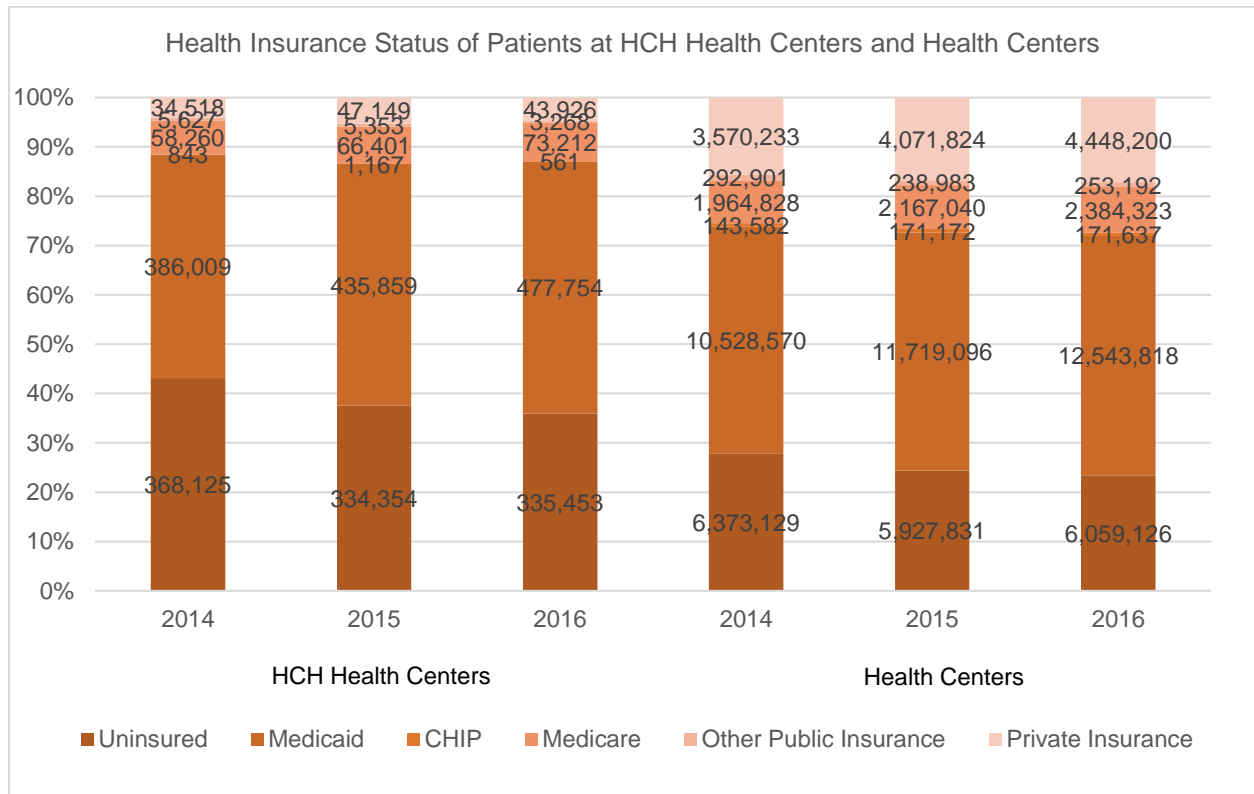


HEALTH CARE OF HOMELESS INDIVIDUALS

FACT SHEET – 2016

Health Centers serve a critical role in providing health care for homeless individuals and other low-income individuals. During 2014, 1.15 million homeless people among 22.9 million people were seen at Federally Qualified Health Centers (“Health Centers”) for medical care, dental care, and other health care, including 813,331 homeless people at Health Care for the Homeless Program Grantee Health Centers (“HCH Health Centers”).¹ In 2015, the number of homeless patients and total patients increased with 1.19 million homeless people among 24.3 million people seen at Health Centers, including 840,130 homeless people at HCH Health Centers.² In 2016, the number of homeless patients and total patients increased again with 1.26 million homeless people among 25.8 million people seen at Health Centers, including 886,576 homeless people at HCH Health Centers.³

Without Health Centers and HCH Health Centers, millions of homeless and low-income people may not have any way to seek treatment for chronic and serious health conditions before they become acute emergencies and possibly too late for life-saving treatment because most of them have little income and many of them have no health insurance. At Health Centers, 71% of the patients had income below the federal poverty level and 28% were uninsured in 2014, 71% of the patients had income below the federal poverty level and 24% were uninsured in 2015, and 70% of the patients had income below the federal poverty level and 23% were uninsured in 2016. These percent values are even higher for homeless patients. At HCH Health Centers, when homeless patients constituted 95% of the total patients in 2014, 89% of the patients had income below the federal poverty level and 43% were uninsured, when homeless patients constituted 94% of the total patients in 2015, 88% of the patients had income below the federal poverty level and 38% were uninsured, and when homeless patients constituted 95% of the total patients in 2016, 85% of the patients had income below the federal poverty level and 36% were uninsured.



At Health Centers, a total of 6.3 million patients were uninsured in 2014, a total of 5.9 million patients were uninsured in 2015, and a total of 6.1 million patients were uninsured in 2016. At HCH Health Centers, 368,000 patients were uninsured in 2014, 334,000 patients were uninsured in 2015, and 335,000 patients were uninsured in 2016.

The services that Health Centers must provide and that HCH Health Centers do provide are critically important for homeless patients because as this factsheet illustrates hundreds of thousands of homeless people have chronic conditions and other life-threatening or serious conditions that require prompt and consistent care and, in some cases, are disproportionately at risk of contracting severe and deadly diseases and illnesses.

Because of the life-endangering nature of so many illnesses and health conditions, it is crucial to assess whether homeless patients are receiving prompt and life-saving diagnosis and treatment. This factsheet includes the current reported state of diagnosis and treatment of homeless patients for twelve of these chronic and other life-threatening or serious conditions.

HIV/AIDS

Homeless and other Health Center patients appear to not be receiving HIV testing and prompt access to care as recommended.

