

**Sheryl Recinos, MD**, Family Medicine hospitalist physician, first alumni board member of My Friend's Place (homeless youth drop in program in Hollywood, CA), award-winning author, member of NHCHC, NN4Y, NCH

**Sabra Boyd**, HHS / NHTTAC certified trainer for hospitals developing human trafficking and homelessness prevention protocols, OVC Standards of Care consultant, HHS Joint Forced Labor Working Task Group Addressing Forced Labor in the Healthcare Supply Chain consultant, SWSU co-founder, Freedom Network steering committee member, AMP advisory board member, award-winning writer, media relations consultant and peer mentor for survivors of homelessness and human trafficking, Housing Justice Project board member

**Lefty**, BSW, a disabled Navy veteran, has been deeply involved in activism since the murder of George Floyd in 2020. Motivated by her experiences and veteran status, she sold her house and relocated to downtown Phoenix in late 2021 to live with Sophia Dancel, her partner and fellow activist. Together, they work on various projects for "Unsheltered Phoenix"

**Sophia Dancel** has been a fervent community volunteer and activist since 2018, starting with Food Not Bombs and No More Deaths Phoenix. In 2020, she founded "Unsheltered Phoenix" to combat the distressing sweeps practice where homeless individuals' belongings are discarded, and they are forcibly displaced. Under Sophia's leadership, Unsheltered Phoenix has launched impactful aid projects, including delivering over half a million pounds of ice and distributing more than 10,000 coolers to those in need across 2022 and 2023. Despite facing legal challenges, including two arrests during the final sweeps of The Zone in late 2023, and subsequently completing probation after charges were dropped, Sophia remains dedicated to her advocacy. She continues to address the ongoing issue of unjust displacement and legal challenges faced by the community members in The Zone

# Homelessness Is Not a Binary:

The Continuum of Care  
When Homelessness  
is a Chronic Comorbidity

NATIONAL  
HEALTH CARE  
for the  
HOMELESS  
COUNCIL

# HCH2024

PHOENIX, AZ • MAY 13-16, 2024



Download the  
conference app



Follow the Council on social  
media and join the conversation!

This content is intended solely for participants of HCH2024.  
Please do not replicate this content for further dissemination  
without expressed permission from the presenter.



*Please submit questions for the Q&A here before the end of the presentation*

**Sheryl Recinos** (she/her) - Family Medicine hospitalist physician (California), first alumni board member of My Friend's Place (homeless youth drop in program in Hollywood, CA), youth homelessness, TTI, and juvenile justice system survivor, award-winning author, member of NHCHC, NN4Y, NCH, advocate for ending youth homelessness and protecting all children

**Sabra Boyd** (she/they) – HHS / NHTTAC certified trainer for hospitals developing human trafficking and homelessness prevention protocols, OVC Standards of Care Consultant, HHS Joint Forced Labor Working Task Group Addressing Forced Labor in the Healthcare Supply Chain, Award-Winning Writer, Child Trafficking and Homelessness Survivor, Former Hospital Admin, Survivor Leader and Peer Coach, Open Democracy Editor, Sex Worker Outreach Organizer, SWSU Founder, Housing Justice Project Board Member, Freedom Network Steering Committee Member

**Sophia Dancel** has been a fervent community volunteer and activist since 2018, starting with Food Not Bombs and No More Deaths Phoenix. In 2020, she founded "Unsheltered Phoenix" on Instagram to combat the distressing sweeps practice where homeless individuals' belongings are discarded, and they are forcibly displaced. Under Sophia's leadership, Unsheltered Phoenix has launched impactful aid projects, including delivering over half a million pounds of ice and distributing more than 10,000 coolers to those in need across 2022 and 2023. Despite facing legal challenges, including two arrests during the final sweeps of The Zone in late 2023, and subsequently completing probation after charges were dropped, Sophia remains dedicated to her advocacy. She continues to address the ongoing issue of unjust displacement and legal challenges faced by the community members in The Zone.

