

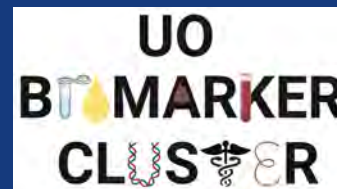
HOMELESSNESS & HEALTH IN EUGENE

INITIAL FINDINGS AND FUTURE PLANS

CO-DIRECTED BY JO WEAVER & JOSH SNODGRASS



Homelessness Policy and
Health Research Group



Collaborators



People

Faculty: Camille Cioffi, Claire Herbert, Zachary Dubois

Staff: Allissa Van Steenis

Grads: Mackenzie Ni Flainn, Tian Walker, Kaisie Frederickson, Angela Allmendinger, Hannah Cantrell, Mae Sowards

Undergrads: Dylan Podrabsky, Emma Singleton, Avi Locke, Bella Albiani, Sebastian Ibanez Sanhueza, Mason Vaughn Brown, Dylan Mitchell,



Community Partners

Black Thistle Street Aid

Homes for Good

Occupy Medical

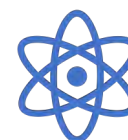
Acorn Community Café

City of Eugene Parks & Open Space

Lane Transit District

Restored Connections Peer Center

Health Care Providers: Kerry Tedesco (MD), Makena Poresky (RN), Avi Locke (EMT)