- **Diagnosis:** Although studies of routine testing indicate that Health Centers have undiagnosed HIV patients and routine testing can reduce the number of undiagnosed HIV-positive patients at Health Centers,⁴ less than 12% of medical patients at HCH Health Centers and less than 7% of medical patients at all Health Centers received an HIV test in 2016, similar to 2014 and 2015. In addition, although the Healthy People 2020 Target is for a 26% reduction in the number of persons newly diagnosed with HIV from 2010 to 2020,⁵ there has been less than 1% reduction in the number of persons newly diagnosed with HIV from 2014 to 2016 at Health Centers.
- **Treatment:** Patients with HIV or AIDS are not receiving prompt access to care upon diagnosis at Health Centers compared to the recommended level. Instead of the recommended level of 85%,⁶ only 83.2% of the 8,171 patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year were seen for follow-up treatment within 90 days of that first ever diagnosis in 2016.

This early access to care is important because if patients are seen for follow-up care within ninety days of initial HIV diagnosis, then the probability of HIV-related complications and transmission of disease are reduced.⁷ More patients should be tested for HIV and all patients with HIV/AIDS should receive follow-up care regardless of the Health Center or their health insurance status.

HIV/AIDS Diagnosis & Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Diagnosis: HIV Tests				
2014	1,194,684	6.1%	81,914	11.7%
2015	1,297,113	6.3%	80,704	11.2%
2016	1,422,586	6.5%	87,221	11.5%
Patients with HIV/AIDS	Number	Percent	Number	Percent
2014	134,540	0.7%	12,811	1.8%
2015	154,994	0.8%	13,566	1.9%
2016	158,323	0.7%	13,972	1.8%
Patients First Diagnosed with HIV	Number	Percent		
2014	8,233	0.04%		
2015	8,912	0.04%		
2016	8,171	0.04%		
Treatment: HIV Linkage to Care	Number	Percent		
2014	6,363	77.3%		
2015	6,660	74.7%		
2016	6,796	83.2%		

Notes: The percent of patients who received an HIV Test, the percent of patients with HIV/AIDS, and the percent of patients first diagnosed with HIV are the number of patients who received an HIV test, who were diagnosed with HIV/AIDS, or who were first diagnosed with HIV out of all of the medical patients.

CANCER

Homeless and other Health Center patients appear to not be receiving cancer screening and diagnosis as recommended.

- **Breast Cancer Screening:** Although the U.S. Preventive Services Task Force recommends that all women ages 50 to 75 have a mammogram every two years and that some women between the ages of 40 to 50 also should have a mammogram every two years⁸ and the Healthy People 2020 goal is that 81.1% of women ages 50 to 74 receive a mammogram within the past two years,⁹ only 14.7% and 16.1% of female patients ages 50 to 74 received a mammogram at HCH Health Centers and at all Health Centers in 2016, similar to 2014 and 2015.
- **Cervical Cancer Screening:** Although the Healthy People 2020 goal is that 93.0% of women ages 21 through 64 receive a Pap Test in the past three years,¹⁰ only 54.4% of female patients ages 24 through 64 at all Health Centers had at least one Pap test performed during the measurement year or during one of the previous two years with only approximately 15% receiving a Pap Test at HCH Health Centers and only approximately 20% receiving a Pap Test at all Health Centers in 2016, with slightly less in 2014 and 2015.
- **Colorectal Cancer Screening:** Although the Healthy People 2020 goal is that 70.5% of the adults ages 50 through 74 receive colorectal cancer screening,¹¹ only 39.9% of patients ages 50 through 74 received appropriate colorectal cancer screening at all Health Centers in 2016, slightly higher than in 2014 and 2015.

Regular breast cancer and mammography screening is important because it lowers the risk of death from breast cancer as it improves earlier discovery of the disease while it is more treatable and has not spread.¹² Recommended Pap tests for cervical cancer screening is important because early detection and treatment of abnormalities can occur and women will be less likely to suffer adverse outcomes from HPV infection and cervical cancer.¹³ Colorectal cancer screening for patients 50 to 75 years old is important because then early intervention is possible and premature death can be avoided.¹⁴ When the risk of death and other adverse outcomes from breast cancer, cervical cancer, and colorectal cancer is or may be reduced by mammography screening, Pap Test screening, and colorectal cancer screening, all patients should be screened according to the U.S. Preventive Services Task Force Guidelines regardless of the Health Center or their health insurance status. In addition, all homeless persons with cancer should be able to receive treatment for cancer regardless of the Health Center or their health insurance status.

Cancer Diagnosis at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Mammogram				
2014	470,976	15.5%	16,733	16.4%
2015	521,568	16.1%	17,126	15.5%
2016	561,269	16.1%	17,567	14.7%
Abnormal Breast Findings, Female	Number	Percent	Number	Percent
2014	109,655	3.6%	3,336	3.3%
2015	121,754	3.8%	3,686	3.3%
2016	108,729	3.1%	3,246	2.7%
Pap Test	Number	Percent	Number	Percent
2014	1,750,863	20.1%	44,653	14.3%
2015	1,863,957	20.4%	45,311	13.8%
2016	1,951,006	20.2%	52,591	15.1%

HEALTH CARE OF HOMELESS INDIVIDUALS FACT SHEET – 2016

Abnormal Cervical Findings	Number	Percent	Number	Percent
2014	149,768	1.7%	5,049	1.6%
2015	160,369	1.8%	4,904	1.5%
2016	168,903	1.8%	5,091	1.5%
Cervical Cancer Screening	Number	Percent		
2014	3,421,045	56.3%		
2015	3,558,415	56.0%		
2016	3,655,375	54.4%		
Colorectal Cancer Screening	Number	Percent		
2014	1,523,524	34.5%		
2015	1,803,514	38.3%		
2016	2,047,900	39.9%		

Notes: The percent of patients who received a mammogram and have abnormal breast findings are the percent of female patients ages 50 through 74 who had a mammogram or abnormal breast findings, respectively. The percent of patients who had a Pap Test or Abnormal Cervical Findings are the percent of female patients ages 18 through 64 who had a Pap Test or Abnormal Cervical Findings, respectively. Cervical Cancer Screening = the percent of female patients aged 24 - 64 who had at least one Pap test performed during the measurement year or during one of the previous two years. Colorectal Cancer Screening = the percent of patients ages 51 through 74 years of age during measurement year (on or prior to December 31) with appropriate screening for colorectal cancer.

