Health and Housing: A Response to the Unique Needs of Hoosiers Experiencing Homelessness

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Today's Agenda

- The foundation for the Homeless Health Infectious Disease (HHID) Program
- A top-down view of Homelessness in Indiana
 - Federal definitions
 - Homelessness by the numbers
- Conditions that disproportionately affect People Experiencing Homelessness (PEH)
- Our impact
 - Infectious Disease Guidance
 - Informational webinars
 - Subject-Specific Quick Guides
- The Future of HHID



THE FOUNDATION FOR HHID

The Need

- The COVID-19 pandemic exposed and amplified the health disparities and weaknesses within our public health system that inequitably impact marginalized and underserved populations in the United States.
 - People Experiencing Homelessness (PEH) face disproportionate rates of underlying chronic health conditions such as substance use disorders, stigma, and marginalization that prevents them from receiving health and social services.
 - Insecure housing leads to an increased risk of infectious disease transmission and adverse outcomes.

Community-based agencies are uniquely qualified to inform epidemic (outbreak) risk mitigation for the specific needs of people experiencing homelessness.

- Homeless shelters have valuable lessons learned on the front lines during the COVID-19 Pandemic.
- "Building the plane as it flies"

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FEDERAL DEFINITIONS OF HOMELESSNESS

MCKINNEY-VENTO

Children and youth that lack a fixed, permanent nighttime address that is stable, safe, and secure.

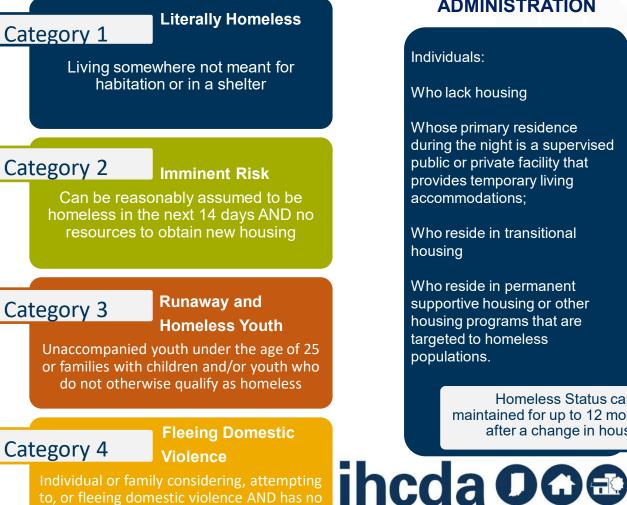
Can include those staying in shelters, places not meant for habitation, and those that are doubled up or staying with another family temporarily.



IMPORTANT NOTE

It is not your responsibility to determine the type of homelessness. If you suspect a housing crisis, refer them to the **Coordinated Entry Lead** Agency. A Coordinated Entry assessment is probably needed for households experiencing Category 1 and 4 Homelessness.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



HEALTH RESOURCES AND SERVICES ADMINISTRATION

Individuals:

Who lack housing

Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations:

Who reside in transitional housing

Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations.

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Homeless Status can be maintained for up to 12 months after a change in housing

other residence or the resources to obtain

•Point-In-Time Count (PIT):

