



Illinois Department of Public Health

Illinois Homelessness Mortality and Morbidity Report 2017 - 2022

Executive Summary

July 1 2024

Acknowledgements

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Preface

To be healthy, all people need affordable, accessible, and safe housing. Across Illinois, many households struggle to afford housing and are forced to make hard choices, such as paying rent or a mortgage instead of buying food or medicine (National Low Income Housing Coalition 2024). Families are forced to stay in housing situations that are unsafe or overcrowded. Many households struggle to access any housing, resulting in experiences of homelessness. Furthermore, these burdens are not equally distributed. For example, due to longstanding patterns of structural inequity, Black Illinoisans are eight times more likely to experience homelessness than White Illinoisans (Arenas 2024).

Health both affects and is affected by homelessness. Having a disability or otherwise struggling with health increases a family's risk of homelessness and experiencing homelessness is detrimental to a household's physical and mental health (Fazel 2014). The reality is staggering. As this report documents, Illinoisans experiencing homelessness die almost 18 years earlier than their housed counterparts. But this reality is not inevitable. Targeted investments in housing have the potential to end homelessness across the state and expansion of data-driven programs and policies, such as medical respite for people experiencing homelessness, harm reduction, and increased access to safe, accessible, low-barrier shelters, can mitigate the effect of homelessness on health.

Recognizing a need to better understand the state of health of people experiencing homelessness, the Illinois Department of Public Health (IDPH), and the University of Illinois Chicago School of Public Health partnered in October 2023 to produce this report, which draws on statewide death certificates and hospital records. The report will be repeated annually.

This work was shaped by the leadership and guidance of the Illinois Office to Prevent and End Homelessness (OPEH), a state-wide office tasked with coordinating state strategies to prevent and to end homelessness. The work of OPEH and its partner departments and agencies, including IDPH, is documented in *Home Illinois, Illinois' Plan to Prevent and End Homelessness*. The plan is structured by a foundational goal and four pillars, one of which is closing the mortality gap between people experiencing homelessness and their housed neighbors.

IDPH and the University of Illinois Chicago dedicate this report to the identified 2,520 people experiencing homelessness who died in Illinois during the years 2017-2022. The goal of this effort is to understand better the health of people experiencing homelessness and lead to support of systemic changes that promote health equity for people experiencing homelessness and housing instability across the state.

Executive Summary

Context

Between 2017-2022, in Illinois approximately 10,000 people were experiencing “literal homelessness” when tallied during the annual Point-in-Time count on a night in January each year. “Literal homelessness” is a term defined by the U.S. Department of Housing and Urban Development (HUD) to generally include people living in shelters, on the street, or another place not meant for human habitation, such as a car or abandoned building. In addition, it is estimated that 111,463 to 238,823 people per year are living with others (family or friends) in unstable arrangements, commonly referred to as “doubled-up” (based on U.S. Census Bureau data for Illinois).

Research demonstrates that people experiencing homelessness are at an increased risk and severity of many acute and chronic health conditions. Many chronic age-related conditions affect people experiencing homelessness 10-20 years earlier than the general population, often resulting in premature death. Therefore, homelessness is a significant public health concern. Access to safe, affordable, and stable housing is a core social determinant of health. Public health has an important role to play in partnering to change the conditions that limit access to housing and supporting health-promoting systems for people experiencing homelessness. To get a better understanding of health needs, IDPH partnered with researchers at the University of Illinois Chicago School of Public Health to conduct a detailed analysis of the mortality and morbidity of people experiencing homelessness in Illinois. The statewide Office to Prevent and End Homelessness provided guidance and leadership to the project.

This report utilizes death certificates and hospital data to describe the mortality and morbidity of people experiencing homelessness in Illinois. Covering the years 2017-2022, it provides public health surveillance data on the mortality and hospital-based health care utilization of this population.