CHRONIC LIVER DISEASE

Homeless and other Health Center patients appear to not be receiving Hepatitis B and C screening and diagnosis as recommended.

- Hepatitis B and C Diagnosis: Although the Healthy People 2020 goal for Hepatitis C screening and diagnosis is that 60.0% of people with chronic Hepatitis C are aware of their status,¹⁵ less than 9% and less than 5% of patients ages 18 through 64 at HCH Health Centers and at all Health Centers were tested for Hepatitis C in 2016, slightly higher than in 2014 and 2015. Likewise, less than 6% and less than 4% of patients ages 18 through 64 at HCH Health Centers and at all Health Centers were tested for Hepatitis B in 2016, slightly higher than in 2014 and 2015.

Many homeless individuals are at high risk of being infected with hepatitis and are not aware they are infected and screening of all individuals increases the percentage of individuals who are diagnosed with Hepatitis B and C and may be able to start the life-saving treatment.¹⁶ As many homeless patients are unaware of their infection and diagnosed patients can start life-saving treatment that can cure the disease and prevent cirrhosis, liver cancer, and liver failure, all homeless persons should have access to testing and should have access to treatment for Hepatitis B and C unless they have short life expectancies that cannot be remediated by treatment, regardless of the Health Center or their health insurance status.¹⁷

Hepatitis B and C Diagnosis at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Hepatitis B Test				
2014	359,714	2.6%	29,438	4.1%
2015	436,665	3.0%	36,812	4.7%
2016	558,040	3.6%	41,748	5.4%
Hepatitis C Test				
2014	387,597	2.8%	38,724	5.4%
2015	527,431	3.6%	51,585	6.6%
2016	695,822	4.4%	62,975	8.2%
Patients Diagnosed with Hepatitis B				
2014	28,337	0.2%	1,739	0.2%
2015	38,931	0.3%	2,005	0.3%
2016	46,342	0.3%	2,538	0.3%
Patients Diagnosed with Hepatitis C				
2014	167,816	1.2%	26,285	3.7%
2015	197,516	1.3%	29,907	3.8%
2016	206,587	1.3%	31,925	4.2%

Notes: The percent of patients who received a Hepatitis B or C Test or Who were Diagnosed with Hepatitis B or C is the number of patients tested or diagnosed out of all patients ages 18 through 64.

DIABETES

Homeless and other Health Center patients appear to not have diabetes diagnosis and treatment as recommended.

- **Diagnosis:** Although 9.4% of people nationwide have diabetes and 12.3% of adults ages 20 and older nationwide have diabetes and 23.8% of people with diabetes are undiagnosed¹⁸, less than 12% of medical patients were diagnosed with diabetes mellitus at HCH Health Centers or at all Health Centers in 2016 and only 12% of patients ages 18 to 75 were diagnosed with Type I or Type II diabetes at all Health Centers in 2016, similar to the prior two years.
- **Treatment:** Patients with diabetes are not achieving adequate control of their diagnosis compared to the recommended level. While the Healthy People 2020 Goal is that only 16.2% of adults age 18 or older with diagnosed diabetes have an HbA1c > 9% and 20.5% of adults age 18 or older with diagnosed diabetes nationwide had an HbA1c value > 9% in 2011-2014,¹⁹ 32.1% of adults age 18 to 75 had an HbA1C of > 9% or no test result at all Health Centers in 2016, slightly higher than in 2014 and 2015.

As individuals at Health Centers without known diabetes and who had not received a diabetes screening test in the past twelve to eighteen months and who were ineligible for diabetes screening according to the American Diabetes Association Guidelines or the U.S. Preventive Services Task Force Guidelines were found to have diabetes and prediabetes²⁰ and having controlled diabetes reduces the likelihood of complications, such as organ failure, amputations, blindness, and death,²¹ universal application of routine screening should be available so that all homeless patients with diabetes and prediabetes can be diagnosed and all homeless patients with diabetes should have access to diabetes medications to control diabetes regardless of the Health Center or their health insurance status.

Diabetes Diagnosis and Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Patients Diagnosed with Diabetes Mellitus				
2014	2,005,338	10.3%	78,374	11.2%
2015	2,118,178	10.3%	84,975	11.8%
2016	2,283,360	10.4%	87,495	11.5%
Patients Ages 18 to 75 Diagnosed with Diabetes				
	Number	Percent		
2014	1,637,436	10.8%		
2015	1,737,060	10.8%		
2016	2,071,326	12.1%		
Diabetes Control				
	Number	Percent		
2014	510,880	31.2%		
2015	517,644	29.8%		
2016	664,896	32.1%		
Notes: The percent of Patients Diagnosed with Diabetes Mellitus is the number of patients diagnosed with diabetes mellitus out of all medical patients. The percent of Patients Age 18 to 75 Diagnosed with Diabetes is the number of patients age 18 to 75 diagnosed with Type I or Type II diabetes out of all patients between the ages of 18 and 75. Diabetes control = the number and percent of patients age 18 to 75 diagnosed with Type I or Type II diabetes with Hba1c > 9% or no test.				

CARDIOVASCULAR DISEASE

Homeless and other Health Center patients appear to not have cardiovascular disease diagnosis and treatment as recommended.