**Lefty**, a disabled Navy veteran with a Bachelor of Social Work, has been deeply involved in activism since the murder of George Floyd in 2020. Motivated by her experiences and veteran status, she sold her house and relocated to downtown Phoenix in late 2021 to live with Sophia Dancel, her partner and fellow activist. Together, they work on various projects for "Unsheltered Phoenix," with Lefty leveraging her disability income and personal experiences to bolster their joint efforts in supporting the community.

---

---

In The  
**Supreme Court of the United States**

CITY OF GRANTS PASS, OREGON,  
*Petitioner,*

*v.*

GLORIA JOHNSON, ET AL., ON BEHALF OF THEMSELVES  
AND ALL OTHERS SIMILARLY SITUATED,  
*Respondents.*

---

*On Petition For A Writ Of Certiorari To The United  
States Court Of Appeals For The Ninth Circuit*

---

**BRIEF OF AMICI CURIAE CITY OF PHOENIX  
& THE LEAGUE OF ARIZONA CITIES AND  
TOWNS SUPPORTING PETITIONER**

JUSTIN S. PIERCE\*

*\*Counsel of Record*

TRISH STUHAN

AARON D. ARNSON

STEPHEN B. COLEMAN

**PIERCE COLEMAN PLLC**

7730 E. Greenway Road, Ste. 105

Scottsdale, AZ 85260

Justin@PierceColeman.com

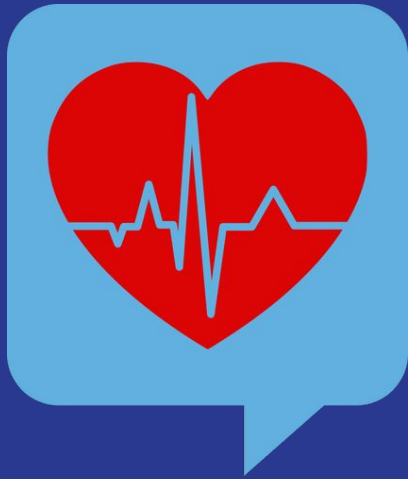
Tel. (602) 772-5506





Residual Health Impacts of

# Housing Trauma



Clinicians rarely ask patients about their health history related to recovering from homelessness.


Through case studies, lived experience, oncological and epigenetic research, and group discussions, we will explore the importance of evaluating chronic health issues with homelessness as a comorbidity even after patients have regained housing stability and recovered from homelessness.

There are huge gaps in research and longitudinal data on the health impacts of homelessness after becoming housed (again).

“Stable housing is a protective factor for better health, both primary and behavioral health, which creates opportunities to better manage and recover from illness without the distraction of finding a place to sleep and be safe.” - *Colorado Department of Public Health & Environment*

# Homelessness Is Not a Binary

*The Continuum of Care When Homelessness is a Chronic Comorbidity*



Preventing homelessness in the first place is the most effective measure. Studies have found that there are lasting economic and health impacts even after individuals and families are re-housed.

- Sleep Deprivation
- Podiatry
- Privacy
- Access to Hygiene
- Exposure to the Elements
- Access to Water and Nutrition / Hot Food
- Chronic Stress and Autoimmune Impact
- Mental Health Impact (Lasting)
- Cancer + Epigenetics
- Data Gaps
- Geriatrics
- Dental Care
- ACEs
- Chronic Stress
- Wound Care
- Access to Healthcare



