

Start and Sustain Homeless Mortality Reporting and Use Mortality Data to Direct Policy Change

National Health Care for the Homeless Conference
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Objectives

1. Participants will leave this workshop with actionable steps, planning tools, and sample templates to begin a local homeless mortality data report.
2. Participants will be able to identify how to work with local, federal, and state homeless data systems to carry out homeless mortality reporting in their locality.
3. After participating in this session, attendees will learn to interpret homeless mortality data; and learn where data can direct policy change.



NHCH Toolkit Overview

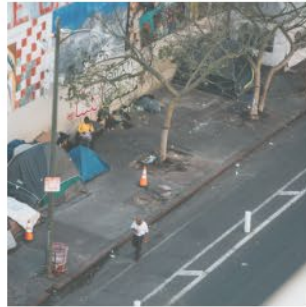
Homeless Mortality Toolkit

Click on the icons below to learn more.

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An Overview of
Homeless Mortality



Developing a
Homeless Mortality
Review



Developing a
Clinical Mortality
Review



Literature Review
on Homeless
Mortality

<https://nhchc.org/homeless-mortality/>



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NHCHC Homeless Mortality Work Group

1. How Work Groups/Task Forces Began
2. Lessons Learned
3. Contact information to get involved in NHCHC Work Group: RachelBiggs@abqhch.org



Coroner vs. Medical Examiner/Medical Investigator

John Oliver Explains:



Coroner:

- Elected, lay people, professional training not required.
- Generally, only deal with unattended or suspicious deaths.

Medical Examiner/Investigator:

- Appointed, board-certified in medicine.
- Range of oversight over all deaths in jurisdiction.

New Mexico: Statewide Office of the Medical Investigator

Alameda County: No Medical Examiner/Investigator; only Sheriff-appointed Coroner's office. Only 6/58 California Counties have a Medical Examiner.



Working with your Medical Examiner/Investigator

1. Outreach
2. Training
3. Sharing data/reporting
4. Lessons Learned



Cooperative Medical Examiners/Investigators

In their own words:

“... OMI is expected to include research and education, in addition to clinical service, in its mission to serve the community. Faculty members are actively engaged in researching relevant topics, as well as teaching and training medical students, residents and fellows. This leads to unique research opportunities that can benefit both the scientific community as well as New Mexicans.”

“OMI leadership has long prioritized utilizing medicolegal death investigation to address public health challenges in the state, and encourages faculty and students to identify and participate in data-sharing and research opportunities that ensure the greatest good can come from state-mandated death investigation.”

- Sarah Lathrop, DVM, PhD, Professor of Pathology, University of New Mexico Health Sciences Center, Office of the Medical Investigator
Epidemiologist



Data Requests

New Mexico

Living Location	Total
RV	2435
Car	7536
Family	3724
Shelter	41
Treatment	590
Rehab	479
"living in car"	1
"staying with family"	0
hotel	148
motel	184
Common Terms	
Homeless	137
Indigent	0
Transient	18
Incarceration	
In custody	46
jail	52
prison	30
Total Hits	15421

Priority	Case Numbers Total
1 - Red	49
2 - Green	139
3 - Blue	80
4 - Yellow	5037
Total	5325



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New Mexico Data Requests

Additional keywords used for inclusion criteria:

- shopping cart
- Camps, tent
- no next of kin
- unknown address, no known address
- exposure, heat stroke, hyperthermia, dehydration
- bus bench, bus stop, train
- starvation, malnutrition
- seizure
- Mouthwash
- Off grid
- Propane
- Charcoal
- Lack of running utilities
- Any others you can think of?
- What surprises you from this list?



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Data Matching: Alameda County Experience

Alameda County Carried Out Data Matching (SPSS) Between:

- Comprehensive List of People Known to Have Passed Away (State Death Certificate data list)
- Comprehensive Lists of People Experiencing Homelessness (HMIS and utilization data list)

Death Certificate Records:

Local Public Health Department epidemiology unit (CAPE) accessed statewide California Comprehensive Death Files (CCDF) containing all death certificate report data for County for time period. **NOT the same as Coroner death investigation records.** Doesn't include toxicology info, for example.

- Some 10,000 residents/nonresident deaths are recorded in Alameda County every year.

CCDF Spreadsheet is 10,000 rows of all Death Certificate Entries with 200 columns (fields).



