

## Alameda County Homeless Mortality Report Calendar Year 2022 Executive Summary

A responsible and just community must work to be closely aware of the deaths of all its members, strive to learn from those deaths and implement policies and practices to reduce preventable deaths, support equitable and appropriate end-of-life services, and work to reduce the harm that preventable deaths create for families, friends, caregivers, and the community. A just community will review places and moments of death to ensure that people do not die alone and experience death in as peaceful a manner as possible.

The Alameda County Health Care Services Agency's Health Care for the Homeless (ACHCH) program and the Public Health Department's Community Assessment, Planning, and Evaluation (CAPE) unit carried out Alameda County's first-ever homeless mortality report in 2020 and carry out this report on an annual basis.

This report is based on identifying homeless deaths through data matching across County homeless services utilization lists, community and clinical reporters, and California Comprehensive Death File (CCDF) records in the California Vital Records Business Information System.

Because of the methods used, Alameda County's homeless death numbers will appear higher than those of other localities that rely solely on medical examiner/coroner's reports of homeless deaths.

### Key Findings in the 2022 Alameda County Homeless Mortality Report

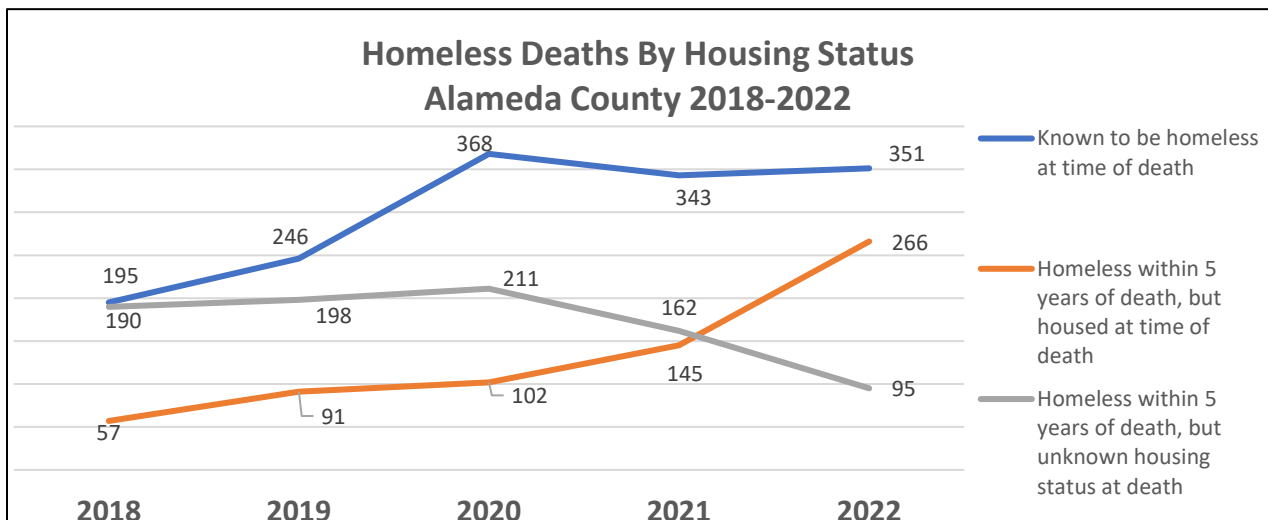
In 2022, 351 persons were determined to have died in homelessness in Alameda County. Also, there were 266 deaths of persons with a recent experience of homelessness but were housed at the time of death. Another 95 deaths were among persons with a recent history of homelessness but whose housing status at the time of death was not possible to determine.

CY 2022 Homeless Deaths	Count
People determined to have died while experiencing literal homelessness	351
People with recent (<5 years) experience of homelessness but determined to be housed at the time of death	266
Persons with recent (<5 years) experience of homelessness but with unknown/undetermined housing status at the time of death	95

The number of annual homeless deaths grew considerably between 2018 and 2020 and remained at a very high level in 2022. Between 2018 and 2022, 1,506 Alameda County residents died while experiencing homelessness:

### Alameda County Homeless Deaths 2018-2022 by Homeless Status

Year	Known to be homeless at time of death	Homeless within 5 years of death, but housed at time of death	Homeless within 5 years of death, but unknown housing status at death
2018	195	57	190
2019	246	91	198
2020	368	102	211
2021	343	145	162
2022	351	266	95
<b>Total</b>	<b>1,506</b>	<b>662</b>	<b>861</b>