# Language

- Homeless
- Houseless
- Roofless
- Unsheltered
- Somewhere safe from sweeps

...somewhere to stay safe

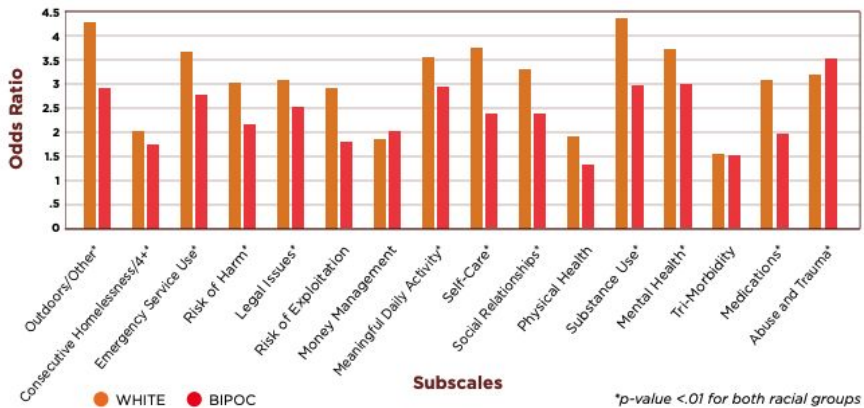


Everyone needs a place to live  
a place to sleep

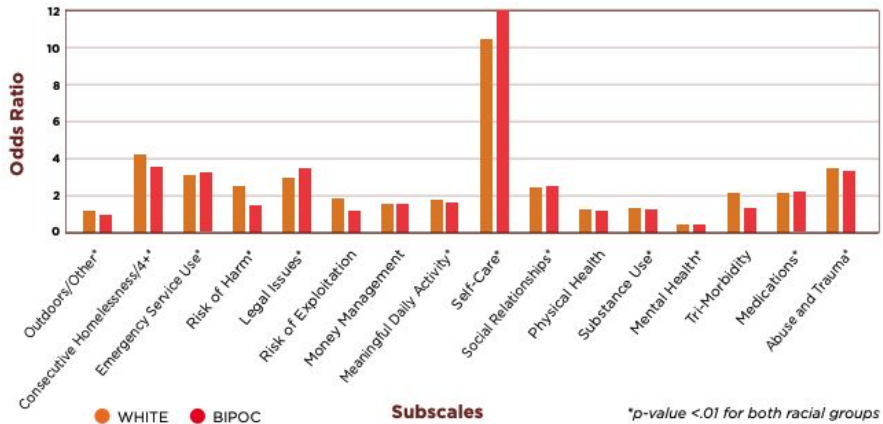
# Systemic Racism in Services & Racial Inequity in Referrals to Services

A 2019 study found that in many American cities, a disproportionately higher number of Black, Indigenous, Latine/x/a/o, Asian and Pacific Islander people experienced homelessness. However they routinely scored significantly lower than their white counterparts on Coordinated Entry System (CES) surveys with case workers and outreach workers, making it a longer and harder process to access permanent supportive housing.

**Figure 7. VI-SPDAT Subscales as Predictors of High Vulnerability Scores: By Race**



**Figure 8. VI-SPDAT Subscales as Predictors of High Vulnerability Scores: By Race (Families)**



Note: The majority of communities used the single adult VI-SPDAT rather than the family VI-SPDAT for families; therefore the single adult scoring bands were applied to this analysis.

The VI-SPDAT survey tool scores vulnerability on a scale of 0-17 to assess housing placement for people. Depending upon how people self-report, they are more or less likely to receive housing

**Scale of Scores:**

**0-3:** Recommendation for **No Housing Intervention**

**4-7:** Recommendation for **Rapid Re-Housing**

**8+:** Recommendation for **Permanent Supportive Housing / Housing First**

## 5 Example Survey Questions with Disproportionate Racial Disparity in Housing Referrals Based on Aggregate Vulnerability Data

1. Where do you sleep most frequently? If the person answers anything other than “shelter”, “transitional housing”, or “safe haven,” then score 1. [Odds Ratio (OR)=4.3 White; Odds Ratio (OR)=2.9 BIPOC.]
2. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? If “no,” then score 1 for self-care. [OR=3.8 White; OR=2.4 BIPOC.]
3. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? If “yes,” then score 1 for social relationships. [OR=3.3 White; OR=2.4 BIPOC.]
4. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Will drinking or drug use make it difficult for you to stay housed or afford your housing? If “yes” to any of the above, then score 1 for substance use. [OR=4.4 White; OR=3.0 BIPOC.]
5. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Are there any medications like painkillers that you don’t take the way the doctor prescribed or where y