Data Matching: Lists of People With Homeless History

Collect Comprehensive Lists of Persons Known to Be Homeless in County:

1. Homeless Management Info System (HMIS) homeless services Utilization
2. Coordinated Entry System (CES) housing applications
3. Homeless Health Center (HCH) utilization list
4. Countywide Homeless/High Utilizer list

Try to identify housing status &
last date of contact



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Data Matching: People Known to Have Died in Homelessness

Names/Data of people known to have died in homelessness:

1. Community Reporters (ACHCH Community Reporter [Website](#))
2. Coroners List of “Transient” Deaths
3. Hospital System list of deaths of patients indicated as homeless
4. Relevant Local Homeless Studies (HOPE/HOME)
5. Criminal Justice – Jail Reports
6. Research Media for reports of homeless deaths (google news, with key words (transient, homeless, death, unidentified, murder, etc.) for each city in your locality. Capture date and location of death for search in Death Certificate Data list*

Bump these names/data against Death Certificate Report Data file through SSRS.

*Media Reports might require manual review by date/location



Data Matching: Searching Records for Clues

Data for Searching Death Certificate Records Lists:

1. Compile **list of addresses** which might serve to identify people experiencing homelessness: We generated list of 900+ addresses of facilities: SNFs, B&C's, hotels/motels, shelters, transitional, recovery, support centers, social services, common mailing addresses.
2. **Key Words:** See Albuquerque's list

Bump these addresses against EDRS addresses to find possible matches of persons who died in homelessness



Data Matching: Death Certificate Data Review

After SSPS data matching/bumping, then manual review of possible homeless deaths to determine: 1) Housing Status at time of death; 2) Location of Death; 3) Other Contributors to death. This is labor-intensive work!

