

We Will Remember 2012: HOMELESS DEATH REVIEW

One hundred and forty men, women and children died in Denver in 2012, each death the result of the experience of homelessness. This report, compiled by the Colorado Coalition for the Homeless, details these deaths. All of the individuals identified here struggled against considerable odds for survival, but time on the streets contributed significantly to their passing.

Although there is no official tracking of homeless deaths in Colorado, the Coalition conducts an unofficial count through a coordinated process involving the Denver Coroner's office and more than 25 homeless service organizations in the seven-county Denver metropolitan area. This includes: medical clinicians; health care professionals; case managers; outreach and social workers; hospice, shelter and emergency service personnel; housing managers; chaplains; volunteers; and others who provide direct assistance for those that are homeless. Not all deaths are reported to the Coroner's office, so the broader involvement of homeless service providers is essential.

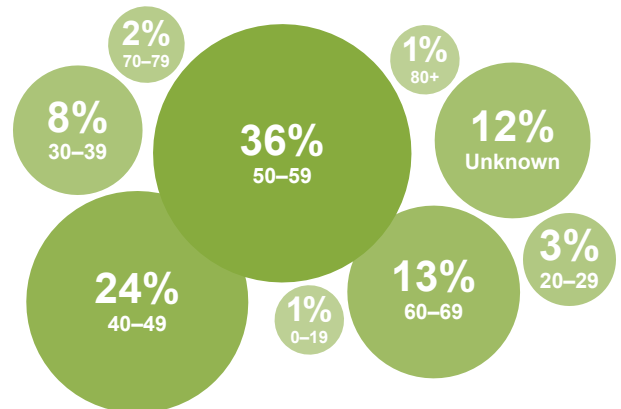
We Will Remember 2012: Homeless Death Review details the trends in deaths among the homeless population by capturing information about gender, age, housing status, type and cause of death, and health insurance status at the time of death. Each year, this information helps our community to better understand the challenges faced by individuals experiencing homelessness, in order to acknowledge those we've lost and to work to prevent such tragedies in the future.



A HEALTH PROBLEM CAN LEAD TO A DOWNWARD SPIRAL

Many people are reduced to homelessness in a downward cycle that begins with a health problem and rapidly escalates into employment, financial and housing problems. Conversely, homelessness causes medical problems, exacerbates existing illness, and complicates treatment. Without homes, people are exposed to the elements, dehydration, infectious diseases, violence, unsanitary conditions, malnutrition, trauma and addictive substances.

AGE

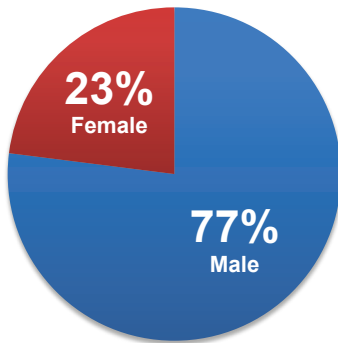


Deaths among this group ranged from newborn to 80 years with an average of 50 years of age; the highest percentage of deaths were among individuals aged 50 to 59 years.

People experiencing homelessness have three to six times the rates of serious illnesses and injuries of those who are housed. The vast majority of homeless people lack health insurance, primarily because they do not qualify for public insurance and cannot afford private insurance. For those who are insured, co-payments and the cost of prescription medications often inhibit homeless families and individuals from seeking needed medical and mental health care, thereby neglecting health concerns until they become emergencies.

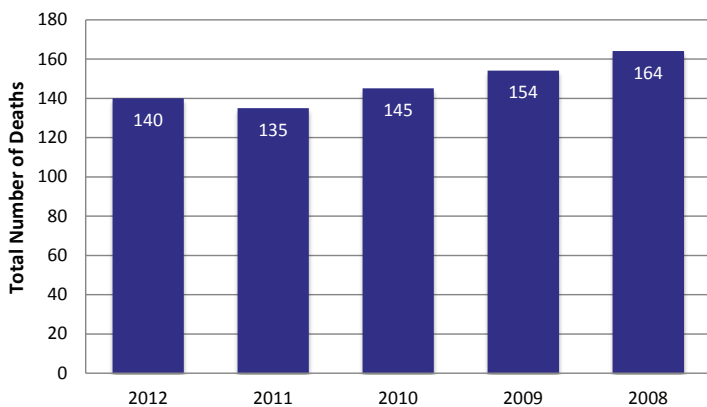
As a result of these factors, individuals experiencing frequent homelessness are three to four times more likely to die prematurely than the general population. The average life expectancy in the homeless population is estimated between 42 and 52 years, compared to 78 years in the housed population.¹

GENDER



One hundred and eight of the 140 deaths were male, 32 were female.