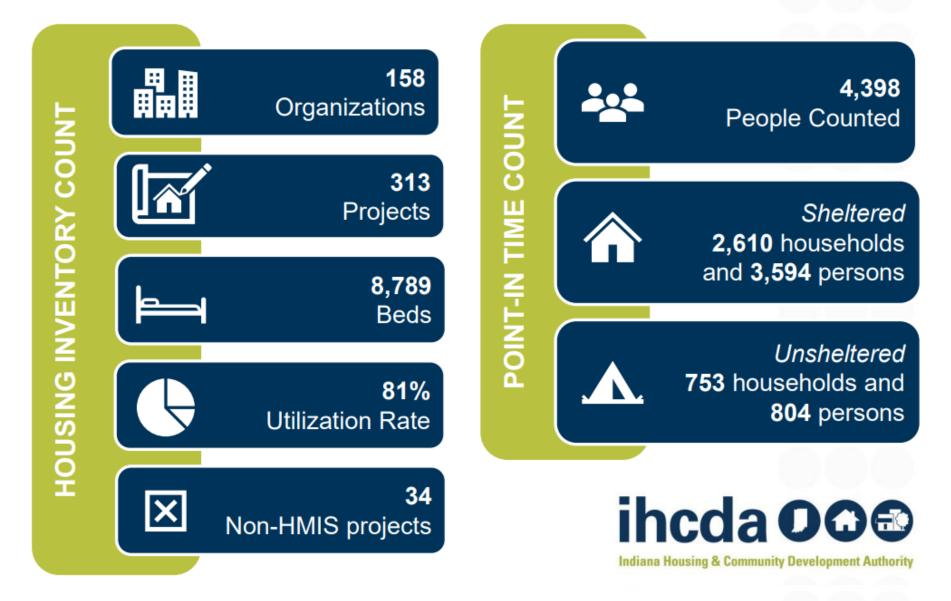
- •A count of individuals experiencing Category 1 homelessness on one night in January.
- Counts individuals experiencing HUD Category 1 Homelessness that night
- •Report released in early July every year by IHCDA
- •Report released with national numbers by HUD in December

•Housing Inventory Count (HIC):

- •Occurs on the same day as the PIT
- Counts Homeless Services Beds
 - Emergency Shelters, Rapid Re-Housing, Permanent Supportive Housing, Transitional Housing, and Safe Haven beds
- Reports available <u>here.</u>



2023 RESULTS AT FIRST GLANCE





65 out of 91 participated

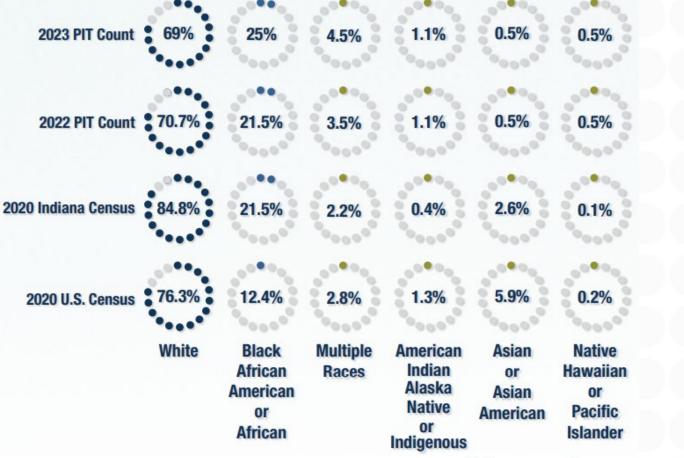


GENDER BREAKDOWN



Number of People Who Identify with Other Genders



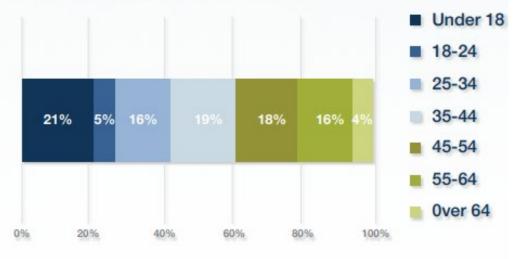


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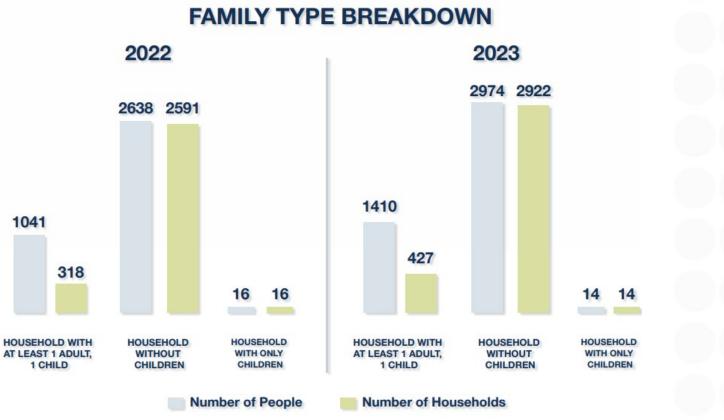
SHELTERED AND UNSHELTERED COUNT



AGE BREAKDOWN







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RISK FACTORS OF PEOPLE EXPERIENCING HOMELESSNESS

Communicable disease transmission rates are high among PEH due to multiple behavioral, social, and environmental factors. These include:

Living in crowded conditions (i.e. shelters) or visiting locations for services that may also be crowded (e.g. drop-in centers and hot meal locations)

Having limited opportunities to maintain personal hygiene and proper nutrition.