# Epigenetics, Aging, and Homelessness



## *“50 is the new 75”*



- Population Ages Faster
- Median age of death (64.6yo)
  - \*increased premature mortality
- o Geriatric conditions 20 yo or younger
  - Incontinence
  - Impaired vision
  - Memory loss
  - Falls
  - Difficulty with ADLs (activities of daily living)
- o Accelerated aging more prevalent among homeless veterans
- Housing interventions focus on housing people who are the most dysfunctional
- Life expectancy 42-52 yo
- Many won't survive long enough to receive interventions (which are available at 65yo)
- Mobility, caring for medical equipment, wound care, post discharge recovery
- Cancer, epigenetics, telomere length

“If we really want to put a dent in cancer susceptibility, we must make sure that people aren't homeless and people get medical care, and so on. It's simple stuff.” - *Dr. Karl Kelsey, MD*

Privacy is a  
public health issue



# Epigenetics, Cancer, Telomere Length, and Homelessness



# Dental Care

- Disabled veterans don't get dental care unless classified disabled 100%
- Risks of abscess
- Impact on nutrition



# Unhoused Veterans

The New York Times

## ***Severe Report Finds V.A. Hid Waiting Lists at Hospitals***

[Share full article](#)



84



The Veterans Affairs medical center in Phoenix, where 1,700 patients were not placed on the official waiting list for doctors' appointments, a report by the agency's inspector general found. Christian Petersen/Getty Images

# Policing and the Criminalization of Poverty

7

## ARGUMENT

**I. CITIES SHOULD NOT BE FORCED TO WALK A LEGAL TIGHTROPE TO ENFORCE BASIC PUBLIC HEALTH AND SAFETY LAWS WHERE SUCH A BALANCING ACT IS NOT CONSTITUTIONALLY REQUIRED.**

**A. Western States, like Arizona, are Experiencing a Dramatic Increase in Homelessness.**

The City of Phoenix recently filed an amicus brief petitioning the Supreme Court to rule that sweeps are legal in the Grants Pass v. Johnson case to criminalize homelessness

**B. There is Insufficient Shelter Capacity to House the Homeless Throughout the Ninth Circuit.**

In Phoenix, like numerous cities in the Ninth Circuit, local officials struggle with addressing homelessness as there are insufficient shelter beds to accommodate the entire unsheltered population. To illustrate, in 2023, there were about 3,333 homeless individuals in Phoenix.<sup>14</sup> There were approximately

# The Health Implications of Sweeps

- Losing medications
- Losing ID to replace medications
- Compounded trauma
- Sleep deprivation
- Exposure to the elements
- Fines
- Jail (and the fees that come with it)



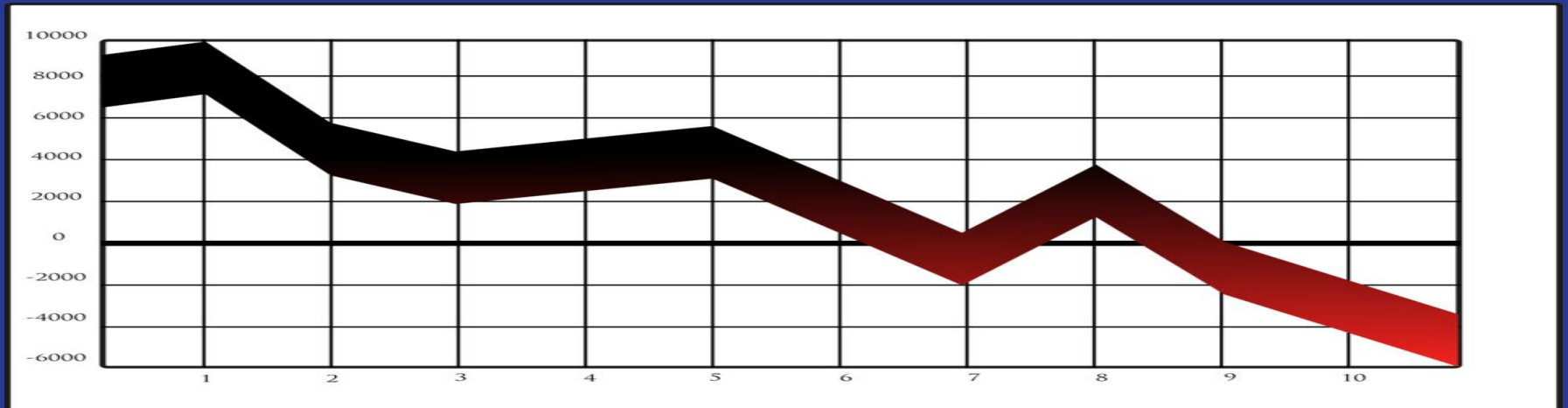
**Pragmatically, what does  
trauma-informed care look like?**



