Homelessness, Housing, and Tuberculosis: The U.S.-National Picture

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Patient RG

- Patient RG was in his late 50’s
- Homeless for over 2 years
- Used substances on and off (alcohol, previous crack-cocaine)
- Temporary, day work
- Diagnosis complicated by COPD, Diabetes, Hypertension and delayed presentation to a health care facility
- Cared for by the best providers around
  - TB CONTROL PROGRAM NURSES and DOT WORKERS
  - In the 1990’s, our TB program staff knew the small community of homeless service providers, and it was a bit easier to connect our patient with resources
- Success story!
  - Reconnected with family, found housing, treatment for substance use
Homelessness, Housing, and TB
1.5 million people in the U.S. are homeless (HUD 2014)
Nationally 7 in 10 homeless people were in shelter
The majority are NOT chronically homeless
Millions more at risk...
Profile:
Typical person who was homeless in 2014

A Man in Shelter by Himself

- 62.3% MALE / 63.9% 1-PERSON HOUSEHOLD
- 34.2% WERE AGE 31–50
- 40.6% WERE Black or African American
- 57.8% HAD No Disability
- 70.5% WERE IN A City

Prior to using a shelter, 40.7% were already homeless

26 NIGHTS SPENT IN EMERGENCY SHELTER
History of Health Care for the Homeless

- Robert Wood Johnson demonstration project led by Dr. Brickner (1984)
  - Pew Memorial Institute
  - U.S. Conference of Mayors
- TB outbreaks and HIV epidemic
- Council established (19 sites)
- Comic Relief (1986)
  - 24 sites funded by HBO
- McKinney Act Passed (1987)
  - HCH demonstration project becomes the model for the 119 sites funded
- 24 originally funded projects establish the National Health Care for the Homeless Council and hire first staff (1991)

Dr. Phil Brickner – father of HCH, seeing a patient in his SRO
NY Times, 2014

“There is no point in a doctor in a clinic telling someone to go home, elevate her leg and take antibiotics when she has no home and no money.”
National Health Care for the Homeless (1)

- Delivery of health care to persons experiencing homelessness has changed over the years

- 268 sites in 2014 delivering care to over 850,000 individuals

- Practice based research network

- Clinicians network publishing continuing medical education designed for providers of health care to the homeless

- Street clinics in over 30 metropolitan areas

- Renewed focus on behavioral health
National Health Care for the Homeless (2)

- Most common diagnoses
  - Hypertension (25%)
  - Mental Illness (35%)
  - Heart disease
  - Diabetes (9%)
  - Asthma / COPD
  - Hepatitis C (>5%)
  - HIV (3%)
  - Traumatic brain injury
  - STDs

- Barriers to care
  - Transportation
  - Need for identification
  - Access to care
  - Fear of authorities
  - Storage of medications
  - Time to be seen
  - Establishing primary health care home
  - No access to subspecialists
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MEDICAL WALK-IN UNIT
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PATIENT'S FULL NAME          PHONE NUMBER          AGE          SEX
John Doe                      N/A                      50           M

ADDRESS                      DATE
Storrow Drive Bridges         9/4/2005

RX

1 Studio Apartment

Sig: USE EVERY DAY PRN

# : 90 Days

Dr. J. O'Connell M.D.

☑ Refills 1 2 3 4 11
☐ No Refills Void After

Interchange is mandated unless the practitioner writes the words, "No Substitution" in this space.

DEA #: _______________

VALID FOR CONTROLLED SUBSTANCES

"RX" ON BACK IS PRINTED IN DISAPPEARING INK - RUB BRISKLY TO ACTIVATE
Addressing homelessness

- United States Interagency Council on Homelessness
  - Open Doors – national plan to end homelessness
  - Ending veteran homelessness
  - Ending chronic homelessness
  - Ending homelessness for families

- Advocacy
  - National Coalition for the Homeless
  - National Alliance to End Homelessness
  - National Law Center on Homelessness and Poverty
  - Faith-based agencies

- HUD
  - Housing First focus
Housing First Programs

- Housing First is the concept that housing is the intervention that will result in improving health of homeless persons.

- Housing First programs share critical elements:
  - A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible without time limits;
  - A variety of services delivered to promote housing stability and individual well-being on an as-needed basis;
  - A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

- Demonstration projects throughout have shown high (80%) retention
HOUSING IS HIV HEALTHCARE

Housing assistance is health care for people living with HIV/AIDS.

For people living with HIV, housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live.

To obtain and benefit from life-saving HIV treatments, people living with HIV must have safe, stable housing.

Lack of stable housing equals lack of treatment success:

People with HIV/AIDS who are homeless or unstably housed:

- Are more likely to enter HIV care late
- Have lower CD4 counts and higher viral loads
- Are less likely to receive and adhere to antiretroviral therapy
- Are more likely to be hospitalized and use emergency rooms
- Experience higher rates of premature death

Housing status has more impact on health outcomes than demographics, drug and alcohol use, and psychological factors.
What about TB?

Outbreaks involving persons staying at overnight homeless facilities continue to challenge TB control efforts.

Uptake of administrative infection-control measures has been variable.
Percentage of TB Cases Among Foreign-born Persons, United States*

*Updated as of June 5, 2015.