- **Blood Pressure:** Although the Healthy People 2020 goal for blood pressure measurement is that 92.6% of adults will have their blood pressure measured within the preceding two years and can state whether their blood pressure is high or normal and 29% of adults age 18 and older nationwide have high blood pressure,²² only 25% of patients at all Health Centers between the ages of 18 and 85 were diagnosed with high blood pressure and the number of patients diagnosed with high blood pressure is only 21% of the patients between the ages of 18 and 85 at HCH Health Centers. Health Centers are meeting the recommended level of blood pressure control. For blood pressure control, the Healthy People 2020 Goal is that 61.2% of adults age 18 or older with high blood pressure have it under control²³ and 62.4% of patients at all Health Centers have their blood pressure under control in 2016, slightly less than in 2014 and 2015.
- **Heart Disease/Cholesterol and Lipid Therapy and Aspirin or Other Antithrombotic Therapy:** Although the Healthy People 2020 goals for adults who have had their blood cholesterol measured in the preceding five years is 82.1%²⁴ and 6.0% of adults nationwide have coronary heart disease and 11.9% of adults nationwide have high blood cholesterol levels²⁵, only 1.7% of adult patients at all Health Centers were diagnosed with Coronary Artery Disease in 2016 and only 79.5% of these patients were prescribed lipid therapy to lower their cholesterol levels in 2016, slightly higher than 2014 and 2015. Health Centers are meeting the recommended level of ischemic vascular disease control. Although 49.7% of adults nationwide are aware of the early warning symptoms and signs of a heart attack²⁶ and 6.0% of adults nationwide have coronary heart disease, meaning they were told by a health professional they had angina or coronary heart disease or that they had a heart attack or myocardial infarction, only 1.7% of adult patients were diagnosed with coronary artery disease and only 3.0% of adult patients were diagnosed with ischemic vascular disease or an AMI, CABG, or PTCA procedure at all Health Centers in 2016, similar to 2014 and 2015. The Healthy People 2020 recommended level for use of aspirin or other antiplatelet therapy in adults with a history of cardiovascular disease to prevent recurrent cardiovascular events is 52.1% and 76.8% and 78.0% of patients with ischemic vascular disease at all Health Centers have received aspirin or other antithrombotic therapy in 2013 and 2014.

As many adults without symptoms of coronary heart disease have an increased risk for coronary heart disease,²⁷ and as blood pressure control, heart attack/stroke treatment, and cholesterol treatment can reduce the likelihood of heart attacks, other vascular events, and coronary artery disease events,²⁸ regardless of the Health Center or their health insurance status, all homeless patients with hypertension should have their blood pressure controlled through medication or other means, all homeless patients age 40 to 79 should be screened for coronary heart disease and all homeless patients with ischemic vascular disease should receive aspirin or another anti-thrombotic drug to prevent heart attacks and other vascular events if the heart attack or stroke benefit outweighs the risk of gastrointestinal bleeding, and all homeless patients ages 20 to 35 should be screened for high cholesterol if they are at increased risk for coronary heart disease and all patients aged 35 and older should be screened for high cholesterol and all homeless patients with high cholesterol should be able to receive lipid-lowering medication.

Cardiovascular Disease Diagnosis and Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Patients Diagnosed with Hypertension				
2014	3,083,149	19.8%	157,026	21.0%
2015	3,226,170	19.5%	165,069	21.2%
2016	4,335,639	24.5%	174,166	21.4%
Hypertensive Patients with Controlled Blood Pressure	Number	Percent		
2014	1,963,966	63.7%		
2015	2,058,296	63.8%		
2016	2,450,081	62.4%		
Patients Diagnosed with Heart Disease (selected)	Number	Percent	Number	Percent
2014	639,639	4.1%	26,369	3.5%
2015	682,510	4.1%	28,124	3.6%
2016	710,638	4.0%	28,276	3.5%
Patients Diagnosed with Coronary Artery Disease	Number	Percent		
2014	268,518	1.7%		
2015	273,330	1.6%		
2016	294,113	1.7%		
Coronary Artery Disease: Lipid Therapy	Number	Percent		
2014	210,551	78.4%		
2015	212,858	77.9%		
2016	233,693	79.5%		
Patients Diagnosed with IVD or AMI, CABG, or PTCA Procedure	Number	Percent		
2014	436,419	2.8%		
2015	491,738	2.9%		
2016	539,713	3.0%		
Ischemic Vascular Disease: Aspirin or Other Antithrombotic Therapy	Number	Percent		
2014	335,367	76.8%		
2015	383,471	78.0%		
2016	423,148	78.4%		
<p>Notes: For patients diagnosed with hypertension, the number and percent of patients at all Health Centers diagnosed with hypertension are between the ages of 18 to 85 and the percent of patients at HCH Health Centers are the percent of patients diagnosed with hypertension of the patients ages 18 to 85. Hypertensive Patients with Controlled Blood Pressure include patients ages 18 to 85 diagnosed with hypertension whose last blood pressure was less than 140/90. For patients diagnosed with heart disease (selected), the number is the total number of patients diagnosed with heart disease (selected) while the percent is the number of patients diagnosed with heart disease (selected) compared to all patients ages 18 to 85. Patients diagnosed with Coronary Artery Disease include patients ages 18 and older diagnosed with Coronary Artery Disease. Lipid Therapy = the estimated number and percent of patients aged 18 and older with a diagnosis of Coronary Artery Disease who were prescribed a lipid lowering therapy. Patients diagnosed with IVD or AMI, CABG, or PTCA Procedure include patients ages 18 and older with a diagnosis of IVD or AMI, CABG, or PCI Procedure. Aspirin or Other Antithrombotic Therapy = the estimated number and percent of patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy.</p>				

ASTHMA

Some homeless and other Health Center patients appear to not have asthma diagnosis and treatment.