# Trauma-Informed Care

- *Ability for informed consent*
- *Language*
- *Don't make assumptions – use motivational interviewing methods*
- *Offer a cup of water*
- *Consider transportation issues*
- *Consider food and cooking restrictions*
- *Patients may not want to disclose housing status or may define it in different terms (i.e. couch surfing, etc)*
- *Currently housed patients may not disclose that they are formerly unhoused as part of H&P*
- *Culturally responsive*
- *Unhoused patients are likely surrounded by friends who are dying*
- *Seizures from police lights*

# Fluctuating continuum of poverty, housing, and trauma





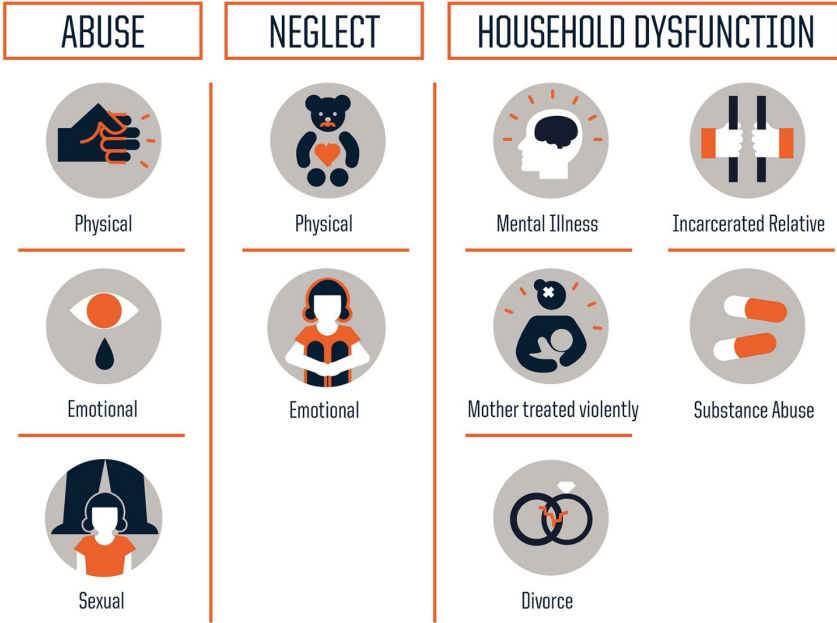
# Societal and individual costs of not implementing Housing First / Permanent Supportive Housing



# What are ACEs?

An ACE (Adverse Childhood Experience) score is a 10 point tally of different types of abuse, neglect, and other hallmarks of a traumatic childhood.