2004

2014

- ≥50%
- 25%–49%
- <25%
- No cases

*Updated as of June 5, 2015.
TB Cases by Residence in Correctional Facilities, Age ≥15, United States, 1993-2014*

*Updated as of June 5, 2015.
Note: Resident of correctional facility at time of TB diagnosis.
TB Cases Reported as Homeless in the 12 Months Prior to Diagnosis, Age ≥15, United States, 1993-2014*

*Updated as of June 5, 2015.
Note: Homeless within past 12 months of TB diagnosis.
What about TB?

- Even one TB case among persons experiencing homelessness requires human and other resources
  - Takes away from the preventive work—treating TB Infection
  - Contact investigations are challenging and time intensive

- At least one of three genotypically-matched cases in a geographic area who report homelessness or incarceration is most predictive of an outbreak

- Outbreaks involving persons staying at overnight homeless facilities continue to challenge TB control efforts
  - Uptake of administrative infection-control measures variable
  - Key partnerships may not be established
  - Resistant shelters because TB control efforts are either affecting their belief structure regarding helping the population or their bottom line
TB risk among homeless persons

- Persons experiencing homelessness have a TB case rate of **45 per 100,000**
- 10x higher (at least) than the general population
  - Some jurisdictions report case rates as high as 200 per 100,000

- **Not all risk is equally distributed**
  - Use of large shelters
  - Chronically homeless
  - HIV infection (often untreated)
  - Chronic illnesses (untreated)
  - Substance use
  - In and out of correctional facilities
TB Screening and Treatment

- Health Care for the Homeless providers varying engagement in TB control activities
  - Screening for TB disease?
  - Testing for TB infection?
  - Treating TB infection?

- Shelters with varying engagement in educating staff and clients
  - Screening before entrance?

- Relationship between the health department and homeless service agencies
  - Cooperative or non-existent?
What can we do?

- CDC is engaged through a Homeless Workgroup
- NTCA renewed focus on this topic
- Engaging other federal agencies in raising awareness regarding TB
  - Webinars
  - Fact sheets
  - Linking homeless service agencies to their local TB programs
- One of the most important first steps was a CDC-sponsored workshop that was held in September 2015
Homeless and TB Workshop
September 28–29, 2015

- Mission: To discuss and understand barriers and solutions for the implementation of infection-control measures in overnight homeless facilities.

- Objectives included understanding barriers to implementing administrative controls
  - Working toward identifying priority activities toward better TB control among persons experiencing homelessness
  - Balancing priorities homeless service agencies have regarding ending homelessness and providing safe environments

Coordinated by Krista Powell OIT Team Lead (SEOIB), Division of TB Elimination, CDC
Invitees

- TB programs, overnight homeless facilities, other services-providers, & national & federal partners
- 14 states and District of Columbia
  - Alaska
  - Arizona
  - California
  - Colorado
  - Florida
  - Georgia
  - Illinois
  - Massachusetts
  - Michigan
  - Mississippi
  - New York City
  - Tennessee
  - Texas
  - Washington
Invitees

- National & federal partners
  - National Health Care for the Homeless Council
  - United States Interagency Council on Homelessness
  - National Alliance to End Homelessness
  - National Coalition for the Homeless
  - Health Resources & Services Administration (HRSA)
  - Substance Abuse & Mental Health Services Administration (HRSA)
  - Housing & Urban Development (HUD)
  - National TB Controllers Association
  - Stop TB USA
  - The Salvation Army (national HQ)
  - Catholic Charities USA (national HQ)
What can we do?

- Our next steps:
  - Establishing best practices
    - Not enough evidence to rewrite guidelines, but our primary goal is updating 1992 MMWR guidelines
  - Providing important resources for programs
    - RTMCCs – particularly Curry Center products
      - Shelter guidance
      - TB Programs have written comprehensive plans
      - Contact investigation advice
      - Data management
  - Building relationships with national partners
    - How do we establish better shelter standards that can be more universally adopted?

What else can programs do?
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Housing status has more impact on health outcomes than demographics, drug and alcohol use, and medical comorbidities. 

1. National AIDS Housing Coalition (NAHC)
2. Housing is Health Institute (HIH)
What can we do?

- Share your experience (publish, educate, assist)
- Know your resources (or who to call/email)
- Document severity of illness
  - Fill out paperwork or find someone who will
- Practice engagement in all settings, opportunities
- Advocate
- Connect and coordinate with community providers of homeless to others doing the same work:
  - Your local HCH grantee
  - Your local HUD Continuum of Care
  - Substance use treatment programs
  - Correctional facility health staff
  - Shelter program managers
Map of Respite Care Programs

Curry Center Toolkit

HCH Programs across the country

“TB is a serious health concern for people experiencing homelessness and those working with homeless populations. TB rates are 10 times higher for people experiencing homelessness. Of the patients involved in TB outbreaks investigated by the Centers for Disease Control and Prevention (CDC) in 2010-2012, over half did not have a place to call home.”
Final thoughts….

Pt RG, said, “Doc, getting TB was the best thing that happened to me…”

We hope no one will get TB, certainly, those most vulnerable suffer even more when they are struggling to find a place to sleep, eat, remain safe.

Let “getting TB” be the best thing that ever happened to our patients!
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