shelter resident?	Homeless Justification Reason	Address	Death Location Type	Death Facility Name Location	Place Of Death City	UCOD Category	Death Cause Immediate	ICD10 Final	Other Significant Conditions	Injury Description	Injury Location	Race	Reported by Coroner as Transient	HCH patient?	By Name List Match?	HMIS ID?	Aging Adult Study?	Jail?	Roomkey?	Media?	Community Reporter?
	HMIS Review		Hospital	KINDRED HOSPITAL - SAN LEANDR	SAN LEANDRO	Heart disease	ANOXIC ENCEPHALOPATHY	W18	CIRRHOSIS OF THE LIVER, HEPATITIS C, CHRONIC SUBDU	NA	NA	Hispanic/L	No			Y					
	ACHCH Review		own residence	WEST LAKE CHRISTIAN TE	OAKLAND	Cancer (malignar	CHRONIC OBSTRUCTIVE PULMONA	J449	HEPATITIS C	NA	NA	White	No		Yes						
	By Name List CES		Hospital	ALAMEDA COUNTY MEDI	OAKLAND	Heart disease	CARDIAC ARREST	I509	COCAINE USE DISORDER, HYPERTENSION, DIABETES MEL	NA	NA	African Am	No	Y	Yes						
	By Name List CES		streets/sidewalk	PARKING LOT	FREMONT	Heart disease	HYPERTENSIVE CARDIOVASCULAR	I119	DIABETES MELLITUS	NA	NA	Hispanic/L	Yes			Y					
	By Name List CES		Hospital	WASHINGTON HOSPITAL	FREMONT	Cancer (malignar	SEPTIC SHOCK	G931	ANOXIC ENCEPHALOPATHY, DIABETES MELLITUS, END STA	NA	NA	African Am	No			Y					
	ACHCH Review		own residence	OWN RESIDENCE	ALAMEDA	Heart disease	NON-SQUAMOUS CELL LUNG CANC	C349	CHRONIC HEPATITIS C VIRUS INFECTION, CIRRHOSIS, CH	NA	NA	African Am	No				Y				
	Data Matching		Hospital	SUMMIT ALTA BATES	BERKELEY	Cancer (malignar	KIDNEY FAILURE	G80	TOBACCO ABUSE, HEROIN ABUSE, ALCOHOL ABUSE, HEPA	NA	NA	Hispanic/L	No			Y					
	Coroners Report		Other's Residence	RESIDENCE	FREMONT	Chronic liver dise	SEPSIS	J159	INTRAVENOUS DRUG ABUSE, DIABETES MELLITUS	NA	NA	White	No			Y					
	HMIS Review		Hospital	HIGHLAND HOSPITAL	OAKLAND	All other disease	PROBABLE MYOCARDIAL INFARCT	I694	DRUG ABUSE, HEPATITIS C, CARDIOMYOPATHY	NA	NA	African Am	No	Y		Y					
	HMIS Review		Hospital	ALTA BATES SUMMIT ME	OAKLAND	All other disease	ACUTE RESPIRATORY FAILURE WITH	C220	HEPATITIS C WITH CIRRHOSIS, HYPERTENSION, END STA	NA	NA	White	No								
1	Data Matching		Shelter	OWN RESIDENCE	OAKLAND	CLRD (Chronic low	CARDIOPULMONARY ARREST	I251	DIABETES MELLITUS WITH NEUROPATHY, HYPERTENSION	NA	NA	African Am	No								
	Data Matching		Hospital - Other	ALAMEDA HOSPITAL	ALAMEDA	Cancer (malignar	PROSTATE CANCER	C61	CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PU	NA	NA	White	Yes			Y					
	HMIS Review		Hospital	ST. ROSE HOSPITAL	HAYWARD	HIV	COMPLICATIONS OF ISCHEMIC CAF	I516	HYPERTENSION, CONGESTIVE HEART FAILURE, DIABETES	NA	NA	African Am	No		Yes	Y					
	By Name List CES		SNF/Nursing Facilit	GRACEFUL LIVING CARE	HAYWARD	Cancer (malignar	ISCHEMIC CARDIOVASCULAR DISE	I516	DIABETES MELLITUS	NA	NA	African Am	Yes								
	HMIS Review		SNF/Nursing Facilit	VISTA POST ACUTE	HAYWARD	Chronic liver dise	ACUTE RESPIRATORY FAILURE	J449	CHRONIC KIDNEY DISEASE, HYPERTENSION, DIABETES TY	NA	NA	African Am	No		Yes	Y					
	HMIS Review		SNF/Nursing Facilit	KYKAMEENA CARE CENT	BERKELEY	Unintentional ov	CARDIOPULMONARY ARREST	C220	HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DI	NA	NA	White	Yes	Y							
	By Name List CES		Hospital	KAISER FOUNDATION HC	FREMONT	Unintentional ov	CARDIAC ARREST	I219	DIABETES MELLITUS 2	NA	NA	White	No			Y					
	HMIS Review		Hospital	DOCTORS MEDICAL CENT	MODESTO	Heart disease	RESPIRATORY FAILURE	F101	SEIZURE, HEPATITIS C, ALCOHOL ABUSE	NA	NA	African Am	No								
	HMIS Review		Hospital-AHS	ALAMEDA COUNTY MEDI	OAKLAND	Cancer (malignar	MULTI-ORGAN SYSTEM FAILURE	K746	CIRRHOSIS, HEPATITIS C, RENAL FAILURE, CHRONIC OBST	NA	NA	White	Yes		Yes				Y		
	By Name List CES		Vehicle	VEHICLE	OAKLAND	Heart disease	ATHEROSCLEROTIC AND HYPERTEN	I250	DIABETES MELLITUS	NA	NA	Hispanic/L	No	Y							
	Community Report		Encampment	ALAMEDA HEALTH SYSTE	OAKLAND	Chronic liver dise	MULTIPLE GUNSHOT WOUNDS	X93	NONE	SHOT WITH A	2200 BLOC	African Am	No		Yes	Y					Y
	HMIS Review		Hospital-AHS	ALAMEDA COUNTY MEDI	OAKLAND	Heart disease	RESPIRATORY FAILURE	J841	DIABETES MELLITUS, HEPATITIS C, INJECTION DRUG USE	NA	NA	African Am	Yes			Y					
	HMIS Review		Hospital-AHS	ALAMEDA COUNTY MEDI	OAKLAND	Unintentional ov	CARDIAC ARREST	J13	HEPATITIS C WITH CIRRHOSIS, ALCOHOL USE DISORDER, NA	NA	NA	African Am	No			Y					
	HMIS Review		Hospital	KAISER FOUNDATION HC	OAKLAND	Heart disease	SEPSIS	K729	SCHIZOAFFECTIVE DISORDER, CIRRHOSIS, HEPATITIS C	NA	NA	White	No				Y				
	HMIS Review		own residence	OWN RESIDENCE	HAYWARD	All other uninten	LUNG ASPERGILLUS	B441	HEPATITIS C, LIVER CIRRHOSIS	NA	NA	Unknown/N	No				Y				
	HMIS Review		Hospital	ALTA BATES SUMMIT ME	BERKELEY	Unintentional ov	ACUTE ENCEPHALOPATHY	K709	ALCOHOL ABUSE, HEPATITIS C, HEPATOCELLULAR CARCINI	NA	NA	Hispanic/L	No		Yes	Y					
	Community Report		Encampment	INSIDE TENT	OAKLAND	Unintentional ov	MULTIPLE DRUG INTOXICATION	X44	NONE	INGESTED AN	UNKNOWN	White	No		Y						Y
	Data Matching		Hospital	ALTA BATES HOSPITAL	OAKLAND	All other disease	CARDIAC ARREST	J90	ISCHEMIC HEPATITIS, ACUTE KIDNEY FAILURE, ACUTE RES	NA	NA	African Am	Yes	Y							
	HMIS Review		own residence	OWN RESIDENCE	OAKLAND	Unintentional ov	HEPATIC FAILURE	K703	HEPATITIS C	NA	NA	White	No				Y				
	By Name List CES		Hospital	ALAMEDA HOSPITAL	ALAMEDA	Sequelae of drug	RESPIRATORY FAILURE	F151	ATRIAL FIBRILLATION, HEPATITIS C	NA	NA	Native Am	No		Y						
	Coroners Report		Encampment	HOMELESS ENCAMPMENT	SAN LEANDR	Suicide	COMPLICATIONS OF CHRONIC OBS	J449	SEVERE CACHEXIA	NA	NA	Asian	Yes			Y					
	Data Matching		own residence	OWN RESIDENCE	OAKLAND	Chronic liver dise	CARDIAC ARREST	I10	HEPATITIS C, CHRONIC OBSTRUCTIVE PULMONARY DISEA	NA	NA	African Am	No			Y					Y
	Death Certificate Info		SNF/Nursing Facilit	BAY VIEW REHAB HOSPIT	ALAMEDA	Heart disease	KIDNEY FAILURE	E112	CIRRHOSIS, HEPATITIS C, CORONARY ARTERY DISEASE	NA	NA	African Am	No	Y		Y					
	Coroners Report		Encampment	TENT	BERKELEY	All other disease	ACUTE MIXED DRUG INTOXICATIO	X44	NONE	TOOK AN EXCE	UNKNOWN	White	No	Y							
	By Name List CES		Hospital	ALTA BATES SUMMIT ME	OAKLAND	Unintentional ov	PULMONARY EMBOLISM	C349	HUMAN IMMUNODEFICIENCY VIRUS, DIABETES MELLITU	NA	NA	White	No	Y		Y					