- **Diagnosis:** Although 7.8% of people nationwide have asthma,²⁹ less than 7% of medical patients at HCH Health Centers and less than 6% of medical patients at all Health Centers were diagnosed with asthma in 2016, similar to 2014 and 2015. Also, while 4.9% of people nationwide have persistent asthma,³⁰ only 3.3% and 2.6% of patients age 5 to 40 were diagnosed with persistent asthma at all Health Centers in 2014 and 2015 and only 1.8% of patients age 5 to 64 were diagnosed with persistent asthma at all Health Centers in 2016.
- **Treatment:** While the Centers for Disease Control recommends that all people with asthma should have an asthma management plan³¹ and the Healthy People 2020 Goal is the reduction of emergency department visits per 10,000 persons age 5 through 64 to 49.6,³² 80.8% and 84.1% of patients age 5 to 40 diagnosed with persistent asthma in 2014 and 2015 and 87% of patients age 5 to 64 diagnosed with persistent asthma in 2016 had been prescribed appropriate medication therapy. Of the patients at all Health Centers with persistent asthma who are age 5 through 64, the Healthy People 2020 Goal of 49.6 per 10,000 should result in only 1,850 emergency department visits, which is much lower than the 47,106 patients with persistent asthma age 5 through 64 who were not prescribed appropriate medication therapy at all Health Centers in 2016, similar to, albeit somewhat less than, the 74,672 and 52,097 patients not prescribed medication in 2014 and 2015.

Receiving asthma pharmacologic therapy is important because if patients with persistent asthma are provided with appropriate pharmacological therapy, then they will be less likely to have asthma attacks and less likely to develop asthma-related complications including death.³³ As homeless patients are exposed to environmental conditions that increase the risk of asthma³⁴ and are not diagnosed with asthma and patients with persistent asthma who are provided with appropriate pharmacological therapy are less likely to have asthma attacks and less likely to die and develop other asthma-related complications, all homeless patients should be assessed for asthma and all homeless patients with persistent asthma should have access to prescribed inhaled corticosteroids or an approved alternative pharmacologic therapy regardless of the Health Center or their health insurance status.

Asthma Diagnosis and Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Patients Diagnosed with Asthma				
2014	1,137,617	5.8%	47,590	6.8%
2015	1,190,679	5.8%	49,627	6.9%
2016	1,196,242	5.5%	47,308	6.2%
Patients with Persistent Asthma				
	Number	Percent		
2014	388,135	3.3%		
2015	328,688	2.6%		
2016	373,158	1.8%		
Asthma Treatment Plan				
	Number	Percent		
2014	313,463	80.8%		
2015	276,591	84.1%		
2016	326,052	87.4%		
Notes = Percent of Patients Diagnosed with Asthma is the number of patients diagnosed with asthma out of all of the medical patients. Percent of Patients with Persistent Asthma is the number of patients age 5 to 40 diagnosed with persistent asthma out of all patients age 5 to 40 for 2014 and 2015 and the number of patients age 5 through 64 diagnosed with persistent asthma out of all patients age 5 through 64 for 2016. Asthma Treatment Plan = the number and percent of patients diagnosed with asthma who have an acceptable pharmacological treatment plan who are age 5 through 40 for 2014 and 2015 and who are age 5 through 64 for 2016.				

CHRONIC LOWER RESPIRATORY DISEASES

Some homeless and other Health Center patients appear to not be diagnosed with chronic lower respiratory diseases such as chronic bronchitis and emphysema.

- **Diagnosis:** Although 6.4% of adults age 18 or older have been told by a health professional that they have chronic obstructive pulmonary disease (COPD) and 15 percent of homeless adults in a study had COPD,³⁵ 4% of adult patients age 18 or older were diagnosed with chronic bronchitis and emphysema at HCH Health Centers and at all Health Centers in 2016, slightly more than in 2014 and 2015.

As homeless adults with and without respiratory symptoms had COPD but were previously undiagnosed and as diagnosis and treatment of chronic lower respiratory diseases such as chronic bronchitis and emphysema is important to prevent death and other breathing-related difficulties,³⁶ regardless of the Health Center or their health insurance status, all homeless patients should at least be screened with questions to assess chronic respiratory symptoms and for other risk factors, such as history of asthma or childhood respiratory infections, alpha-1 antitrypsin deficiency, smoking history, and occupational environment, and all homeless patients with chronic respiratory symptoms or other risk factors should be diagnosed with spirometry testing. All homeless patients diagnosed with chronic bronchitis or emphysema should be linked to care.

Chronic Lower Respiratory Diseases Diagnosis at Health Centers and HCH Health Centers				
Patients Diagnosed with Chronic Bronchitis and Emphysema	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
2014	335,692	2.1%	14,031	1.9%
2015	499,591	3.0%	22,776	2.9%
2016	742,256	4.2%	33,794	4.1%
Notes: The number of patients diagnosed with chronic bronchitis or emphysema is the total number of patients diagnosed. The percent of patients diagnosed with chronic bronchitis or emphysema is the number of patients diagnosed out of all adults age 18 or older.				

TUBERCULOSIS (TB)

Some homeless and other Health Center patients with active or latent tuberculosis appear not to have been diagnosed with tuberculosis or receive sufficient care for tuberculosis.

- **Diagnosis:** Although 9,557 persons, including 497 homeless persons in reporting areas, were diagnosed with tuberculosis nationwide in 2015,³⁷ 1,044 and 714 patients at HCH Health Centers and 8,977 and 9,060 patients at all Health Centers were diagnosed with tuberculosis in 2015 and 2016.
- **Treatment:** In 2015, although 99% (491 of the 497 persons) with tuberculosis who were homeless in the past year were still alive, 1% (5 persons) with tuberculosis who were homeless in the past year died.³⁸ Of the 5 homeless persons with tuberculosis who died: 3 were 45-54 years old and 2 were 65-74 years old; 3 were born in the United States and 2 were born outside of the United States; 4 had pulmonary TB and 1 had extrapulmonary TB; and none had previously had TB.³⁹ During the ten year period 2006-2015, 5,999 persons who were homeless in the past year had tuberculosis and were reported alive and 132 persons who were homeless in the past year died.⁴⁰ Although the Healthy People 2020 Goal is that 93% of persons with confirmed TB complete therapy,⁴¹ only 85% of applicable homeless persons with TB reported alive had completed therapy within 1 year, 7% had not completed therapy within one year, and 8% did not have a reported result in 2013, the year with the most recently reported data available.⁴² During the ten year period 2006-2015, homeless persons with tuberculosis were in 49 states and the District of Columbia during that period.⁴³ Of the 132 homeless persons who died, homeless persons died in more than 7 states with 29 in California, 16 in Florida, 14 in Texas, 9 in Georgia, 7 in New York, 6 in Washington, and 5 in Louisiana.