TOTAL NUMBER OF DEATHS



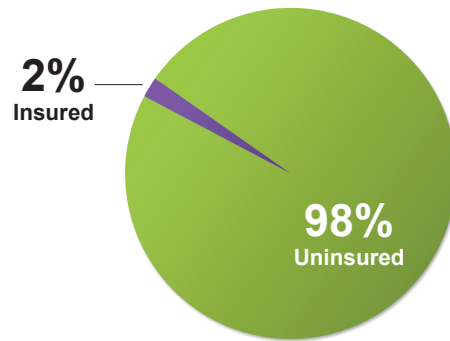
For the period of December 21, 2011 through December 19, 2012, 140 people who were homeless died in the Denver community.

IMPORTANCE OF MEDICAID

Access to primary health care, mental health care and substance treatment services are essential elements in reducing morbidity and premature mortality. Full implementation of Colorado's Medicaid expansion programs, especially for adults without dependent children, is a vital first step in creating sustainable pathways out of homelessness.

Resolving health problems is critical to resolving homelessness.

MEDICAID STATUS



Twenty-four people were enrolled in Medicaid or Medicare at the time of their death. Of those 24 people, 17 were enrolled in traditional Medicaid, meaning they were either disabled or parents of dependent children. Four were enrolled in the new Adults without Dependent Children expansion program and three were Medicare recipients. The remaining 116 people had no documentation of health coverage when they died, as compared to 15.1 percent of the general population in Colorado who are uninsured.²



HOMELESS CHILDREN

Children experiencing homelessness are sick more often than housed children; they experience high rates of acute and chronic health problems. The constant barrage of stressful and traumatic experiences also has profound effects on their development and ability to learn.

Homeless children have four times as many respiratory infections, twice as many ear infections, and are four times more likely to have asthma.

Children experiencing homelessness are four times more likely to show delayed development and twice as likely to have learning disabilities as non-homeless children.³

Poor child health also strains family resources and has the potential to push poor families deeper into poverty.

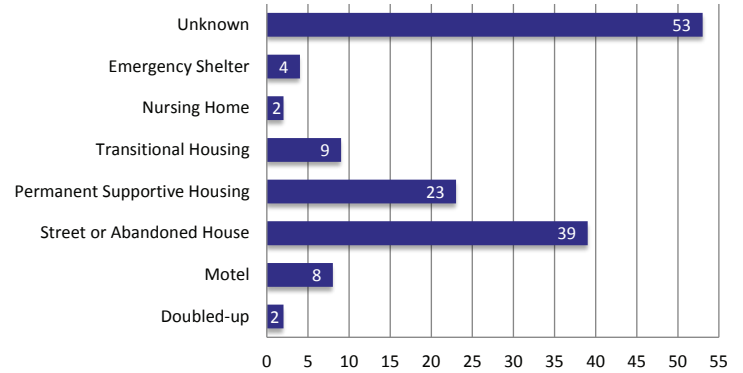


HOUSING IS HEALTH CARE

In extreme situations, many turn to emergency rooms although they are costly and inappropriate for ongoing care. Untreated addictions, as well as physical and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, incarceration, poverty, and homelessness. These are tragic outcomes for those experiencing homelessness; burdensome on health care, social service and corrections systems; and, costly to taxpayers.⁴

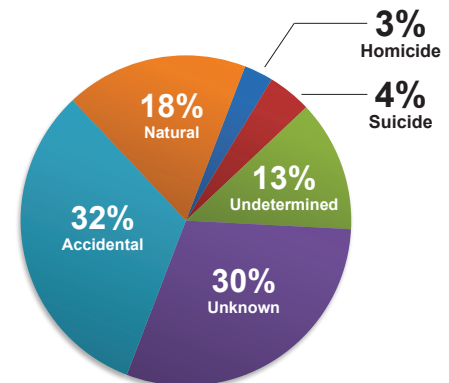
However, providing permanent supportive housing, together with access to integrated medical and behavioral health care, has been shown to increase adherence to treatment, decrease incarceration, and reduce expensive visits to emergency rooms.

