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Benioff Homelessness and Housing Initiative

Homelessness, Health and the State Survey

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Lack of affordable housing is primary driver of homelessness

- The primary driver of homelessness is lack of access to affordable housing
- Extremely Low-income (ELI) households (making <30% AMI) at highest risk (most homelessness in those making <20%)
- 1 million unit deficit of ELI housing in CA
- CA has 24 units of ELI housing for every 100 households

National Low Income Housing Coalition. The Gap: A Shortage of affordable Homes. National Low Income Housing Coalition tabulations of 2019 American Community Survey Public Use Microdata Sample.

https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2021.pdf

Harvard Joint Center on Housing. America's Rental Market 2017

https://www.jchs.harvard.edu/sites/default/files/media/imp/harvard_jchs_americas_rental_housing_2017_0.pdf

Poor health associated with becoming homeless

- Historically excluded/oppressed populations at higher risk of poor health AND homelessness (shared risk factors)
 - Poverty, racism, GSM discrimination, incarceration, ACE and trauma are on causal pathway of BOTH homelessness and health problems
- Poor health (mental and physical) associated with becoming homeless (direct effect)
 - Loss of income/low income; disruption of relationships
- Addiction associated with homelessness (shared risk factors and direct effect)
 - ACE, trauma, incarceration contribute to risk of both addiction and homelessness
 - Addiction can disrupt social ties, income, housing

Homelessness leads to poor health

- Environmental conditions (exposures, crowding)
 - Infectious disease (COVID and others); poor hygiene
 - Sleep deprivation
 - Trauma (unintentional injuries; victimization)
 - Poor access to healthy diet
- Competing priorities/stress and negative coping behaviors
 - High rates of tobacco (limited quit)
 - Increased substance use (alcohol drugs)
 - Risky sex
 - Unsafe drug use

Poor access to ambulatory healthcare; high use of acute care

- Low access to longitudinal healthcare (primary care, mental healthcare, substance use treatment)
 - Lack of insurance, transportation, phones, time, competing priorities, stigma, mistrust
- Limited adherence to medications for chronic conditions
 - Competing priorities, cost, meds get lost/stolen
- Increased use of acute care (ED, hospital)
 - Poor health, high risk behaviors, lack of access to non-acute care
 - Co-morbid conditions; late presentation; lower admission thresholds
 - Once admitted, prolonged admissions & high readmission
 - Overreliance on institutional care

Aging of population increases urgency

- ~1/2 of single homeless adults now 50 and over
- 65 and older fastest growing group
- Homeless adults in 50s-60s have health worse than those of housed individuals 20 years older

Poor outcomes

- Elevated use of ED and inpatient hospitalization
- High readmissions (3x expected)
- Prolonged admissions
- High mortality rates
 - <45: 9x higher expected death rates
 - substance use, infections, violence
 - 45+: 4-5x higher death rates
 - cancer, heart disease, substance use

Bidirectional relationship between poor health and homelessness

- Poor health contributes to risk of homelessness & homelessness worsens health
- Use of healthcare system is chaotic & associated with worse outcomes
- Costly and ineffective

Housing First works: everyone needs housing, some need (voluntary) services

- High behavioral health needs:
 - Permanent Supportive Housing
 - Subsidized housing
 - Voluntary supportive services
 - Offered on Housing First basis
- Aging
 - Need for personal care, age-friendly housing
- Lower need
 - Vouchers



Statewide Survey

Study Aims

- Characteristics of adults experiencing homelessness in California
- What are immediate precipitants of homelessness
 - Missed opportunities for prevention
- Impact of COVID-19 pandemic on homelessness
- Barriers to Housing Exits
- Experiences while homeless

Statewide Survey



Requested by California Health and Human Services Agency Secretary Mark Ghaly



Mixed methods – we are using surveys and in-depth qualitative interviews



Created to drive policy

Community Engaged Practices

- Community Advisory Boards
 - Lived Expertise (Statewide)
 - Programmatic and Policy Advisors (State, National)
 - Learning Community (representatives from each County)

- Give input on sampling, data collection, interpretation, dissemination

Sampling Methods

- **8* Counties**

- Selected to be representative of California
- Urban, Rural, Coastal, Inland, Northern, Southern
- High and low rates of homelessness

- **300-700 participants per County**

- Selected to be representative of population of adults experiencing homelessness
- Adults (whether single or in families)

- **Sample**

- “Venue” based (shelters, encampments, free and low-cost food lines, recycling centers, McKinney Vento families)
- Additional sampling techniques for hard-to-reach populations (respondent driven sampling) (day laborers, IPV)

- **Guided by Local Experts**

- In each community, local outreach workers accompany our teams into encampments etc

- **Interviews in English and Spanish**

- Interpreters for other languages

* 9 Counties, because we will use one two-county cluster

Question Domains (partial list)

Demographics:
Race/ethnicity, gender
identity, age, living
situation, income, minor
children; employment

Duration &
characteristics of
homelessness

Precipitants/precursors
to homelessness

Mental and physical
health/Substance use
behaviors

Barriers to rehousing

Interactions with the
criminal justice system

Health care, mental
health and social
service utilization

Experiences of
discrimination; Trauma;

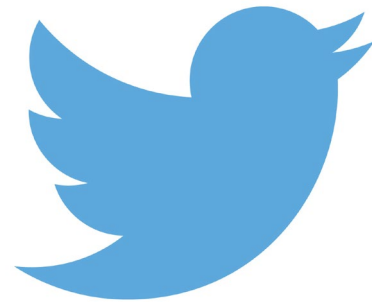
Qualitative Interviews

- Immediate precipitants of homelessness/missed opportunities (recently homeless)
 - Barriers to housing exits (all)
 - Experience of those with significant MH/SUD
 - Interpersonal Violence precipitating homelessness
 - Experience of Black Californians Experiencing Homelessness
 - Experience of Latinx Californians Exp Homelessness
 - Those with recent precipitating incarceration
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- AND Focus Groups with homeless system providers

Timeline

- Study ongoing (some pandemic related delays)
- Plan to complete data collection in mid-late Fall 2022
- Interim data analyses/report

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