After initial data-matching, Alameda County reviewed 1,800 names (3 years) of a spreadsheet with 220 columns. Above are examples of some of the key columns we reviewed (yellow headers judgement calls manually inputted)



Data Matching: Death Certificate Data Review

After determination of homeless status & death location, SPSS can be used to quickly calculate many important data fields regarding homeless deaths:

- Cause of Death
- Average Age at Death
- Death Location Type
- Homeless/Housing Type
- Age Group
- Race/Ethnicity
- Gender
- Alcohol-Involved
- Substance-Involved
- Behavioral Health Involved
- HMIS enrolled
- City/County location at death

The screenshot displays the SPSS interface with several data filters and pivot tables. The filters include HomelessStatus, Countyofdeath, UCODCategory, DeathYear, DeathLocation, ICD10Final, HMISClient, Gender, and RaceEthnicity. The pivot tables show data for Year of Death, Cause of Death, Average Age, Death Location, Race/Ethnicity, Gender, Alcohol Involved Deaths, and Behavioral Health Problem Involved Deaths. The data is summarized for the years 2018, 2019, 2020, and a Grand Total of 174.

Year of Death	2018	2019	2020	Grand Total
Count of SFN	55	48	71	174

Cause of Death	2018	2019	2020	Grand Total
All other diseases	4	6	14	24
Cancer (malignant neoplasms)	3	3		6
Cerebrovascular disease	3	2	2	7
Chronic liver disease/cirrhosis	6	4	12	22
CLRD (Chronic lower respiratory disease)	2	4	6	12
Diabetes, metabolic	3	1	2	6
Heart disease	24	16	25	65
Hypertensive renal disease/essential hypertension		1		1
R59 (ill-defined and unknown cause of mortality)	4	5	8	17
Sequelae of alcohol abuse & dependence	4	2	2	8
Sequelae of drug abuse & dependence	2	4		6
Grand Total	55	48	71	174

Death Location	Count of SFN	Percentage
Vehicle	36	20.7%
streets/sidewalk	27	15.5%
Other's Resides	21	12.1%
Shelter	19	10.9%
Encampment	13	7.5%
Motel	11	6.3%
Jail	7	4.0%
Public Transit	4	2.3%
unknown	3	1.7%
road accident	1	0.6%
Grand Total	174	100.0%

Race/Ethnicity	Count of SFN	Percentage
African American	72	41.38%
White	62	35.63%
Hispanic/Latino	23	13.22%
All Other Races	12	6.80%
Asian	5	2.87%
Grand Total	174	100.00%

Gender	Count of SFN	Percentage
Female	34	19.5%
Male	140	80.5%
Grand Total	174	100.00%

Alcohol Involved Deaths	Count of SFN	Percentage
0	141	81.0%
1	33	19.0%
Grand Total	174	100.00%

Behavioral Health Problem Involved Deaths	Count of SFN	Percentage
0	171	98.28%
1	3	1.72%
Grand Total	174	100.00%

2018-2020 Alameda County Homeless Mortality Report:

<https://www.achch.org/alameda-county-homeless-mortality.html>



Homelessness Definitions

- 1. New Mexico:** Persons who spent the previous night: in an emergency shelter; “on the streets” (in sites not intended for human habitation, including abandoned or public buildings vehicles, or elsewhere out-of-doors); in a motel; “doubled up” temporarily in homes of friends or family members; Permanent Supportive Housing (PSH) people who are residents of subsidized housing programs (HHS).
- 2. Central Florida:** Living in a shelter temporarily or living in space not designed for conventional dwelling (CDC); decedents without address identified as homeless.
- 3. Alameda County:** 3 categories: 1. Literally Homeless at time of death (HUD); 2. Recent (<5yr) History of Homeless but housed at time of death; 3. Recent History (<5yr) of Homelessness but unknown housing status at time of death.