As homelessness is one of the greatest risk factors for contracting tuberculosis and diagnosis and treatment of tuberculosis is important to prevent death and other complications,⁴⁴ regardless of the Health Center or health insurance status, all homeless patients should be routinely tested for tuberculosis and all homeless patients with active tuberculosis should receive treatment.

Tuberculosis Diagnosis at Health Centers and HCH Health Centers				
Patients Diagnosed with Tuberculosis	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
2014	9,169	0.05%	1,575	0.2%
2015	8,977	0.04%	1,044	0.1%
2016	9,060	0.04%	714	0.09%

Notes: The percent of patients diagnosed with tuberculosis is the number of patients diagnosed with tuberculosis out of all of the medical patients.

SEXUALLY TRANSMITTED DISEASES (STDs)

Some homeless and other Health Center patients may not have been diagnosed with a sexually transmitted disease or able to receive treatment.

- **Diagnosis:** While about 0.5% of Americans have a reported case of a sexually transmitted disease (i.e., syphilis, chlamydia, and gonorrhea),⁴⁵ a similar percent of patients were diagnosed with syphilis and other sexually transmitted diseases out of the medical patients at all Health Centers in 2014 and 2015. Yet, studies estimate a larger number of people with syphilis, chlamydia, and gonorrhea than are reported to have one of these diseases.⁴⁶ Also, although studies have shown that 16% of asymptomatic homeless individuals tested had a sexually transmitted disease,⁴⁷ only 1.0% and 1.5% of patients were diagnosed with syphilis and other sexually transmitted diseases out of the medical patients at HCH Health Centers and at all Health Centers in 2016, slight increases compared to 2014 and 2015.

As some homeless individuals are victims of sex trafficking or must exchange sex to obtain food or other items of survival and are asymptomatic,⁴⁸ all homeless patients should have access to STD screening. As STDs can cause chronic pelvic pain, life-threatening ectopic pregnancy, or infertility, or can even result in damage to internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints, paralysis, numbness, gradual blindness, dementia, and death,⁴⁹ all homeless patients with sexually transmitted diseases should receive treatment.

Sexually Transmitted Disease Diagnosis at Health Centers and HCH Health Centers				
Patients Diagnosed with Syphilis and Other Sexually Transmitted Diseases	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
2014	96,642	0.5%	6,280	0.9%
2015	133,860	0.6%	8,030	1.1%
2016	214,478	1.0%	11,507	1.5%
Notes: The percent of patients diagnosed with syphilis or another sexually transmitted disease is the number of patients diagnosed with syphilis or another sexually transmitted disease out of all of the medical patients.				

HEAT-RELATED AND COLD-RELATED ILLNESS

Some homeless and other Health Center patients may not have been diagnosed and/or treated for heat-related and cold-related illness.

- **Diagnosis and Treatment:** Although 0.3% of medical patients at HCH Centers and 0.2% of medical patients at all Health Centers were diagnosed with dehydration in 2016 and 0.1% of medical patients at HCH Centers and 0.03% of all medical patients at all Health Centers were diagnosed with exposure to heat or cold in 2016, some homeless people were not diagnosed or treated for exposure to heat or cold because dozens of homeless people have been reported to have died due to hypothermia/hyperthermia and exposure to excess cold and heat in 2016 and previous years⁵⁰ and there are likely unreported deaths of homeless people due to hypothermia/hyperthermia and exposure to excess cold and heat.

As hypothermia, frostbite, hyperthermia, and exposure to excess heat or cold disproportionately affect homeless people and disproportionately increase the risk of homeless people dying,⁵¹ all homeless people should have access to shelters when the weather can lead to hypothermia, frostbite, or heat exhaustion or heat stroke and homeless individuals with heat exhaustion or heat stroke and hypothermia and frostbite should have access to temperature-controlled environments and receive treatment.⁵²

Heat-Related and Cold-Related Illness Diagnosis and Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Dehydration				
2014	41,390	0.2%	1,206	0.2%
2015	53,092	0.3%	1,351	0.2%
2016	51,100	0.2%	2,130	0.3%
Exposure to Heat or Cold				
2014	6,479	0.03%	1,662	0.2%
2015	6,246	0.03%	795	0.1%
2016	5,662	0.03%	429	0.1%

Notes: The percent of patients diagnosed with dehydration or exposure to heat or cold is the number of patients diagnosed with dehydration or exposure to heat or cold out of all of the medical patients.

DENTAL PROBLEMS

Some homeless and other Health Center patients may not have received preventive treatment for dental problems, been diagnosed with dental problems, and/or treated for dental problems.

- **Prevention and Diagnosis:** Although the Healthy People 2020 goal is that 49.0% of children, adolescents, and adults use the dental care system in the past year,⁵³ only 84.1% of Health Centers had an oral health program in 2016⁵⁴ and only 12.4% of patients at HCH Health Centers and 17.8% of patients at all Health Centers had an oral exam and only 5% of patients at HCH Health Centers and 11% of patients at all Health Centers received prophylaxis in 2016, slightly higher than in 2014 and 2015.
- **Treatment:** Many homeless individuals are likely not receiving treatment for tooth decay, periodontal disease, and other dental problems. Although 24.5% of Americans had untreated dental decay,⁵⁵ less than 1% of patients at HCH Health Centers and less than 2% of patients at all Health Centers received sealants, only 3.2% of patients at HCH Health Centers and 7.8% of patients at all Health Centers received fluoride treatment, only 4.3% of patients at all HCH Health Centers and 6.6% of patients at all Health Centers received restorative services, only 4.2% of patients at HCH Health Centers and 3.7% of patients at all Health Centers received oral surgery (extractions and other surgical procedures), and less than 1% of patients at HCH Health Centers and less than 1% of patients at all Health Centers obtained emergency dental services in 201, similar to 2014 and 2015. While the Healthy People 2020 goal is that 28.1% of children age 6 to 9 have received dental sealants on one or more of their permanent first molar teeth,⁵⁶ 48.7% of children aged 6 through 9 at moderate to high risk of dental caries received a sealant on a first permanent molar in 2016, slightly higher than in 2015. Also, 47.3% of adults aged 45 to 74 had moderate or severe periodontitis in 2011-2012,⁵⁷ but only 7.9% and 10.1% of patients aged 45 to 74 at HCH Health Centers and at all Health Centers received rehabilitative services (Endo, Perio, Prostho, Ortho).