HOUSING STATUS



Of the 140 deaths, 39 occurred while the person was living on the street or in an abandoned house or other structure not meant for human habitation. Twenty-three occurred while the person was living in permanent supportive housing, nine were living in transitional housing, eight were living in a motel, four people were staying in an emergency shelter, two people were living in a nursing home, two people were doubled-up and 53 were unknown.

MANNER OF DEATH



Of the 140 deaths among the homeless population, there were four homicides, six suicides, 45 deaths categorized as accidental, 25 natural, 18 undetermined and 42 unknown.



HEALING AND RECOVERY ARE NEARLY IMPOSSIBLE WITHOUT A HOME

Bed rest, healthy food, refrigeration for medications and the ability to stay out of the weather are critical to maintaining good health, but unavailable to those without homes.

For people with disabilities or serious health problems who lack stable housing, supportive housing provides an essential foundation for access to primary care and chronic disease management. Housing-based services also reduce utilization of more costly emergency, inpatient, and long term care.⁵

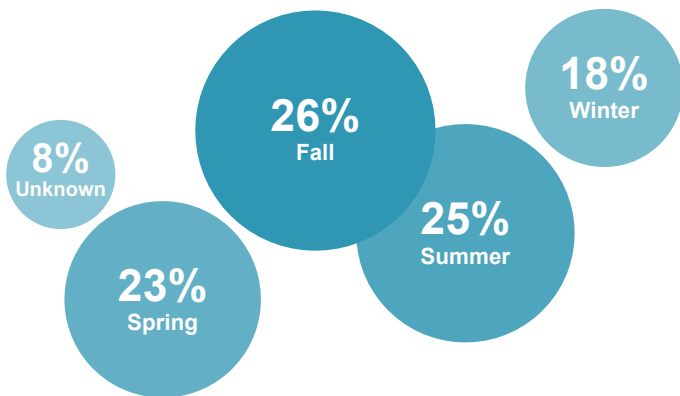


PRIMARY CAUSE OF DEATH

1. Chronic Drug and Alcohol Abuse
2. Heart Disease
3. Suicide
4. Cancer

The leading cause of death was attributed to complications from chronic drug and alcohol abuse. The second leading cause of death was heart disease. The third and fourth leading causes of death were suicide and cancer. Sixty-one of the deaths reported are classified as unknown or pending.

SEASONAL DISTRIBUTION OF DEATHS



The most deaths occurred in Fall (September 22–December 20) with 37, followed by Summer (June 21–September 21) with 36. Spring (March 20–June 20) had 32 deaths while Winter (December 21–March 19) had the least with 25. Actual dates were unknown for 10 people.

REFERENCES

- 1 National Coalition for the Homeless. (2009). Health Care and Homelessness. Available at <http://www.nationalhomeless.org/factsheets/health.html>.
- 2 Colorado Health Institute. (2012, September). Counting Colorado's Uninsured: The Latest Estimates. http://www.coloradohealthinstitute.org/uploads/downloads/counting_uninsured_ACS.pdf.
- 3 National Center on Family Homelessness. (2011). The Characteristics and Needs of Families Experiencing Homelessness. Available at <http://www.familyhomelessness.org/media/306.pdf>.
- 4 National Coalition for the Homeless. (2010). NCH Public Policy Recommendations Universal Health Care. Available at <http://www.nationalhomeless.org/factsheets/PPR/2010/9%20-%20Universal%20Health%20Care%206-10-10.pdf>.
- 5 National Healthcare for the Homeless Council. (2011). The Nexus of Health Reform, Housing & Homelessness: Recommendations for the Obama Administration from the National Healthcare for the Homeless Council. Available at <http://www.nhchc.org/wp-content/uploads/2011/10/HealthReformRecsNHCHC0108092.pdf>.



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The mission of the Colorado Coalition for the Homeless is to work collaboratively toward the prevention of homelessness and the creation of lasting solutions for homeless and at-risk families, children, and individuals throughout Colorado.

The Coalition advocates for and provides a continuum of housing and a variety of services to improve the health, well-being and stability of those it serves.