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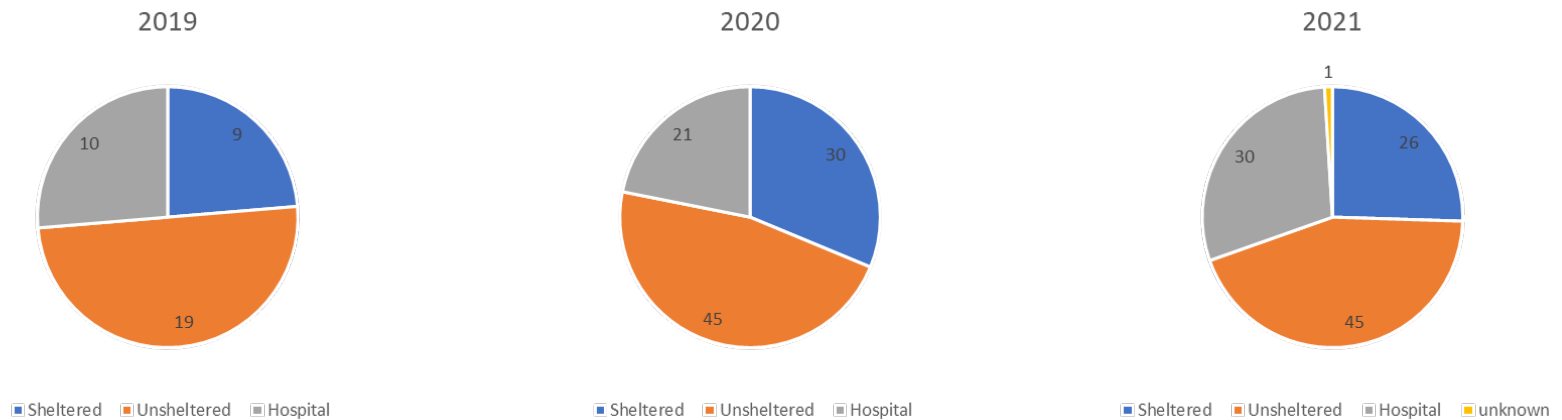


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Locations/Geography

1. **New Mexico:** Search terms informed location

2. **Central Florida:**



Locations/Geography

Alameda County developed the following characterizations of Location of Death:

- Hospital
- Nursing Facility
- Streets/Sidewalk (including parking lots)
- Outdoors (parks, outdoor spaces)
- Other's Residence
- Encampment
- Shelter (including transitional, recovery program, COVID I&Q)
- Motel/Hotel (not including COVID hotel)
- Railroad Tracks
- Jail
- Public Transit
- Road Accident (vehicle/bicyclist deaths)

Characterizing Location of Death is time-intensive and requires looking at various fields of Death Certificate Report (place of death, injury place,), HMIS and other data, and making a judgement call.



New Mexico Mortality Rates

Homeless deaths 2014-2018 (N=419)

Comparison deaths (not homeless) (N=34,658)

Table 1. Summary statistics Homeless Deaths 2014-2018 (N=419)

	Proportion	Mean	SD	Range
<i>Covariates</i>				
American Indian	.22			
Black	.03			
White	.72			
Hispanic	.24			
Male	.80			
Age		49	14.8	0-91
Accident	.46			
Homicide	.07			
Natural	.34			
Suicide	.06			
Other	.06			
Drug or Alcohol poisoning (C17)	.22			
Blunt trauma (C3)	.11			
Cardiovascular (N1)	.09			
Chronic ethanol abuse (N5)	.09			
Pneumonia (N10)	.05			
Cold exposure (C6)	.05			
Acute ethanol toxicity (C19)	.04			
Gunshot (C1)	.04			
Other	.31			

Table 2. Summary statistics Comparison Deaths (not homeless) 2014-2018 (N=34,658)

	Proportion	Mean	SD	Range
<i>Covariates</i>				
American Indian	.08			
Black	.02			
White	.87			
Hispanic	.29			
Male	.62			
Age		60	22.9	0-100
Accident	.21			
Homicide	.03			
Natural	.34			
Suicide	.07			
Other	.32			
Drug or Alcohol poisoning (C17)	.07			
Blunt trauma (C3)	.10			
Cardiovascular (N1)	.14			
Chronic ethanol abuse (N5)	.03			
Pneumonia (N10)	.02			
Cold exposure (C6)	.01			
Acute ethanol toxicity (C19)	.01			
Gunshot (C1)	.06			
Other	.57			