As prevention, early diagnosis, and treatment of tooth decay, periodontal disease, and other dental problems can prevent unnecessary pain, abscesses, and death,⁵⁸ all homeless individuals should have access to preventive and diagnostic dental services such as prophylaxis and oral exams and emergency dental services regardless of the Health Center or their insurance status.

Dental Problems Diagnosis and Treatment at Health Centers and HCH Health Centers				
	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
Oral Exams				
2014	3,882,984	17.0%	103,081	12.1%
2015	4,219,618	17.4%	109,189	12.3%
2016	4,613,682	17.8%	115,428	12.4%
Prophylaxis - Adult or Child	Number	Percent	Number	Percent
2014	2,364,787	10.3%	42,341	5.0%
2015	2,617,624	10.8%	44,253	5.0%
2016	2,880,273	11.1%	48,011	5.1%
Sealants	Number	Percent	Number	Percent
2014	341,307	1.5%	3,979	0.5%
2015	376,237	1.5%	4,145	0.5%
2016	421,216	1.6%	4,045	0.4%
Fluoride Treatment - Adult or Child	Number	Percent	Number	Percent
2014	1,478,627	6.5%	21,407	2.5%
2015	1,774,349	7.3%	24,445	2.7%

HEALTH CARE OF HOMELESS INDIVIDUALS FACT SHEET – 2016

2016	2,014,452	7.8%	29,627	3.2%
Emergency Dental Services	Number	Percent	Number	Percent
2014	213,136	0.9%	12,938	1.5%
2015	209,291	0.9%	9,836	1.1%
2016	211,643	0.8%	9,055	1.0%
Restorative Services	Number	Percent	Number	Percent
2014	1,401,811	6.1%	33,789	4.0%
2015	1,532,054	6.3%	35,585	4.0%
2016	1,699,321	6.6%	39,859	4.3%
Oral Surgery (Extractions and Other Surgical Procedures)	Number	Percent	Number	Percent
2014	860,430	3.8%	37,913	4.4%
2015	900,449	3.7%	38,382	4.3%
2016	950,110	3.7%	39,384	4.2%
Rehabilitative Services (Endo, Perio, Prostho, Ortho)	Number	Percent	Number	Percent
2014	595,613	8.8%	25,710	7.1%
2015	685,976	9.6%	27,487	7.3%
2016	780,432	10.1%	31,013	7.9%
Children Aged 6 – 9 at Moderate to High Risk of Dental Caries Who Received a Sealant on a First Permanent Molar	Number	Percent		
2014				
2015	121,312	42.4%		
2016	134,294	48.7%		
Notes: The percent of patients who received oral exams, prophylaxis, sealants, fluoride treatment, emergency dental services, restorative services, and oral surgery is the number of patients who received these services out of all of the patients. The percent of patients who received rehabilitative services is the number of patients who received these services out of all of the patients aged 45 to 74. The percent of children aged 6 through 9 at moderate to high risk of dental caries who received a sealant on a first permanent molar is the number of children aged 6 through 9 who received a sealant on a first permanent molar out of the total number of children identified as moderate to high risk for dental caries.				

EYE DISEASES

Some homeless and other Health Center patients may not have been diagnosed and/or treated for eye diseases and vision problems.

- **Diagnosis and Treatment:** Although the Healthy People 2020 goal is that 60.5% of adults have a comprehensive eye exam, including dilation, within the past two years,⁵⁹ less than 3% of adults age 18 and older received a comprehensive or intermediate eye exam at HCH Health Centers and at all Health Centers in 2016, similar to 2014 and 2015.

As early diagnosis of eye diseases can prevent irreversible vision loss, all homeless patients with any of the risk factors for an eye disease, such as age, diabetes, high blood pressure, high intraocular pressure, high cholesterol, and family history,⁶⁰ should have access to diagnostic eye exams to detect glaucoma, age-related macular degeneration, diabetic retinopathy, and cataracts and treatment services regardless of the Health Center or their health insurance status.

Eye Diseases Diagnosis and Treatment at Health Centers and HCH Health Centers				
Comprehensive and Intermediate Eye Exams	Health Centers		HCH Health Centers	
	Number	Percent	Number	Percent
2014	332,563	2.1%	14,791	2.0%
2015	399,547	2.4%	16,330	2.1%
2016	493,851	2.8%	18,447	2.3%

Notes: The percent of patients who received comprehensive and intermediate eye exams is the number of patients who received a comprehensive or intermediate eye exam out of all of the adult patients age 18 and older.

CONCLUSION

Although many homeless patients are diagnosed and able to receive treatment for chronic conditions and other life-threatening and serious conditions, many homeless patients are not receiving adequate diagnosis and treatment for these life-threatening and serious conditions. Expanding health insurance coverage and Health Center funding can allow all homeless patients to receive needed health care.