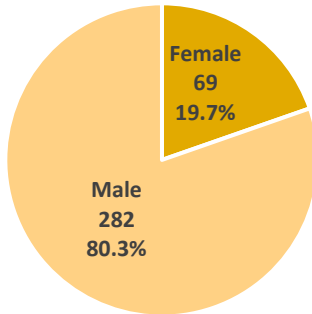


### Alameda County Homeless Deaths by Region of Last Residence 2018-2022

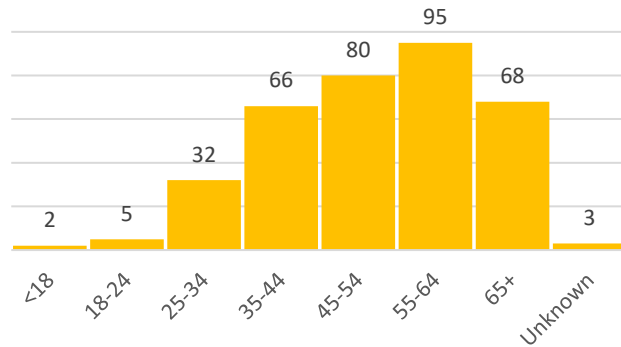
Year	Berkeley/ Albany	Mid-County (Hayward, Castro Valley, San Leandro, Alameda)	Oakland/ Emeryville	South County (Fremont, Union City, Newark)	Tri-Valley (Livermore, Dublin, Pleasanton)
2018	21	50	101	18	5
2019	22	62	126	25	11
2020	30	83	211	24	20
2021	28	55	213	33	14
2022	32	69	207	30	13
<b>Total</b>	<b>133</b>	<b>319</b>	<b>858</b>	<b>130</b>	<b>63</b>

## CY 2022 Homeless Mortality Overview

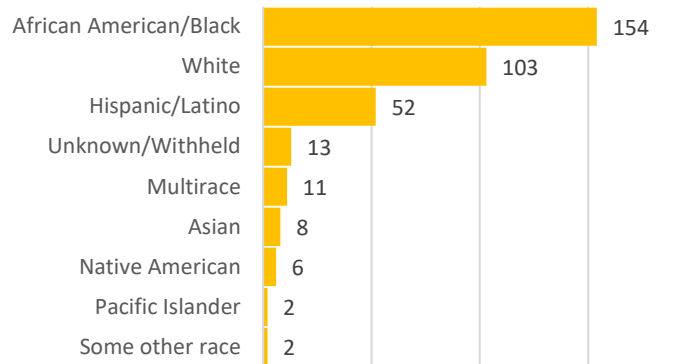
**Sex, Homeless Deaths, CY2022**



**Age Group, Homeless Deaths, CY2022**



**Race/Ethnicity, Homeless Deaths, CY2022**



Mean age of death of people experiencing homelessness:

52.2 Years

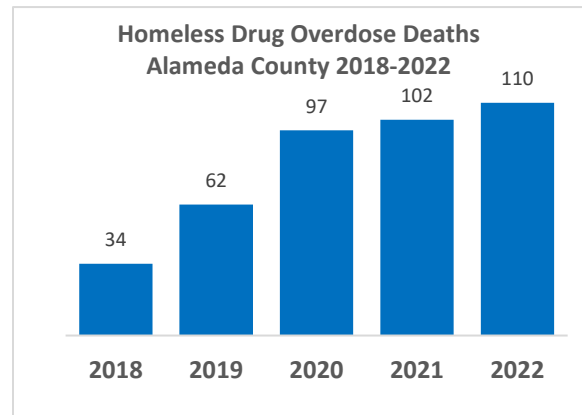
**Mortality rate:** The age-adjusted mortality rate for people experiencing homelessness in Alameda County in 2022 was 2,983 homeless deaths per 100,000, or 5.4 times that of the general population of Alameda County. For all causes of death, mortality rates are many times higher for people experiencing homelessness than the general population.

**Unattended deaths:** Seventy-two percent (253 of 351) of homeless deaths took place outside of a medical setting (e.g., hospital or nursing facility), instead occurring outdoors; on streets or sidewalks; in shelters, encampments, vehicles; other’s residences; and other locations. Forty-two percent of homeless acute/chronic disease-related deaths (65 out of 154) occurred in “unattended” settings.

