

# Homeless & Housing Instability through Social Determinants of Health

A decorative graphic consisting of a thick yellow horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several thin, parallel white lines that create a stepped or layered effect, extending from the right edge towards the center of the slide.

# Activity

- Getting started, take about 5 minutes to fill out the handout given

# Introduction

- Randy Clark, Sandra Eskenazi Mental Health
- Jeri Warner, Trusted Mentors
  
- What do you want to know by end of session?



# Our starting point

- Homelessness and housing instability begins long before a person becomes homeless. It is not caused by one factor
- Housing stability requires more than just having an income
- A person's overall health is shaped by both communal and individual experiences

# Definition of Social Determinants of Health

- “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
  - World Health Organization (WHO)
- Treating illness is not enough. There are other components noted by the WHO, “socioeconomic drivers, like education, income, community health, and social connection, and health behaviors, such as tobacco use, account for 70% of what makes up “health.”



# Communal conditions and circumstances shape our experiences

## Conditions

- born
- grow
- live
- work
- age

## Shaping of circumstances

Distribution of money, power and resources within local communities, State level, and National level contribute to SDH

# Childhood Experiences as related housing instability

- ACE study
  - Conducted at Kaiser Permanente in San Diego
  - Between 1995-1997
  - Total of nearly 17,000
  - Avg age of respondent was 57



# ACE study continued

- Focus of the study was on exposure to:
  - Abuse – psychological, physical, and sexual
  - Neglect – physical and emotional
  - Household Dysfunction – parental separation, domestic violence, mental illness and substance abuse in the household

# Original ACE study

**Table 1.** Prevalence of Childhood Exposure to Abuse and Household Dysfunction

Category of childhood exposure <sup>a</sup>	Prevalence, %	Prevalence, %
Abuse by category		
Psychological		11.1
<i>(Did a parent or other adult in the household . . .)</i>		
Often or very often swear at, insult, or put you down?	10.0	
Often or very often act in a way that made you afraid that you would be physically hurt?	4.8	
Physical		10.8
<i>(Did a parent or other adult in the household . . .)</i>		
Often or very often push, grab, shove, or slap you?	4.9	
Often or very often hit you so hard that you had marks or were injured?	9.6	
Sexual		22.0
<i>(Did an adult or person at least 5 years older ever . . .)</i>		
Touch or fondle you in a sexual way?	19.3	
Have you touch their body in a sexual way?	8.7	
Attempt oral, anal, or vaginal intercourse with you?	8.9	
Actually have oral, anal, or vaginal intercourse with you?	6.9	
Household dysfunction by category		
Substance abuse		25.6
Live with anyone who was a problem drinker or alcoholic?	23.5	
Live with anyone who used street drugs?	4.9	
Mental illness		18.8
Was a household member depressed or mentally ill?	17.5	
Did a household member attempt suicide?	4.0	
Mother treated violently		12.5
<i>Was your mother (or stepmother)</i>		
Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?	11.9	
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	6.3	
Ever repeatedly hit over at least a few minutes?	6.6	
Ever threatened with, or hurt by, a knife or gun?	3.0	
Criminal behavior in household		
Did a household member go to prison?	3.4	3.4
Any category reported		52.1%

<sup>a</sup>An exposure to one or more items listed under the set of questions for each category.

# ACEs CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death**.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

\*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.

## PHYSICAL & MENTAL HEALTH

- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

## BEHAVIORS

- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK





# Importance of human connection

- Housing alone does not address generational poverty, stigma, loneliness and social exclusion (Tsai, 2011, as cited in Johnston et. Al 2015)
- Housing alone does not address lack of family/social support, prison sentences, foster care, lack of education
- Case study of John Doe

# Now what?

- What have we not answered?
- Actions steps
  - What can you take back to your community?

# resources

- [Center for Disease Control. \(2019\)  
https://vetoviolenace.cdc.gov/apps/phl/images/ACES\\_Infographic\\_Accessible.pdf](https://vetoviolenace.cdc.gov/apps/phl/images/ACES_Infographic_Accessible.pdf)
- <https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>
- [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)
- <https://www.evidencebasedmentoring.org/a-pilot-study-on-mentoring-homeless-adolescents/>
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (2019). REPRINT OF: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences Study. *American Journal of Preventive Medicine* 56(6), 774-786.