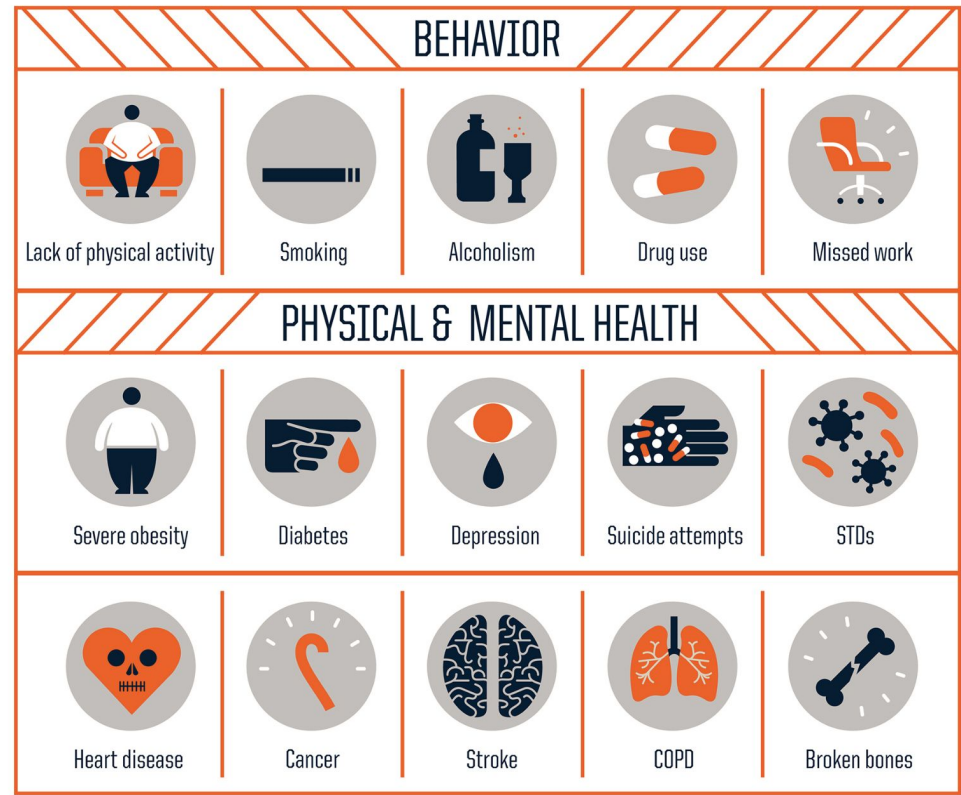
*\*It is important to note that positive childhood experiences and stability can help buffer the effects.*



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

## ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

Source: [CDC](#) and [NPR](#)

# ACEs

Youth with an ACEs score of 4 or higher were 3x more likely to be arrested and sentenced to juvenile detention or have a felony before age 24.

- [Journal of the American Academy of Pediatrics](#)

Longitudinal studies show that poverty can exacerbate the damage of a high ACEs score (4 or above).

- [Journal of the American Academy of Pediatrics](#)

A high ACEs score can cognitively damage us. It can even impair our ability to process facial recognition and recognizing emotions.

- [Child Maltreatment Journal](#)



Preventing ACEs could reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

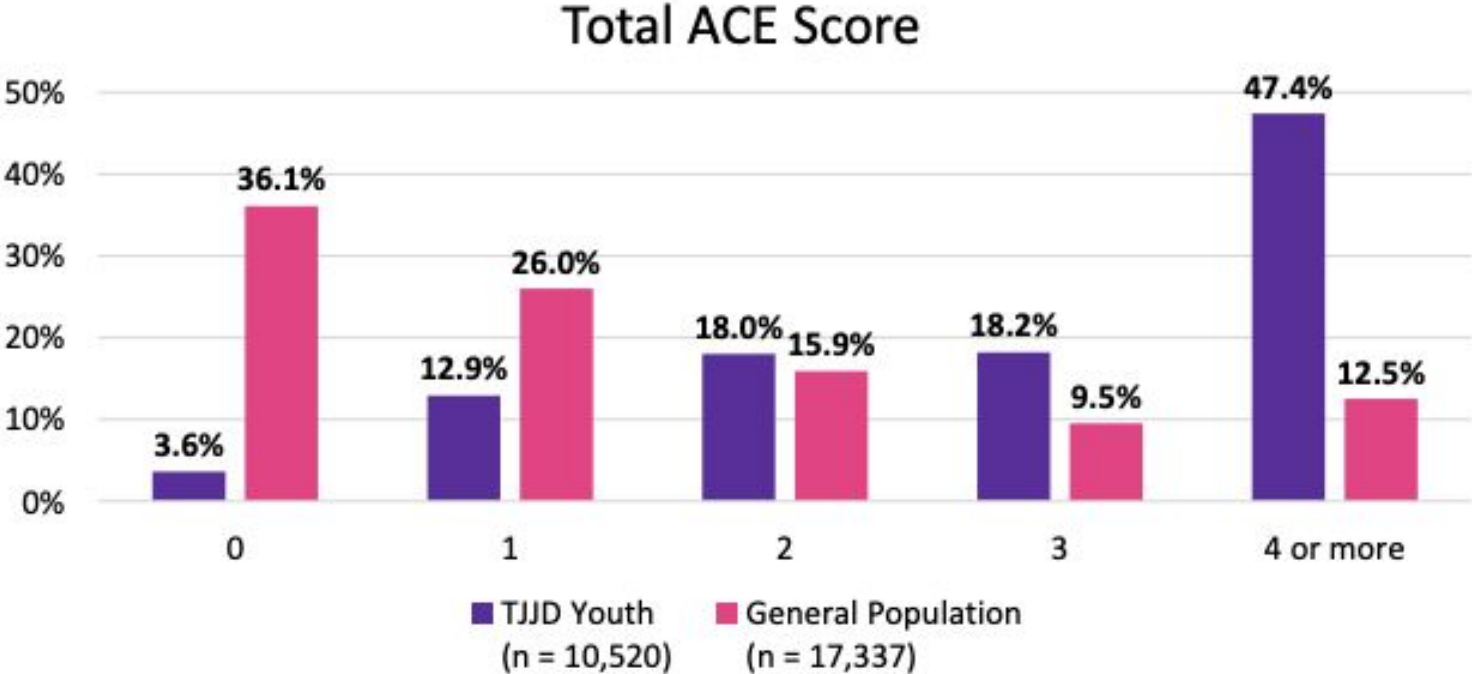
There is a strong correlation to an ACEs score over 3 (out of 10) increasing the risk factors for disease, well-being, and early death throughout the life course.

