Organizing Health Services for Homeless People
A PRACTICAL GUIDE

Second Edition

Marsha McMurray-Avila
PREFACE TO THE SECOND EDITION

This book recounts important lessons from the work of a remarkable group of people over more than a decade. Marsha McMurray-Avila, the author, provides a few of the names in her acknowledgments, listing those who have provided direct help in the writing and compiling of this material. There are many whose names do not appear, unheralded heroes of a monumental effort to ease pain, save lives and change the world. I trust that this book represents them well, and will nurture them and their successors.

Marsha is herself one of the stalwarts of the Health Care for the Homeless movement, having served as a front-line provider and eventually as Executive Director of the effort in Albuquerque. She has also chaired the National Health Care for the Homeless Council, and has served on various national-level advisory committees and task forces. Marsha is now the Program Coordinator of the National Council, where her knowledge and commitment continue to strengthen the HCH community. For Marsha, this is a labor of love for the people who suffer the most in our political economy, and of profound respect for those who are called to respond to that suffering. She is one of our best.

This book was made possible with support from the Bureau of Primary Health Care, the federal agency whose grants are the financial backbone of many Health Care for the Homeless projects. The leadership of the Bureau and its Division of Programs for Special Populations is committed to improving the health status of poor and homeless people. It is our good fortune that officials there share our understandings of what must be done to assure health care for homeless people, and to overcome homelessness itself. However, the views expressed herein are the author’s, and do not necessarily represent the views of the Bureau of Primary Health Care or of the National Health Care for the Homeless Council.

Someday, this book will be hopelessly obsolete, because homelessness in America will be just a bad memory and adequate health care will be a well-established right for everyone. May this publication hasten that day.

John N. Lozier
Executive Director
National Health Care for the Homeless Council

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NOTES ON THE SECOND EDITION
It is amazing how much can change in four years, and tragic how much stays the same. Although I am always pleased to hear how much this book has helped people create, improve and expand health services for people who are homeless, I desperately wish that it were not necessary to publish a second edition. Statistics have changed, organizations have changed, website addresses have changed; I have tried to correct as much of that as possible. But homelessness is still with us and it will take all of us working together to correct that.

I would like to thank several people who helped review sections and/or gather information to update this second edition: Allan Ainsworth, Heather Barr, Barbara Conanan, Marianne Feliciano, Jean Hochron, Jen Holzwarth, Ken Kraybill, Kevin Lindamood, John Lozier, Jenny Metzler, Heidi Nelson, Eve Rubell, Beth Sharber, Jeff Singer, Amy Taylor, David Vincent, Suzanne Zerger and others to whom I apologize for not naming. I am also appreciative of our designer, Linsey Sieger, and thank her for her patience in this process.

Marsha McMurray-Avila
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Homelessness – the social and economic phenomenon characterized by the condition of being without a home – graphically reveals the relationship between socioeconomic factors and health. It is not uncommon for health problems to be major or contributing factors leading to homelessness. At the same time, the condition of homelessness causes and exacerbates health problems, leading to rates of illness and injury from two to six times higher than for people who are housed. Homelessness also severely complicates the delivery of health services. Without access to appropriate health care, acute and chronic health problems may go untreated, creating medical complications and impeding the individual’s ability to overcome homelessness.

“Bill” suffered near-fatal head injuries when he was beaten and robbed in Albuquerque, New Mexico. He spent two and a half months in a local hospital recovering. As a result of his injuries, Bill, 33, lost some of his hearing, began to have seizures, and is in constant pain. In describing his situation to a clinic staff person, he said, “I never had just a 40-hour job. I either worked 60 hours or worked two jobs.”

Unable to work after the accident, he, his wife, and his son received AFDC and Medicaid, which paid for his hospitalization. But after his wife and son left him, he was cut off Medicaid. Although he did begin receiving $184 a month in temporary disability benefits, without Medicaid he was told the hospital could no longer treat him.

“My head is still held together with staples,” Bill said. He needs the staples removed as well as ongoing therapy, but no hospital will care for him because he has no insurance. “I don’t understand how this works. I’ve paid taxes for 20 years before this. I don’t know why it works this way.”

The only way Bill could regain Medicaid was to qualify for Supplemental Security Income (SSI) on the basis of his disability, but the process could take months, even years, to complete. In the meantime, Bill [lived on the streets and stayed in shelters… Still] he asked for nothing more than the appropriate medical treatment so he could return to work, earn a living and regain his independence. Bill said, “There’s nobody on this man’s earth that’s going to tell me I’m not going to be able to take care of myself.”
Since the mid-1980s, an approach has been evolving that integrates the provision of health care with other services to meet social and economic needs of people without homes. Embodied in the national Health Care for the Homeless (HCH) program, this approach is based on the belief that health, as a state of total well-being, cannot be achieved without ending homelessness in the lives of individuals and families. In order to address both the causes and consequences of homelessness related to health, the HCH program reflects a “social orientation” to primary care. This orientation incorporates the medical model of care – which focuses primarily on physical health – into a broader public health model, with significant emphasis on the social conditions of homelessness and the provision of services necessary to address those conditions.

The HCH approach to integrating services evolved as a direct response to the complex and multiple needs of people who are homeless. As this response took shape in numerous locations throughout the country, it reflected the particular needs, environment and resources in each community. A theme that will recur throughout the following pages is that, although essential elements must be included in the design of HCH programs, there are many ways to go about accomplishing the mission. Those essential elements are the focus of this guidebook, the purpose of which is three-fold:

1. To provide an easy reference for communities or groups interested in starting a health care project to serve people who are homeless, by outlining some basic but necessary steps in the process.
2. To assist current HCH projects that want to improve or expand their services, by offering ideas, resources and contacts.
3. To describe the rationale for the continuing existence of the HCH program.

This guidebook may be read in its entirety or used selectively by referring only to certain sections. Those who are just starting out may want to read from beginning to end, to better understand the relationships of the many parts and how they connect to form a comprehensive whole. Those already involved in HCH projects may need only to consult specific sections in areas where they are seeking to improve or expand their services.

The guidebook is intended to complement the many other books and documents that address the development and operation of HCH pro-
homes, we need to keep the national HCH program viable and effective. Education and advocacy will also increase our impact in working with others to ultimately end homelessness.

NOTES