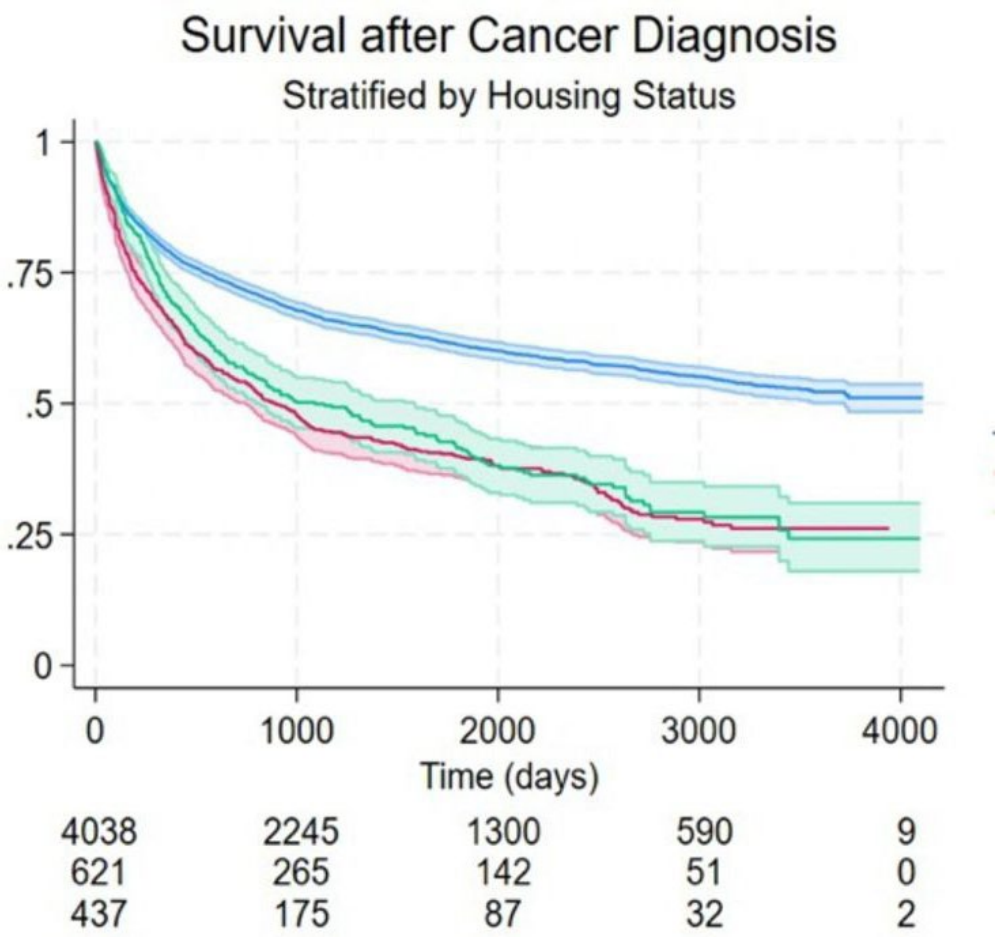
Second leading cause of death in those >45

2011 – 2021 at San Francisco General

- More likely to be dx at Stage 4 (28% compared to 22%)
- Adjusted hazard ratio of 1.5 for all cause mortality

2011 – 2020 at VA, a different story:

- Unhoused pts diagnosed at an earlier age (5 years for lung ca, 7 years for crc, 4 years for breast ca). No difference in stage
- Largely similar treatments
- Adjusted hazard ratios of 1.1 to 1.3 for all cause mortality



* Decker et al. BMJ Open. 2024; 14:e088303 **Decker et al. JAMA Network Open. 2023; 6(12): e2349143

Aging and Homelessness

- In King County, 24% of people experiencing homelessness are over 50 years old
- Study of people >50, homeless in the Bay Area (median age 58)
  - Over a third struggled with a basic Activity of Daily Living
  - Half struggled with an Independent Activity of Daily Living
  - Rates of geriatric syndrome conditions were similar to adults of nearly 80 in the general population

** Brown et al. Geratric Conditions in a Population-Based Sample of Older Homeless Adults. The Gerontologist. August 2017. 57(4), 757-766*

HEALTH CARE DELIVERY

greater victoria coalition to end homelessness

RX: Plenty of fluids, rest, oh…and stop living on the street.