¹ Health Res. & Serv. Admin., 2014 Health Center Data, Full 2014 National Report, *available at* <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2014&state=> (last visited Dec. 9, 2015); HRSA, 2014 Health Center Data: National Health Care for the Homeless Program Grantees, Full 2014 National Report, *available at* <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2014&state=&fd=ho> (last visited Dec. 9, 2015). Of the 853,382 total patients reported for the Health Care for the Homeless Program Grantee Health Centers data in 2014, 813,331 were homeless. *Id.* The remaining patients were veterans, public housing patients, migratory/seasonal agricultural workers or dependents, and school-based health center patients. *Id.*

² HRSA, 2015 Health Center Data, Health Center Program Grantee Data, *available at*, <http://bphc.hrsa.gov/uds/datacenter.aspx> (last visited Nov. 2, 2016); HRSA, 2015 Health Center Data: National Health Care for the Homeless Program Grantee Data, Full 2015 National Report, *available at* <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=&fd=ho> (last visited Nov. 2, 2016). Of the 890,283 total patients reported for the Health Care for the Health Care for the Homeless Program Grantee Health Centers data in 2015, 94.3% or 840,130 were homeless. *Id.* The remaining patients were veterans, public housing patients, migratory/seasonal agricultural workers or dependents, and school-based health center patients. *Id.*

³ HRSA, 2016 Health Center Data: National Data, Full 2016 National Report, *available at*, <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state=&fd=> (last visited Oct. 5, 2017); HRSA, 2016 Health Center Data: National Health Care for the Homeless Program Grantee Data, Full 2016

National Report, *available at* <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state=&fd=ho> (last visited Oct. 5, 2017). Of the 934,174 total patients reported for the Health Care for the Homeless Program Grantee Health Centers data in 2016, 94.9% or 886,576 were homeless. *Id.* The remaining patients were veterans, public housing patients, migratory/seasonal agricultural workers or dependents, and school-based health center patients. *Id.*

⁴ Xia Lin et al., Routine HIV Screening in Two Health-care Settings – New York City and New Orleans, 2011-2013, 63 *Morbidity & Mortality Wkly.* 537 (2014), *available at* <http://www.cdc.gov/mmwr/pdf/wk/mm6325.pdf>.

⁵ Analysis of Office of Disease Prevention & Health Promotion, HHS, Healthy People 2020, HIV-1: Reduce the Number of New HIV Diagnoses, <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4607>; (last updated Oct. 4, 2017).

⁶ Office of National AIDS Policy, The White House, National HIV/AIDS Strategy for the United States: Updated to 2020, July 2015, *available at* <http://go.wh.gov/WK2NDK>.

⁷ Bureau of Primary Health Care, Health Res. & Serv. Admin., Uniform Data System Calendar Year 2014 UDS Reporting Instructions for Health Centers, Dec. 31, 2014, *available at* <http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf> [hereinafter UDS Manual]; see Panel on Antiretroviral Guidelines for Adults and Adolescents, HHS, Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, *available at* <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf> (last updated May 1, 2014).

⁸ U.S. Preventive Serv. Task Force, Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement, 151 *Annals Internal Med.* 716 (2009), *available at* <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breastcancer-screening>.

⁹ Office of Disease Prevention & Health Promotion, HHS, Healthy People 2020, 2020 Topics & Objectives, Cancer, <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives> (last updated Oct. 4, 2017).

¹⁰ *Id.*

¹¹ *Id.*

¹² HRSA, U.S. Department of Health & Human Services, Breast Cancer Screening, *available at* <http://www.hrsa.gov/quality/toolbox/measures/breastcancer/index.html> (last visited Dec. 9, 2015).

¹³ UDS Manual, *supra* note 7.

¹⁴ *Id.*

¹⁵ Office of Disease Prevention & Health Promotion, HHS, Healthy People 2020, 2020 Topics & Objectives, Immunization and Infectious Diseases, <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives> (last updated Oct. 4, 2017).

¹⁶ See Catelyn Coyle et al., Identification and Linkage to Care of HCV-Infected Persons in Five Health Centers – Philadelphia, Pennsylvania, 2012 – 2014, 64 *Morbidity & Mortality Wkly. Rep.* 459 (2015); John W. Ward et al., Hepatitis C Virus Prevention, Care and Treatment: From Policy to Practice, *Clinical Infectious Diseases*, July 15, 2012, at S58; Aaron J. Strehlow et al., Hepatitis C Among Clients of Health Care for the Homeless Primary Care Clinics, 23 *J. Health Care for the Poor & Underserved* 811 (2012); Lillian Gelberg et al., Prevalence, Distribution, and Correlates of Hepatitis C Virus Infection Among Homeless Adults in Los Angeles, 127 *Pub. Health Rep.* 407 (2012); Maxine M. Denniston et al., Awareness of Infection, Knowledge of Hepatitis C, and Medical Follow-up Among Individuals Testing Positive for Hepatitis C: National Health and Nutrition Examination Survey 2001-2008, 55 *Hepatology* 1652 (2012).

¹⁷ See Infectious Diseases Soc’y of Am. & Am. Ass’n for the Study of Liver Diseases, Recommendations for Testing, Managing, and Treating Hepatitis C (Aug. 7, 2015), *available at* <http://www.hcvguidelines.org/fullreport>.

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- ²¹ UDS Manual, *supra* note 7.
- ²² Office of Disease Prevention & Health Promotion, U.S. Department of Health & Human Services, Healthy People 2020, 2020 Topics & Objectives, Heart Disease and Stroke, <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives> (last updated Oct. 4, 2017); Office of Disease Prevention & Health Promotion, HHS, Healthy People 2020, Heart Disease and Stroke HDS-5.1: Reduce the Proportion of Adults with Hypertension, <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4596>; (last updated Oct. 4, 2017).
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³³ UDS Manual, *supra* note 7.

³⁴ CDC, HHS, Asthma Facts: CDC’s National Asthma Control Program Grantees (July 2013), *available at* http://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf.

³⁵ *See* CDC, HHS, Chronic Obstructive Pulmonary Disease Among Adults – United States, 2011, 61 *Morbidity & Mortality Wkly. Report* 938 (2012) [hereinafter COPD Article]; U.S. Preventive Services Task Force, Chronic Obstructive Pulmonary Disease: Screening: Final Recommendation Statement (Sept. 2016), *available at* <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chronic-obstructive-pulmonary-disease-screening>; Laurie D. Snyder & Mark D. Eisner, Obstructive Lung Disease Among the Urban Homeless, 125 *CHEST* 1719 (2004);

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