

HEALTH CARE OF HOMELESS INDIVIDUALS FACT SHEET – 2015

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 These numbers increased in 2015, 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

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,³ 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 2015, similar to 2014.
- **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%, only 74.7% of the 8,912 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.

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.⁴ 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 and Treatment at Health Centers and HCH Health Centers								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
HIV Tests	1,194,684	6.1%	81,914	11.7%	1,297,113	6.3%	80,704	11.2%
Patients with HIV/AIDS	134,540	0.7%	12,811	1.8%	154,994	0.8%	13,566	1.9%
Patients First Diagnosed with HIV	8,233	0.04%			8,912	0.04%		
HIV Linkage to Care	6,363	77.3%			6,660	74.7%		
Notes: The percent of patients who received an HIV Test and the percent of patients with HIV/AIDS are the number of patients who received an HIV test or who were diagnosed with HIV/AIDS 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 mammography every two years and that some women between the ages of 40 to 50 should also have a mammography every two years⁵ and the Healthy People 2020 goal is that 81.1% of women ages 50 to 74 receive a mammogram within the past two years,⁶ only 16.4% and 15.5% of female patients ages 50 to 74 received a mammogram in 2014 and 2015 at HCH Health Centers and only 15.5% and 16.1% of female patients ages 50 to 74 received a mammogram in these two years at all Health Centers.
- **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, only 56.3% and 56.6% 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 approximately 20% receiving a Pap Test at all Health Centers and only approximately 14% receiving a Pap Test at HCH Health Centers.
- **Colorectal Cancer Screening:** Although the Healthy People 2020 goal is that 70.5% of the adults ages 50 through 74 receive colorectal cancer screening, only 34.5% and 38.3% of patients ages 50 through 74 received appropriate colorectal cancer screening at all Health Centers 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.⁷ 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.⁸ Colorectal cancer screening is important for patients 50 to 75 years old is important because then early intervention is possible and premature death can be avoided.⁹ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Mammogram	470,976	15.5%	16,733	16.4%	521,568	16.1%	17,126	15.5%
Abnormal Breast Findings, Female	109,655	3.6%	3,336	3.3%	121,754	3.8%	3,686	3.3%
Pap Test	1,750,863	20.1%	44,653	14.3%	1,863,957	20.4%	45,311	13.8%
Abnormal Cervical Findings	149,768	1.7%	5,049	1.6%	160,369	1.8%	4,904	1.5%
Cervical Cancer Screening	3,421,045	56.3%			3,558,415	56.0%		
Colorectal Cancer Screening	1,523,524	34.5%			1,803,514	38.3%		
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,¹⁰ less than 3% and 4% of patients at all Health Centers and less than 5% of patients at HCH Health Centers ages 18 through 64 were tested for Hepatitis B and less than 4% of patients at all Health Centers and less than 6% and 7% of patients at HCH Health Centers ages 18 through 64 were tested for Hepatitis C 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.¹¹ 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.¹²

Hepatitis B and C Diagnosis at Health Centers and HCH Health Centers								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Hepatitis B Test	359,714	2.6%	29,438	4.1%	436,665	3.0%	36,812	4.7%
Hepatitis C Test	387,597	2.8%	38,724	5.4%	527,431	3.6%	51,585	6.6%
Patients Diagnosed with Hepatitis B	28,337	0.2%	1,739	0.2%	38,931	0.3%	2,005	0.3%
Patients Diagnosed with Hepatitis C	167,816	1.2%	26,285	3.7%	197,516	1.3%	29,907	3.8%
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 9.3% of people nationwide have diabetes and 12.3% of adults ages 20 and older nationwide have diabetes and 25% of people with diabetes are undiagnosed¹³, less than 12% of medical patients were diagnosed with diabetes mellitus and less than 11% of patients ages 18 to 75 were diagnosed with Type I or Type II diabetes at all Health Centers in 2014 and 2015.
- **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 83.8% of adults age 18 or older with diagnosed diabetes have an HbA1c \leq 9% and 79.5% of adults age 18 or older with diagnosed diabetes nationwide had an HbA1c value below this level,¹⁴ only 68.8% and 56.8% of adults age 18 to 75 had an HbA1C of \leq 9% at all Health Centers in 2014 and 2015, with 12% fewer patients in 2015 compared to the year before.

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 prediabetes¹⁵ and having controlled diabetes reduces the likelihood of complications, such as organ failure, amputations, blindness, and death,¹⁶ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Diabetes Mellitus	2,005,338	10.3%	78,374	11.2%	2,118,178	10.3%	84,975	11.8%
Patients Ages 18 to 75 Diagnosed with Diabetes	1,637,436	10.8%			1,737,060	10.8%		
Diabetes Control	1,126,556	68.8%			986,650	56.8%		
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 \leq 9%.								