People experiencing homelessness are prone to illness and are frequent emergency room patients.

To voice your support for #endinghomelessness, **click** to like & share this picture at **facebook.com/homeforhope**

Tough Choices

- You're a 52 yo M with cirrhosis of the liver, complicated by ascites and encephalopathy, but controlled with meds. You spent everything to move from Spokane to be with your girlfriend. Getting here, you find her using meth, and worry about your own recovery.

a) move out to a shelter to keep away from meth

b) stay with girlfriend and likely start using

Tough Choices (cont)

- You decide to stay at a drop-in congregate shelter because everywhere else is full. The common bathroom is very dirty. You'd find another toilet, but you're not up to carrying all your belongings around the street.

a) Take your diuretics and lactulose. Ask someone you've just met to watch your things as you run back and forth to the toilet.

b) You feel ok right now, so you skip the meds.

Tough Choices (cont)

- As your legs swell more and more, you scrape your shin and it starts to turn angry red and painful.

a) Call a local clinic. You have 10 minutes left on your phone. Spend 5 of them on hold, then another 5 making an appointment for intake in two weeks. Now you can't call your daughter.

b) Go to the ER where you are seen within hours

Tough Choices (cont)

- A small abscess is drained. You are released with an antibiotic for the surrounding cellulitis and instructions to elevate and follow up with your PCP.
- Culture shows antibiotic resistance, but the ER is unable to reach you by phone. Your leg is getting worse and you're more confused. You don't have bus fare to get back to the hospital. Eventually someone calls the medics.

Tough Choices (cont)

- You're admitted to the hospital where you're stabilized and discharged two days later. By the time the busy intern finishes your discharge paperwork, all the shelters are full, so you're released to the street.

a) Go back to your girlfriend and risk relapse while you try to get the money to go back to Spokane
b) Do this all over again

Tailored Models of Care

Medical Respite

- Danish RCT of two week medical respite found 8515 euro savings at six months
- Edward Thomas House here in Seattle was able to successfully provide outpatient parenteral antibiotics in low barrier respite
- Boston Healthcare for the Homeless found adjusted 90 day re-admission rate cut by half

Street Medicine and Mobile Medical Clinics

- Widely vary
- Improved access to care and engagement in care

Mobile Methadone Clinics / On-Demand Buprenorphine

Local Programs

- Harborview Homeless Palliative Care
- Harborview Homeless Heart Failure Outreach Team
- Stimulant Cardiomyopathy Contingency Management Program

Tailored Models of Care

Harborview's MAX (PWH) and SHE (Safe, Healthy, Empowered) Clinics

- Improved viral suppression
- Reduced non-emergent ER care
- Engagement in care

VA Homeless PACT

- pre- vs post-enrollment reduction in ER use (-19%) and admissions (-35%)
- Prospective single-blinded study found fewer hospitalizations (23% vs 35%) in HPACT vs PACT for homeless Veterans
- Cost $10K less annually in care
- Housed 81 days faster

VA RideShare Program (ended)

- 10K Veterans involved in Homeless services used during Covid
- Lowered no-shows and improved engagement in care