Funders

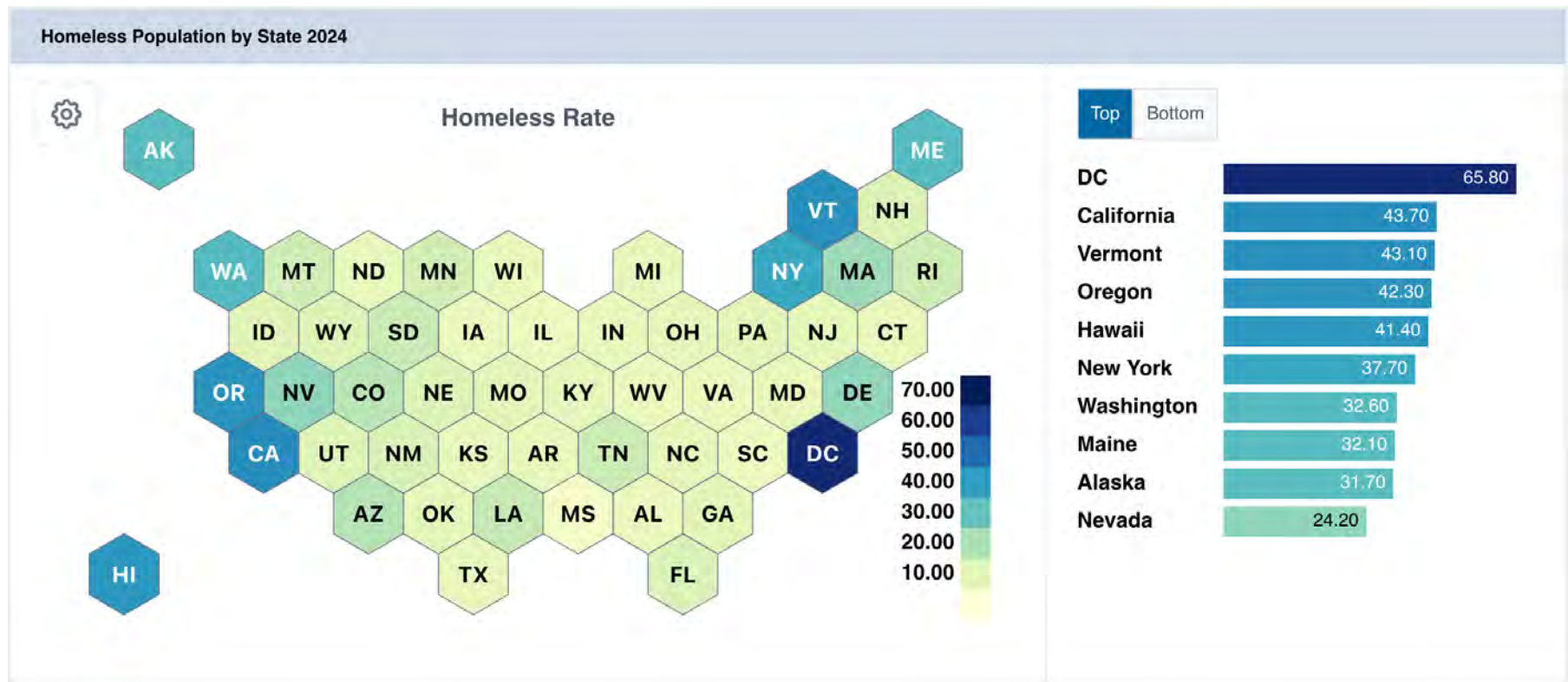
National Science Foundation

The University of Oregon

The Sociological Initiatives Foundation

USDA Consumer Protection Grants

Oregon has one of the largest populations of PEH in the USA.

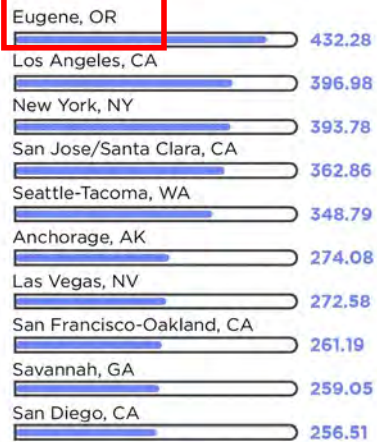


Source: World Population Review

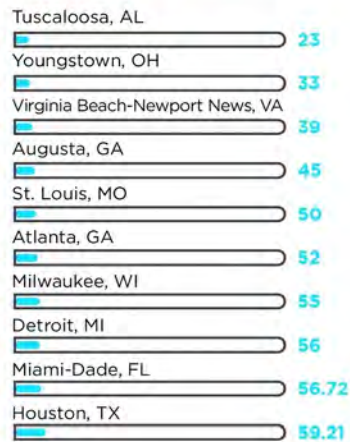
Major cities by homelessness per 100,000, highest and lowest