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,¹⁷ only 20% 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 Goals are that 61.2% of adults age 18 or older with high blood pressure have it under control and 63.9% of adult patients in clinical health systems with high blood pressure have it under control and 63.7% and 63.8% of patients at all Health Centers have their blood pressure under control in 2014 and 2015, respectively.
- 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% and for adults with high cholesterol levels is 13.5% and 6.0% of adults nationwide have coronary heart disease and 11.9% of adults nationwide have high blood cholesterol levels, only 1.7% and 1.6% of adult patients at all Health Centers were diagnosed with Coronary Artery Disease and fewer were prescribed lipid therapy to lower their cholesterol levels. 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 attack 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% and 1.6% of adult patients were diagnosed with coronary artery disease and only 2.8% and 2.9% of adult patients were diagnosed with ischemic vascular disease or an AMI, CABG, or PTCA procedure. 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,¹⁸ all homeless adults 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,¹⁹ 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.

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Cardiovascular Disease Diagnosis and Treatment at Health Centers and HCH Health Centers								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Hypertension	3,083,149	19.8%	157,026	21.0%	3,226,170	19.5%	165,069	21.2%
Hypertensive Patients with Controlled Blood Pressure	1,963,966	63.7%			2,058,296	63.8%		
Patients Diagnosed with Heart Disease (selected)	639,639	4.1%	26,369	3.5%	682,510	4.1%	28,124	3.6%
Patients Diagnosed with Coronary Artery Disease	268,518	1.7%			273,330	1.6%		
Coronary Artery Disease: Lipid Therapy	210,551	78.4%			212,858	77.9%		
Patients Diagnosed with IVD or AMI, CABG, or PTCA Procedure	436,419	2.8%			491,738	2.9%		
Ischemic Vascular Disease: Aspirin or Other Antithrombotic Therapy	335,367	76.8%			383,471	78.0%		
<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. 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 7.7% of people nationwide have asthma,²⁰ less than 6% of medical patients at all Health Centers and less than 7% of medical patients at HCH Health Centers were diagnosed with asthma in 2014 and 2015. Also, while 4.9% of people nationwide have persistent asthma,²¹ 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.
- **Treatment:** While the Centers for Disease Control recommends that all people with asthma should have an asthma management plan²² and the Healthy People 2020 Goal is that 55.9% of persons with asthma have their doctor assess their asthma control at the last visit and that 36.8% of persons with asthma receive written asthma management plans from their health care provider,²³ 80.8% and 84.1% of patients age 5 to 40 diagnosed with asthma have an acceptable asthma pharmacological treatment plan.

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.²⁴ As homeless patients are exposed to environmental conditions that increase the risk of asthma²⁵ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Asthma	1,137,617	5.8%	47,590	6.8%	1,190,679	5.8%	49,627	6.9%
Patients Age 5 - 40 with Persistent Asthma	388,135	3.3%			328,688	2.6%		
Asthma Treatment Plan	313,463	80.8%			276,591	84.1%		
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 Age 5 - 40 with Persistent Asthma is the number of patients age 5 to 40 diagnosed with persistent asthma out of all patients age 5 to 40. Asthma Treatment Plan = the number and percent of patients age 5 through 40 diagnosed with asthma who have an acceptable pharmacological treatment plan.								

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 who had COPD,²⁶ 3.0% or less of adult patients age 18 or older were diagnosed with chronic bronchitis and emphysema at all Health Centers and HCH Health Centers 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,²⁷ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Chronic Bronchitis and Emphysema	335,692	2.1%	14,031	1.9%	499,591	3.0%	22,776	2.9%
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 9,421 persons, including 502 homeless persons in reporting areas, were diagnosed with tuberculosis nationwide in 2014, 1,575 patients at HCH Health Centers and 9,169 patients at all Health Centers and at HCH Health Centers were diagnosed with tuberculosis in 2014 and only 1,044 and 8,977 patients at all Health Centers and at HCH Health Centers were diagnosed with tuberculosis in 2015, a slight decrease from the year before.
- **Treatment:** In 2014, although 98% (508 of the 516 persons) with tuberculosis who were homeless in the past year were still alive, 1.4% (7 persons) with tuberculosis who were homeless in the past year died.²⁸ Of the 7 homeless persons with tuberculosis who died, 3 were 45-54 years old, 3 were 55-64 years old, and 1 was 65-74 years old. Five were born in the United States and 2 were born outside of the United States. Four had pulmonary TB and 3 had extrapulmonary TB. Two of the homeless persons who died had previously had TB. Two of the homeless persons who died were HIV-positive. During the ten year period 2005-2014, 6,306 persons who were homeless in the past year had tuberculosis and were reported alive and 137 persons who were homeless in the past year died. Although the Healthy People 2020 Goal is that 93.0 of persons with confirmed TB complete therapy, only 88.1% of homeless persons with TB reported alive with information known about completion of therapy within one year had completed therapy and 11.9% had not completed therapy within one year. Homeless persons with tuberculosis were in 46 states and the District of Columbia during that period. Of the 137 homeless persons who died, 29 were in California, 16 were in Florida, 14 were in Texas, 10 were in New York, 8 were in Georgia, 7 were in Washington, and 5 were 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,²⁹ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Tuberculosis	9,169	0.05%	1,575	0.2%	8,977	0.04%	1,044	0.1%
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), 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.³⁰ Also, although studies have shown that 16% of asymptomatic homeless individuals tested had a sexually transmitted disease,³¹ less than 1% to 2% of patients were diagnosed with syphilis and other sexually transmitted diseases out of the medical patients at HCH Health Centers in 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,³² 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,³³ all homeless patients with sexually transmitted diseases should receive treatment.