Sample Case 1 – OMI Autopsy

54-Year-Old White Male Died 2/22/2018 at 10:30 AM

Scene Address: Ditch behind well-known warehouse store

Manner of Death: Natural

Cause of Death A: Streptococcus pneumoniae sepsis

Cause B: Pneumonia

Field Circumstances: On 2/22 at 09:40, APD Officer contacted the OMI to report an unattended death. I arrived on scene at 10:20 and was briefed by Officer **Montoya**. At 08:56 this morning an employee of **Costco** contacted APD to advise an unknown male subject was lying on the ground, unresponsive inside a fenced area directly behind the **Costco** building. Officer **Montoya** was the first officer to arrive on scene and quickly determined the subject was, in fact deceased. The area was secured, an APD field investigator was dispatched and OMI was contacted. The decedent is known to loiter inside the **Costco** and appears to be camping in the open lot where he was discovered.



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Sample Case 1 – OMI Autopsy

Log Comments: Poss exposure, homeless. Dec known by employees of Costco to frequent area where discovered. Found this AM unresponsive on ground w/911 at 08:56. Bedding, clothing and backpack near body. Several alcohol bottles, no illicit.

Field Scene Description: The decedent is lying in a supine position on the ground of a large, currently dry water retaining pond. The area is south of the Costco building, partially fenced in except for an opening at the east side of the pond. The decedent is clad in a poly-filled winter coat, a red hooded sweatshirt, two tee shirts, blue jeans, knitted cap and hiking style boots. The decedent is not properly dressed for overnight temperatures in the upper 20's. A crude encampment is located just west of the decedents body. I observed pillows and several blankets lying on the ground. A backpack containing vodka bottles, packaged food, clothing and other personal items were also noted. I did not discover illicit drugs, weapons or tobacco.



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Alameda County: Homeless Mortality Rate

Aligned County Mortality Rates with Homeless vs. General Population by Cause of Death

Requirements:

1. Align Cause of Death data for Homeless and General Population
2. Have general population Mortality Rates by Cause of Death
3. Create a good estimate of “Average Number of People Experiencing Homelessness on Any Given Day” during measurement period. This data should be broken down by age groups (to do Age-Adjusted). This must be the same geographic area and time as general population.
4. Epidemiologists calculate Age-Adjusted Mortality rates for each group and compare through a Mortality Rate Ratio.



Alameda County Mortality Rate

Cause of Death	Deaths 2018-2020		Age-Adjusted Mortality Rate		Mortality Rate Ratio
	Homeless	General Population	Homeless	General Population	
All causes	809	30,309	2,366.1	537.7	4.4
Unintentional overdose	191	677	555.0	12.9	43.0
Heart disease	116	5969	347.2	104.9	3.3
All other diseases	83	4579	228.1	81.3	2.8
Homicide	59	288	196.1	5.8	33.8
Cancer (malignant neoplasms)	49	6549	130.4	114.4	1.1
Chronic liver disease/cirrhosis	47	530	126.8	9.4	13.5
Suicide	35	437	116.9	8.3	14.1
Unintentional or undetermined pedestrian or bike crash	33	123	100.9	2.3	43.9
All other unintentional injuries	29	617	87.8	11.4	7.7
Cerebrovascular disease	24	2,101	62.4	37.2	1.7
CLRD	21	1,177	59.4	20.7	2.9
Sequelae of drug abuse & dependence	18	58	53.5	1	53.5
R99 (ill-defined and unknown cause of mortality)	17	59	48.1	1.1	43.7
Other communicable diseases	16	519	46.4	9.1	5.1
Unintentional or undetermined intent struck by train	12	21	41.4	0.4	103.6
Alcohol overdose	12	28	36.4	0.5	72.9
Diabetes, metabolic	11	1,023	29.0	17.8	1.6
Sequelae of alcohol abuse & dependence	9	77	26.8	1.3	20.6
Hypertensive renal disease/essential hypertension	7	747	20.3	13.1	1.5
All other injuries	5	58	16.3	1	16.3
COVID	6	632	14.3	11.1	1.3
HIV	5	73	11.9	1.3	9.2
Exposure	3	9	8.6	0.2	42.8