**Disparities by race/ethnicity and gender:** African American/Black persons represent 44% of homeless deaths, compared to 19% of general population deaths and 11% of the general population. Men represent 80% of homeless deaths, compared to 53% of general population deaths. The mean age at death among people experiencing homelessness is 52.2 years compared to 73.9 years in the general population, a difference of almost 22 years.

## Characteristics of Homeless 2022 Deaths

**Drug overdose:** 31.3% of homeless deaths in 2022 (110) were directly due to unintentional and unknown intent drug overdoses (hereafter called ‘drug overdoses’). The number of drug overdoses among people experiencing homelessness continued to rise sharply. Seventy-seven percent of drug overdose deaths took place in outdoor settings. People experiencing homelessness have 43.9 times the drug overdose death rate of the general population.



- **Acute/chronic medical conditions:** Forty-four percent of the homeless deaths in 2022 (154) were due to acute/chronic medical conditions, led by heart and cardiovascular disease and followed by cancer, diabetes, liver disease, cerebrovascular disease, COVID-19, respiratory disease, and others. 42.2% of acute/chronic disease-related deaths were unattended, occurring outside of medical/clinical settings.
- **Accidental injuries** (excluding drug overdose) accounted for 33 (9.4%) homeless deaths, the large majority being pedestrians and cyclists hit by automobiles, followed by falls and struck by trains. Homeless pedestrians/bicyclists are 26.6 times more likely to be killed by cars than the general population.
- **Homicide** accounted for 22 (6.3%) deaths of people experiencing homelessness, mostly due to shootings and stabbings taking place in the street and outdoors. The death rate for homicide among people experiencing homelessness is 20.6 times that of the general population.
- **Suicide:** Ten people experiencing homelessness took their own lives in 2022, a rate 11.7 times that of the general population.
- **Shelter residents:** Fifty persons were known to be residing in homeless shelters at the time of death in 2022. Fifty-six percent of them died of acute/chronic diseases, 26% of drug overdoses, and the remaining by suicide, accident, and homicide. The percentage of shelter overdoses increased from 17% in 2021 to 26% in 2022.
- **Encampments:** At least 25 people died in homeless encampments in 2022. Two-thirds of them died of drug overdoses, 16% of acute/chronic diseases, 8% of homicide, and the remaining died of other causes including fire and exposure, with 8% of the causes of death undetermined by coroner.
- **Vehicle dwellers:** Some 23 persons were reported as having died inside their vehicle of residence in 2022. This is in addition to those who might have died in facilities but lived in their vehicle. Of them, 32% died of drug overdoses, 45% of acute/chronic disease and the remainder by homicide and accident.
- **COVID-19:** COVID-19 was the cause of death for six persons experiencing homelessness in 2021. Two shelter residents died of COVID-19 in 2022. The COVID-19 death rate for people experiencing homelessness was 3.2 times that of the general population.

- **Hospice-eligible deaths:** In a review of the homeless deaths, ACHCH determined that at least 61 (17.4%) of the homeless deaths appeared to be “hospice-eligible” or “expected” deaths due to terminal illness. Of these 61 deaths, 31% were unattended—taking place in shelters, outdoors, vehicles, and other settings. Of the 42 hospital or nursing facility hospice-eligible deaths, more review is needed to determine if the decedents received appropriate palliative or hospice care services.

#### Categories of Causes of Death Alameda County Homeless Deaths, 2018-2022

Category	2018	2019	2020	2021	2022	2018-2021	Percentage
Acute/chronic disease	96	114	179	152	154	695	46.2%
Drug overdose/substance abuse	49	76	105	109	122	461	30.7%
Accidental injury	21	27	34	31	33	146	9.7%
Homicide	16	15	28	22	22	103	6.9%
Suicide	10	9	16	9	10	54	3.6%
Unknown (R99)	3	5	6	20	10	44	2.9%
<b>Total</b>	<b>195</b>	<b>246</b>	<b>368</b>	<b>343</b>	<b>351</b>	<b>1503</b>	<b>100.0%</b>