Sexually Transmitted Disease Diagnosis at Health Centers and HCH Health Centers								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Patients Diagnosed with Syphilis and Other Sexually Transmitted Diseases	96,642	0.5%	6,280	0.9%	133,860	0.6%	8,030	1.1%
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 0.2% of medical patients at HCH Centers and 0.2% to 0.3% of medical patients at all Health Centers were diagnosed with dehydration and 0.1% to 0.2% 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 2014 and 2015, 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 2014 and 2015 and there are likely unreported deaths of homeless people due to hypothermia/hyperthermia and exposure to excess cold and heat:
 - In Washington, DC, 7 homeless people died from hypothermia or cold-related illness in 2013-2014.³⁴
 - In Connecticut, 1 homeless person died of cold exposure in 2014.³⁵
 - In Columbus, OH, 1 homeless person died from cold exposure and hypothermia in 2014.³⁶
 - In Joliet, IL, 1 homeless person died from hypothermia in 2014.³⁷
 - In St. Clair Shores, MI, 1 homeless person died from hypothermia in 2014.³⁸
 - In Wisconsin, 2 homeless people died from hypothermia in 2014.³⁹
 - In Fargo, ND, 1 homeless person died from hypothermia in 2014.⁴⁰
 - In South Dakota, 3 homeless people died from cold exposure and hypothermia in 2014.⁴¹
 - In Missouri, 2 homeless people died from hypothermia in 2014.⁴²
 - In Travis County, TX, 2 homeless people were directly killed by the heat or cold in 2013 and 2014.⁴³
 - In San Antonio, TX, 1 homeless person died from hypothermia in 2014.⁴⁴
 - In Boulder County, CO, 2 homeless persons died from hypothermia in 2014.⁴⁵
 - In Sacramento, CA, 2 homeless people died from hypothermia or hyperthermia in 2014.⁴⁶
 - In Chicago, 8 homeless people died from hypothermia in 2014-2015.⁴⁷
 - In Minnesota, 3 homeless people died from the cold in 2014-2015.⁴⁸
 - In Maryland, 11% of the homeless deaths were due to hypothermia in 2014-2015.⁴⁹
 - In Fulton County, GA, 9 homeless people died from cold exposure in 2014 and 8 homeless people died from cold exposure in 2015.⁵⁰
 - In Sumter, SC, 1 homeless person died from hypothermia in 2014 and in Myrtle Beach, SC, 1 homeless person died from hypothermia in 2015.⁵¹
 - In New Hampshire, 3 homeless people died due to exposure to cold in 2015.⁵²
 - In New York City, NY five homeless people died due to exposure to excessive natural cold in 2015.
 - In Morris County, NJ, 1 homeless person died from hypothermia in 2015.⁵³
 - In Philadelphia, 1 homeless person died from cold exposure and hypothermia in 2014.⁵⁴
 - In Pontiac, MI, 1 homeless person died from cold exposure and hypothermia in 2015.⁵⁵
 - In Louisville, KY, 1 homeless person died from exposure to cold in 2015.⁵⁶
 - In Tennessee, 3 homeless people died from hypothermia in 2015.⁵⁷
 - In Lubbock, TX, 1 homeless person died from cold exposure and hypothermia in 2015.⁵⁸
 - In Maricopa County, AZ, 7 homeless people died from heat-associated deaths in 2014 and 8 homeless people died from heat-associated deaths in 2015.⁵⁹
 - In Wyoming, 1 homeless person died from hypothermia in 2015.⁶⁰
 - In Santa Cruz, CA, two homeless people died due to pneumonia and 1 homeless person died from hypothermia in 2015.⁶¹
 - In King County, WA, 2 homeless people died of pneumonia and 1 person died of hypothermia in 2015.⁶²

Heat-Related and Cold-Related Illness Diagnosis and Treatment at Health Centers and HCH Health Centers								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Dehydration	41,390	0.2%	1,206	0.2%	53,092	0.3%	1,351	0.2%
Exposure to Heat or Cold	6,479	0.03%	1,662	0.2%	6,246	0.03%	795	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.								