Diseases such as COPD, heart disease, cancer, and autoimmune diseases show a strong correlation to ACEs scores of 4 or higher.

Research suggests that child sex abuse puts survivors at higher risk for cancer. Although many of these ACEs-Cancer studies only captured instances of cervical cancer and more research is needed into the effects of a high ACEs score and a diminished immune system response to cancers.

Source: [Texas Juvenile Justice Department \(TJJD\)](#) and [CDC](#)

# ACE Prevalence Among Texas Juvenile Justice Department (TJJD) Youth Compared to the General Population



<sup>1</sup> ACE prevalence in the "general population" comes from the original ACE Study ([cdc.gov/ace](https://cdc.gov/ace)) and includes a sample of 17,337 insured adults. Neglect data was collected only in Wave 2 of the study, so n = 8,629 for the Emotional Neglect and Physical Neglect measures. ACE prevalence among TJJD youth is measured by mapping from the R-PACT assessment and includes all youth committed to TJJD who received an R-PACT by July 31, 2018. All differences between groups are statistically significant at the p < 0.0001 level except the Emotional Neglect measure, where there is no difference.

# Positive Childhood Experiences (PCEs)

Positive childhood experiences can offset the effects of a high ACE score.

Adults who reported a high risk ACE score (4-10), contrasted with Positive Childhood Experiences had lower odds of suffering from depression and poor mental health as adults according to a 2019 cross-sectional study published in JAMA.



Source: Bethell, Christina et al. "Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels." *JAMA pediatrics*, vol. 173,11 e193007. 9 Sep. 2019, doi:10.1001/jamapediatrics.2019.3007

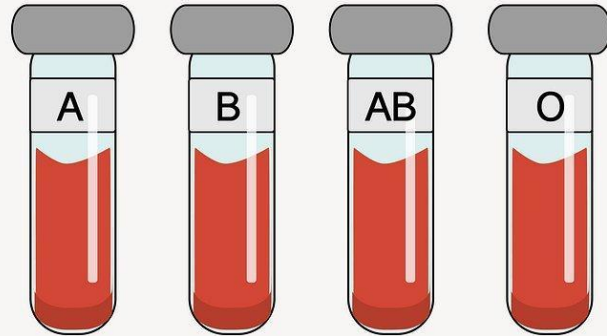
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735495/>

# Homelessness as a Comorbidity: Death Certificates, CODs, and Data

- heart disease
- cancer
- drug overdose
- chronic lower respiratory disease
- chronic liver disease



# The sordid history of medical research and exploitation of the poor







# Q&A



*Please submit questions for the Q&A here*



# References