Having limited access to clean water for general use and consumption.

Suffering from a variety of chronic and acute conditions that may weaken the immune system.

Having limited access to care, which can translate into missed opportunities for vaccinations, especially among youth.

Lacking knowledge of disease outbreaks because of limited access to the internet and television.

Lacking ability to socially distance themselves in the event of an outbreak.



CONDITIONS THAT DISPROPORTIONATELY

Respiratory Illnesses:

- RSV
- Influenza
- Pneumonia
- Tuberculosis

Enteric Illnesses:

- Shigellosis
- Norovirus i.e., stomach bug

Pest–Related:

- Pediculosis (head lice, body lice)
- Scabies
- Tick-borne

Weather-related/Temperature-Related Illnesses:

- Hyperthermia and Heat Stroke: heat-related conditions
- Hypothermia and Frostbite: coldrelated conditions

Bloodborne Pathogen and Bodily Fluid Spread:

• HIV

- Hepatitis A/B/C
- Other STIs

Misc.

- Immunizations
- Nutritional issues
- Conjunctivitis
- Pain Management

Chronic Medical Conditions:

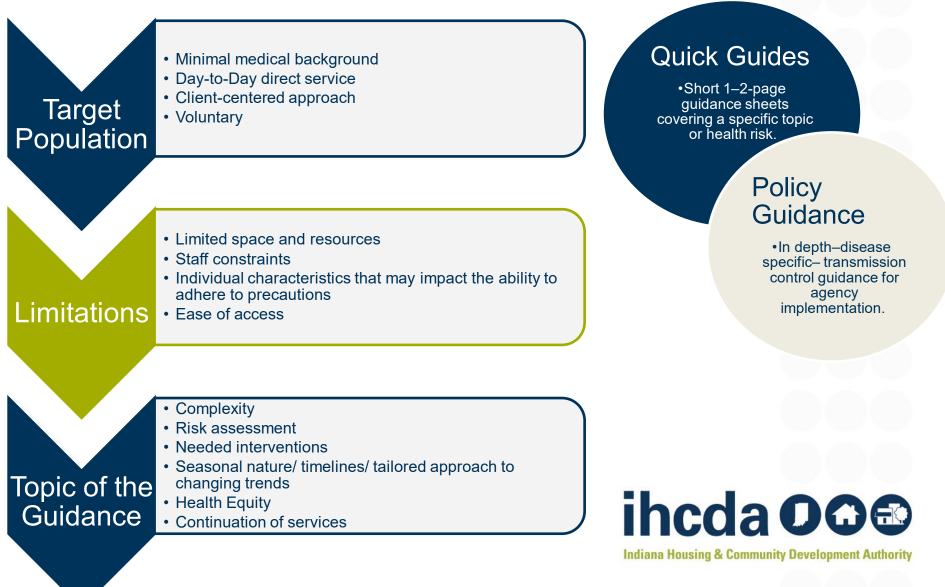
- Diabetes
- Hypertension
- Asthma

Mental Health:

- Depression
- Substance Use Disorder
- PTSD



HEALTH AND INFECTIOUS DISEASE GUIDANCE

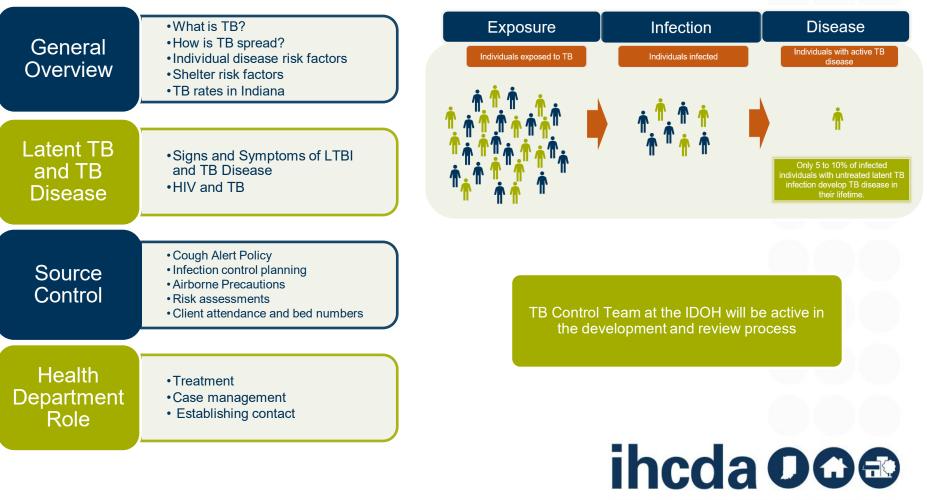


POLICY GUIDANCE FORMAT





TUBERCULOSIS GUIDANCE



SUBJECT-SPECIFIC QUICK GUIDES

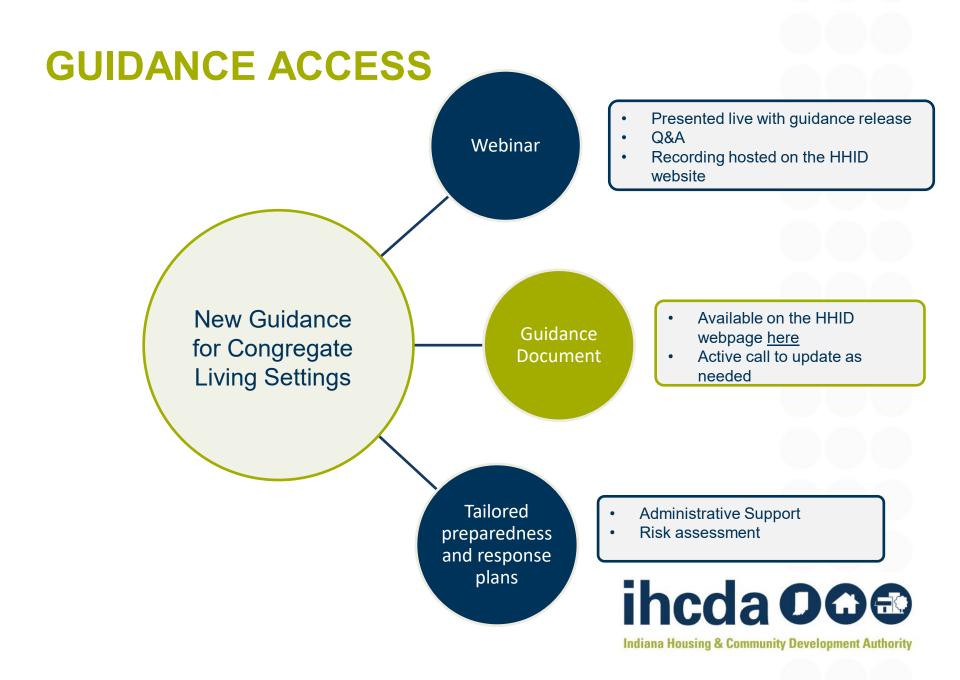
Recognizing Hypothermia and Frostbite

- Guidance for Homeless Service
 Providers
- For person(s) coming in from the cold
- Hypothermia and Frostbite Symptoms
- When medical referral is necessary

Outreach Teams : Staying Safe During Respiratory Season

- Weather clothing recommendations
- Tips for interacting with unsheltered individuals
 - Respiratory /hand hygiene
 - 1-minute Respiratory Symptom Screening Tool





The Future of HHID

Increased collaboration

- Statewide monthly health update webinar for homeless services providers
- Assisting agencies in creating individualized infection control plans
- Working with communities to increase collaboration between Health Entities and Homeless Services Networks
- Promote and Support community-led health initiatives
- Highlight inter-disciplinary opportunities for involvement such as PIT/HIC or health fairs



IHCDA BoS CoC Regional Structure can be found here.

QUESTIONS AND FINAL THOUGHTS





General Inquires – HHID@ihcda.in.gov