As hypothermia, frostbite, hyperthermia, and exposure to excess heat or cold disproportionately affect homeless people and disproportionately increase the risk of homeless people dying,⁶³ 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.⁶⁴

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,⁶⁵ only 71.4% of Health Centers had an oral health program in 2014 and only 10% and 12% of patients at all Health Centers and at HCH Health Centers had an oral exam and only 10% and 5% of patients at all Health Centers and at HCH Health Centers received prophylaxis in 2014 and 2015, respectively.
- **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,⁶⁶ less than 2% of patients at all Health Centers and HCH Health Centers received sealants, only 6 to 7% of patients at all Health Centers and 2% of patients at HCH Health Centers received fluoride treatment, only 6% of patients at all Health Centers and 4% of patients at HCH Health Centers received restorative services, only 3% to 4% of patients at all Health Centers and HCH Health Centers received oral surgery (extractions and other surgical procedures), and less than 2% of patients at all Health Centers and HCH Health Centers obtained emergency dental services in 2014 and 2015. Also, 47.3% of adults aged 45 to 74 had moderate or severe periodontitis in 2011-2012,⁶⁷ but less than 10% of patients aged 45 to 74 at all Health Centers and HCH 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,⁶⁸ 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								
	2014				2015			
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers	
Oral Exams	3,882,984	17.0%	103,081	12.1%	4,219,618	17.4%	109,189	12.3%
Prophylaxis - Adult or Child	2,364,787	10.3%	42,341	5.0%	2,617,624	10.8%	44,253	5.0%
Sealants	341,307	1.5%	3,979	0.5%	376,237	1.5%	4,145	0.5%
Fluoride Treatment - Adult or Child	1,478,627	6.5%	21,407	2.5%	1,774,349	7.3%	24,445	2.7%
Emergency Dental Services	213,136	0.9%	12,938	1.5%	209,291	0.9%	9,836	1.1%
Restorative Services	1,401,811	6.1%	33,789	4.0%	1,532,054	6.3%	35,585	4.0%
Oral Surgery (Extractions and Other Surgical Procedures)	860,430	3.8%	37,913	4.4%	900,449	3.7%	38,382	4.3%
Rehabilitative Services (Endo, Perio, Prostho, Ortho)	595,613	8.8%	25,710	7.1%	685,976	9.6%	27,487	7.3%
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.								

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 to have a comprehensive eye exam, including dilation, within the past two years,⁶⁹ less than 5% of adults age 18 and older received a comprehensive or intermediate eye exam at all Health Centers and at HCH Health Centers in 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,⁷⁰ 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							
	2014				2015		
	Health Centers		HCH Health Centers		Health Centers		HCH Health Centers
Comprehensive and Intermediate Eye Exams	332,563	2.1%	14,791	2.0%	399,547	2.4%	16,330
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.

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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) [hereinafter Health Center Data 2015]; 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) [hereinafter HCH Data 2015]. 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, 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 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>.

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⁷ 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).

⁸ UDS Manual, *supra* note 4.

⁹ *Id.*

¹⁰ 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 Dec. 3, 2016).

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⁷⁰ CDC, Vision Health Initiative (VHI): National Data, <http://www.cdc.gov/visionhealth/data/national.htm> (last updated Sept. 28, 2009); Nat'l Eye Inst., NIH, HHS, Facts About Glaucoma, https://www.nei.nih.gov/Health/glaucoma/glaucoma_facts (last visited Nov. 13, 2014); Nat'l Eye Inst., NIH, HHS, Facts About Diabetic Eye Disease, <https://www.nei.nih.gov/health/diabetic/retinopathy> (last reviewed June 2012); Nat'l Ctr. for Chronic Disease Prevention & Health Promotion, Div. of Diabetes Translation, Frequently Asked Questions, <http://www.cdc.gov/visionhealth/faq.htm> (last updated Sept. 30, 2009); Nat'l Eye Inst., NIH, HHS, Facts About Cataract, https://www.nei.nih.gov/health/cataract/cataract_facts (last reviewed Sept. 2009); Nat'l Eye Inst., NIH, HHS, Facts About Age-Related Macular Degeneration, https://www.nei.nih.gov/health/maculardegen/armd_facts (last reviewed July 2013).