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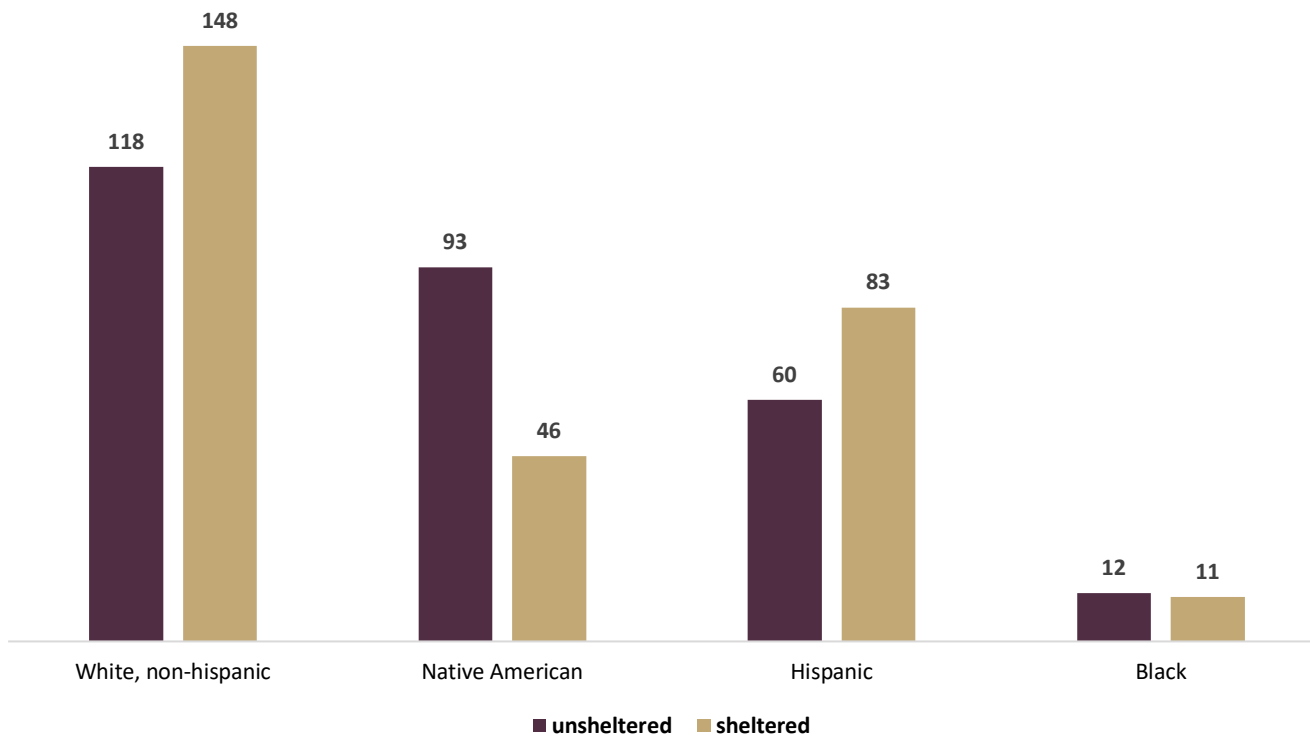
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Review of Results Orlando

- total of 236 deaths between 2019 to 2021
- disproportionate increase in accidental deaths
- majority unsheltered
- majority male between 55-65
- accidental deaths most commonly associated with fentanyl
- dramatic increase noted in 2020 with significant increase in female deaths