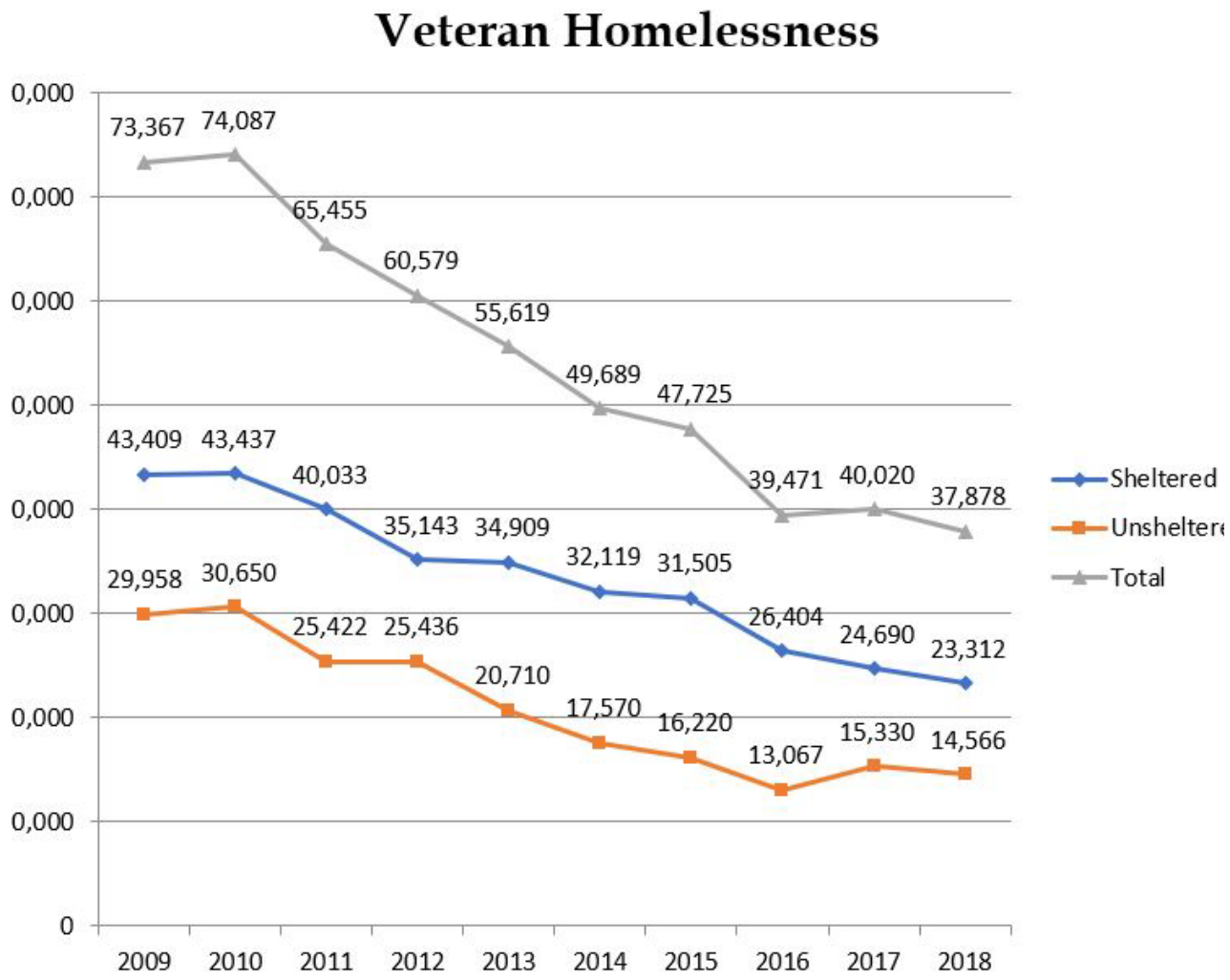
Housing

Rapid Re-Housing

- Brief intervention (rental support and case management) focused on people recently homeless and/or unlikely to need ongoing support

Permanent Supportive Housing (Housing First Model)

- Focus on providing housing without requirement for treatment participation or sobriety
- Strong evidence that people are housed more quickly and stay in housing
- Moderate evidence that ER use and hospitalizations may be reduced
- Weak evidence for effects on physical health, mental health and substance use, with exception of those living with HIV
- Significant heterogeneity in approaches



VETERAN HOMELESSNESS DROPPED BY HALF NATIONALLY

OUR ROLE

Homelessness and Health Systems

- Higher ER and re-admission rates
- Longer lengths of stay
- Difficult to safely discharge
- Moral injury and Burnout

Medicine is a social science, and politics is nothing else but medicine on a large scale.

- Rudolf Virchow, 1848

Advocacy

- Complaceny / Resignation
- This is not acceptable
- I do not accept this
- We do not accept this

Advocacy: Patient / Institution / Political

- “I don’t have a phone”
- “I can’t afford the bus fare”
- “They said I can’t have a hip replacement”
- “I don’t have anywhere to go”

QUESTIONS

Also, check out:

Outsiders Podcast from KNKX and Seattle Times

Curbsiders Episode #216 with Stefan Kertesz, MD

Stories from the Shadows by Jim O'Connell