#### Underlying Cause of Death, Alameda County Homeless Deaths, 2018-2022

Cause of Death	2018	2019	2020	2021	2022	Total 2018-2022	2022 Percentage
All causes	195	246	368	343	351	1,053	100%
Drug Overdose	36	61	97	102	110	406	27.0%
Heart disease	40	34	42	54	50	220	14.6%
All other diseases	17	23	43	35	28	146	9.7%
Homicide	16	15	28	22	22	103	6.8%
Cancer	15	18	16	16	21	86	5.7%
All other injuries	9	11	14	17	21	72	4.8%
Chronic liver diseases	11	13	23	8	10	65	4.3%
Suicide	10	9	16	9	10	54	3.6%
Pedestrian/bike hit by auto	7	11	15	9	7	49	3.3%
Sequelae of drug and alcohol abuse/dependence	9	11	7	7	10	44	2.9%
Unknown-R99	3	5	6	20	10	44	2.9%
CLRD (chronic lower respiratory disease)	2	9	10	7	5	33	2.2%
Cerebrovascular disease	4	7	11	4	6	32	2.1%
Other communicable diseases	1	4	11	3	7	26	1.7%
Diabetes mellitus	3	1	7	4	10	25	1.7%
COVID			6	9	6	21	1.4%
Struck by train	4	4	4	4	4	20	1.3%
Hypertensive disease	1	3	3	6	6	19	1.3%

Alcohol overdose	5	4	3		2	14	0.9%
HIV	1	1	3	5	3	13	0.9%
Exposure	1	1	2	1	1	6	0.4%
Pregnancy/perinatal-related		1	1		1	3	0.2%
Alzheimer's and dementias				1	1	2	0.1%

### Age-Adjusted Mortality Rates by Cause of Death, Homeless vs. General Population, CY2022

Cause of Death	Homeless Deaths	Homeless Age-Adjusted Mortality Rate	General Population Mortality Rate	Mortality Rate Ratio*
<b>All causes</b>	<b>351</b>	<b>2,983.0</b>	<b>554.6</b>	<b>5.4</b>
Drug overdose	110	860.6	19.6	43.9
Heart disease	50	454.1	103.1	4.4
All other diseases	28	222.1	84.3	2.6
Homicide	22	173.0	8.4	20.6
All other injuries	21	178.5	107.6	1.8
Cancer	21	190.4	14.8	12.0
Chronic liver disease/cirrhosis	10	92.2	17.8	4.8
Diabetes mellitus	10	84.4	9.6	9.6
R99	10	86.8	8.4	11.7
Sequelae of drug and alcohol abuse/dependence	10	76.9	3.6	21.2
Suicide	10	98.6	2.4	35.5
Other communicable diseases	7	51.6	9.4	5.5
Pedestrian or bike struck by auto	7	62.8	2.4	26.6
Cerebrovascular disease	6	55.6	37.5	1.5
COVID-19	6	70.1	22.1	3.2
Hypertensive renal disease/essential hypertension	6	45.0	13.5	3.3
CLRD (chronic lower respiratory disease)	5	49.8	17.6	2.8
Struck by train	4	34.4	0.3	110.5
HIV	3	24.2	1.2	20.3
Alcohol overdose	2	16.1	0.6	26.8
Alzheimer's, Parkinson's, and other dementias	1	15.3	63.6	0.2
Exposure	1	15.3	0.1	158.7
Perinatal	1	25.0	4.2	6.0

\* A mortality rate ratio of 1.0 indicates equal mortality rates between the homeless and the general population. A rate ratio greater than 1.0 indicates a higher rate of mortality among people experiencing homelessness. For example, people experiencing homelessness have a rate of drug overdose death 43.9 times higher than the general population.

## Next Steps

This Alameda County homeless mortality report focuses on data and accurately enumerates deaths among our unhoused communities. To advance this work, in 2023 the County of Alameda convened a [Homeless Mortality Review Team](#) to further analyze these data, inform the development of future mortality reports and the coming dashboards, and make recommendations to reduce preventable deaths among people experiencing homelessness.

Beginning in early 2024, instead of publishing a detailed annual homeless mortality report and analysis, Alameda County Health Care for the Homeless (ACHCH) and Community Assessment, Planning, and Evaluation (CAPE) staff will produce an online, public-facing, user-driven, and filterable data dashboard for homeless mortality data which will allow providers and the public to analyze countywide homeless mortality data. For updates, go to <https://www.achch.org/alameda-county-homeless-mortality.html>.

Specific homeless mortality data questions or requests can be sent to [achch@acgov.org](mailto:achch@acgov.org). Press inquiries should be directed to [hcsa-pio@acgov.org](mailto:hcsa-pio@acgov.org).

## Acknowledgments

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We depend upon and deeply thank our community of providers and community members who supported this effort and our collective efforts to reduce mortality, improve health and end homelessness in Alameda County.

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