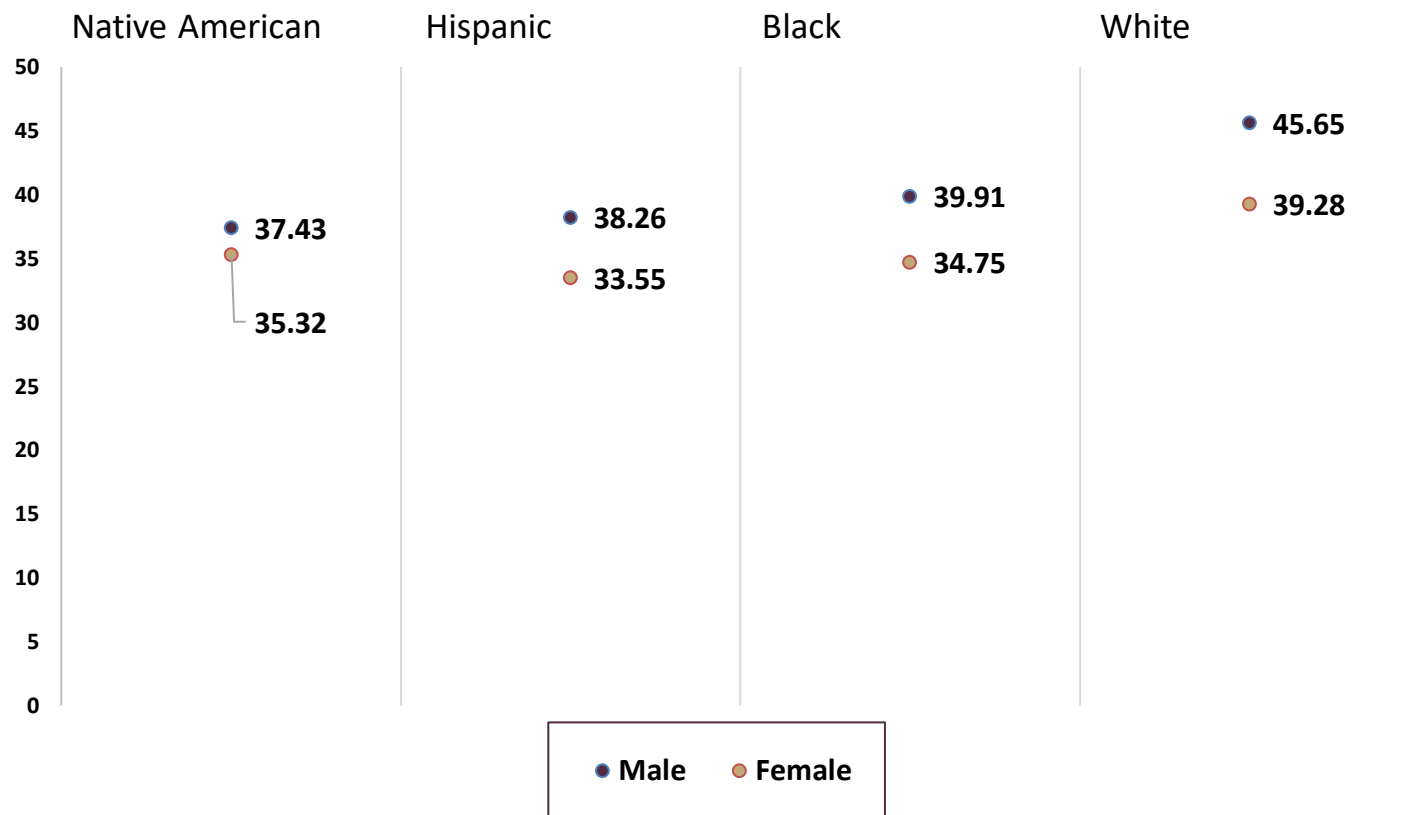
Review of Results New Mexico

Deaths by Location at Time of Death
by Race and Ethnicity



Review of Results New Mexico

Mean Age at Death by Race and Gender



Next Steps Orlando

1. Enhance low barrier access to substance use services in high use zip codes
2. Implore strategies such as medically assisted treatment and harm reduction techniques which are a pathway to prevention, treatment and recovery services
3. Increase the distribution of Narcan to outreach teams, case managers and other personnel coming into contact with high-risk individuals
4. Develop homeless mortality work-group. Incorporate more preventive care strategies in centers caring for persons experiencing homelessness to decrease the burden of preventable diseases including infectious disease associated with substance use.
5. Target outreach efforts to those unsheltered and assist with efforts to engage in behavioral health treatment using an interdisciplinary team approach
6. Provide low barrier supportive housing options for those most vulnerable
7. Collaborate with stakeholders on standardizing data collection tools to enhance accuracy of reporting
8. Target outreach efforts to those unsheltered and assist with efforts to engage in behavioral health treatment using an interdisciplinary team approach
9. Provide low barrier supportive housing options for those most vulnerable
10. Collaborate with stakeholders on standardizing data collection tools to enhance accuracy of reporting



Next Steps New Mexico

Recommendations:

1. Affordable Housing
2. Harm Reduction – build on recent expansion of Harm Reduction Act
3. Cultural Competency/Peer Support
4. Medical Respite

Next Steps:

1. Continue collaboration with OMI field investigators (e.g., annual presentation/training)
2. Review pending Intimate Partner Violence dataset flagged as homeless
3. Continued discussion of inclusionary criteria that may or may not become a “homeless” flag for OMI
4. Development of a Homeless Mortality Review Committee
5. Build partnerships
6. Distribute information



Next Steps Alameda County

1. Act on overdoses
2. County-based homeless mortality reporting systems
3. Establish countywide Homeless Mortality Review Team



Questions to Consider

1. How do we standardize mortality reporting across the country?
2. Who in your respective communities would you invite to become part of a mortality work group?
3. What vehicles do you have in your community to disseminate your findings to drive change? (CES, hospital systems, harm reduction program staff)
4. Discuss limitations to accessing various data sources used to compile mortality reports and means of overcoming these barriers.
5. Discuss impact of mortality reporting on vulnerability index/prioritization of housing resources



Discussion

What could the impact of your mortality reporting work be on health and housing efforts?



Albuquerque
HEALTH CARE
for the homeless



Health Care Center
for the Homeless

"Where health and hope go hand in hand"



Alameda County
**Health Care for
the Homeless**

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