Key Findings

Mortality of People Experiencing Homelessness in Illinois, 2017-2022

- A total of 2,520 deaths involving people experiencing homelessness (PEH) were identified in the Illinois statewide vital records for the years 2017-2022. Nearly all the PEH decedents died in urban counties (94.5%). By comparison, 83.5% of the general population died in urban counties.
- There has been an overall increase of 36.6% in deaths of PEH since the start of the COVID-19 pandemic, while there has been only a 6.1% increase in deaths in the general population over the same time period. This increase is independent of the deaths occurring during the three COVID-19 waves in both groups.
- COVID-19 was a contributing cause of death listed on the death certificate among 86 of the PEH decedents.
- Compared to deaths in the general Illinois population, the average age at the time of death was almost 20 years younger among PEH (PEH vs general population; 56.3 vs 74.2 years old).
- Coinciding with the younger age of death, a lower proportion of PEH died from chronic health conditions associated with the aging process, such as diseases of the circulatory, respiratory, and nervous systems or cancer. However, compared to the general population, PEH disproportionately died from drug-related overdoses (32.9% vs 3.4%), traumatic injuries (12.3% vs 3.6%), and excessive cold (3.8% vs 0.1%).
- There were almost three times the proportion of PEH murdered compared to the general population (2.9% vs 1.0%). Compared to all PEH deaths, PEH who were murdered were disproportionately 44 years or younger and non-Hispanic Black.
- Consistent with prior research, PEH decedents in Illinois have signs of greater social isolation relative to the general population.

Morbidity of People Experiencing Homelessness in Illinois, 2017-2022: Analysis of Cumulative Hospital Utilization

- A total of 1,428,984 visits for PEH were present in the statewide hospital records for the years 2017-2022, with 12.6% (179,413) identified with Z59 codes at the time of their visit. Z59 is a specific code used by hospitals to identify patients experiencing homelessness at the time of the hospital visit.
- The majority of visits occurred within urban counties (86.9%) with PEH living in greater Chicagoland (IDPH Westchester Region that includes Suburban Cook and the city of Chicago) having the highest representation. However, there are PEH visits identified in every region of Illinois.
- The most common comorbidities noted for PEH patients included hypertension, chronic pulmonary disease, substance use disorders, psychoses, and depression.
- Approximately 15-20% of visits, depending on type and coding, were injuries. The vast majority were classified as accidental injuries; however, there were 28,860 visits related to assaults and 15,578 visits following suicide attempts within the six years.
- The majority of PEH were discharged to home or self-care. For PEH, this may be a discharge to a shelter or the streets, which may result in difficulty accessing continued care or treatment, as amenities available to adequately control chronic health conditions may not be available in these settings.

Morbidity of People Experiencing Homelessness in Illinois, 2017-2022: Analysis of Hospital Data at the Unique Patient Level

- Between 2017-2022, 62,158 individuals had a total of 1,428,984 emergency department (ED) visits and admissions. There was a median of 14 hospital visits per person over these years.
- During years a person had at least one hospital visit coded for homelessness, they had an average of seven ED visits and 2.5 hospital admissions. By comparison, during years these same individuals had no hospital visits coded for homelessness, they had an average of 1.7 ED visits and 0.4 hospital admissions.
- People experiencing homelessness who were high utilizers of medical care in the hospital setting were disproportionately diagnosed with an array of serious cardiovascular, respiratory, neurologic, and renal disorders, as well as psychiatric and substance use conditions. Chronic conditions are exacerbated during periods of homelessness because of inadequate access to medical care necessary to manage these chronic conditions.

The demographics of PEH decedents were similar to PEH patients treated in the hospital setting. This indicates that a similar group of PEH was identified in both the vital records and the hospital data. In the analysis, data regarding the duration or frequency of unstable housing of those identified as experiencing homelessness was unavailable. A proportion of the people included in this analysis likely experienced homelessness only for a part of the six years. However, research shows that there are persistent adverse health effects associated with episodic or short-term homelessness (Oppenheimer 2016). More importantly, early access to general health and psychiatric services, as well as housing programs, has been shown to be associated with reduced morbidity and mortality in people experiencing homelessness. Improved surveillance data of mortality and health care utilization patterns of PEH can inform policies that address unstable housing or homelessness, reemployment and healthy work, and the health care needs of PEH.

Conclusion

Building on existing research, this report documents severe health inequities between people experiencing homelessness in Illinois and other residents. This population experiences a high burden of mortality and morbidity, specifically related to life expectancy, burden of chronic disease, accidental and violent injury victimization, substance use, and cold- and heat-related mortality. Through research into morbidity and mortality data, we seek to shine a light on opportunities to improve systems of care for people experiencing homelessness in our state. It is important to understand that homelessness is not an inevitability, but rather is driven by structural forces such as housing costs and gaps in safety net programs. Therefore, efforts to improve the health of people experiencing homelessness should seek both to strengthen systems of care for people experiencing homelessness and to change the conditions that drive housing instability and homelessness. As advocates and practitioners have long understood, housing is a health-promoting intervention. The Illinois Department of Public Health and the University of Illinois Chicago School of Public Health look forward to working with partners to build and act on this report.