10 Highest



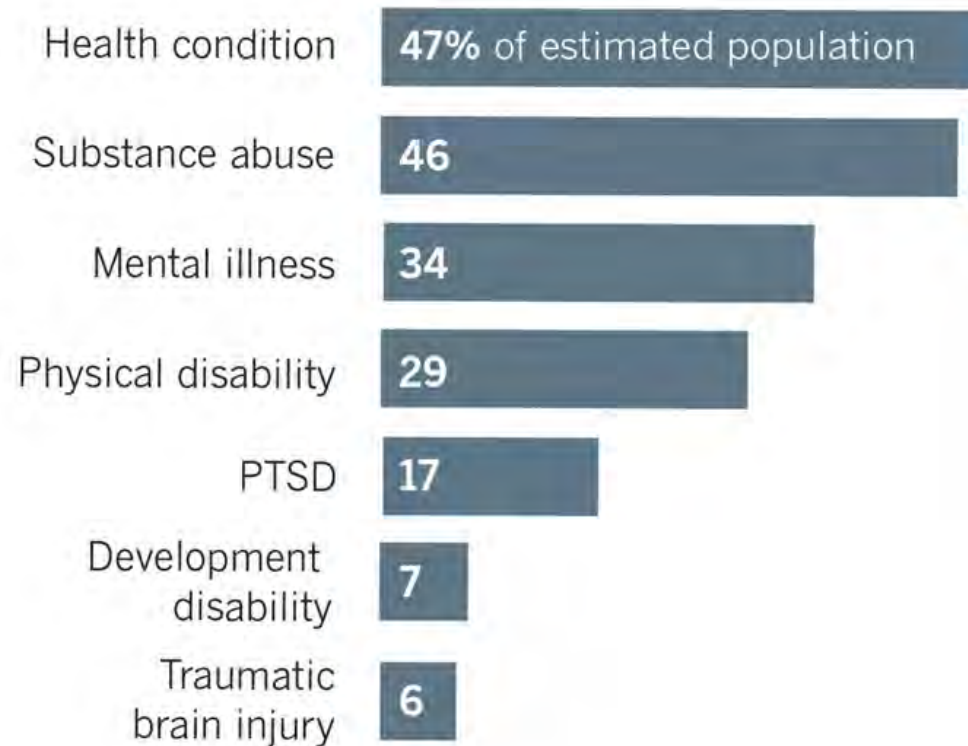
10 Lowest



...and almost all is concentrated in Lane and Multnomah Counties.

Housing
insecurity is
a public
health crisis

The Times' analysis of conditions among the unsheltered homeless population



Research gap

Despite the widespread understanding that homelessness is bad for health, its **causes and consequences on health are poorly understood.**

This limits the development of effective interventions.



Our goals

Develop a holistic understanding of the factors that drive variation in health among PEH in Eugene, with a focus on embodied stress.

Create evidence base for interventions.

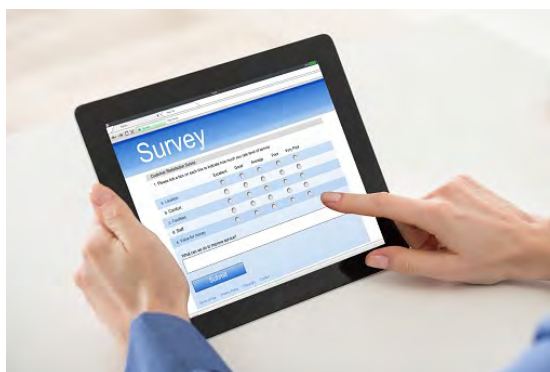
Work collaboratively to contribute to local solutions.



Methods



Questionnaires



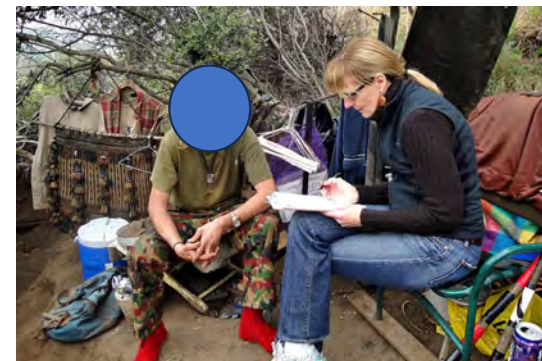
Housing history, childhood trauma, resource access, mental health

Biomarkers



Blood and hair samples to assess health and stress

Life histories



Personal experiences of being homeless

In different sleep settings (to date, n= 243)



Unsheltered
44% (107 people)



Temporary shelter
37% (90 people)



Permanent supportive
housing
19% (46 people)



Participants receive compensation + health information from point-of-care testing + opportunity to meet with a volunteer provider

Our current sample (n=243)

Female	30%
Age (avg)	49
Range 20-74	
Veteran	11%
Identifies as non-white	26%
Years unhoused (avg)	11.6
Range 0-56	

Chronic
health
conditions
are very
widespread



78% screen + for hypertension*
(as compared with 29%
diagnosed in Lane Co.)



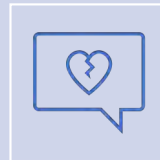
14% screen + for diabetes*
(as compared with 8%
diagnosed in Lane Co.)

*Measured by us, using point-of-care devices

“

That's the worst, whenever you're sick and the police are telling you you gotta leave. You gotta move. That's the worst feeling in the world. You don't even feel like moving at all. And you got to carry all your stuff. – Joe

Mental
health
conditions
are ALSO
very
widespread



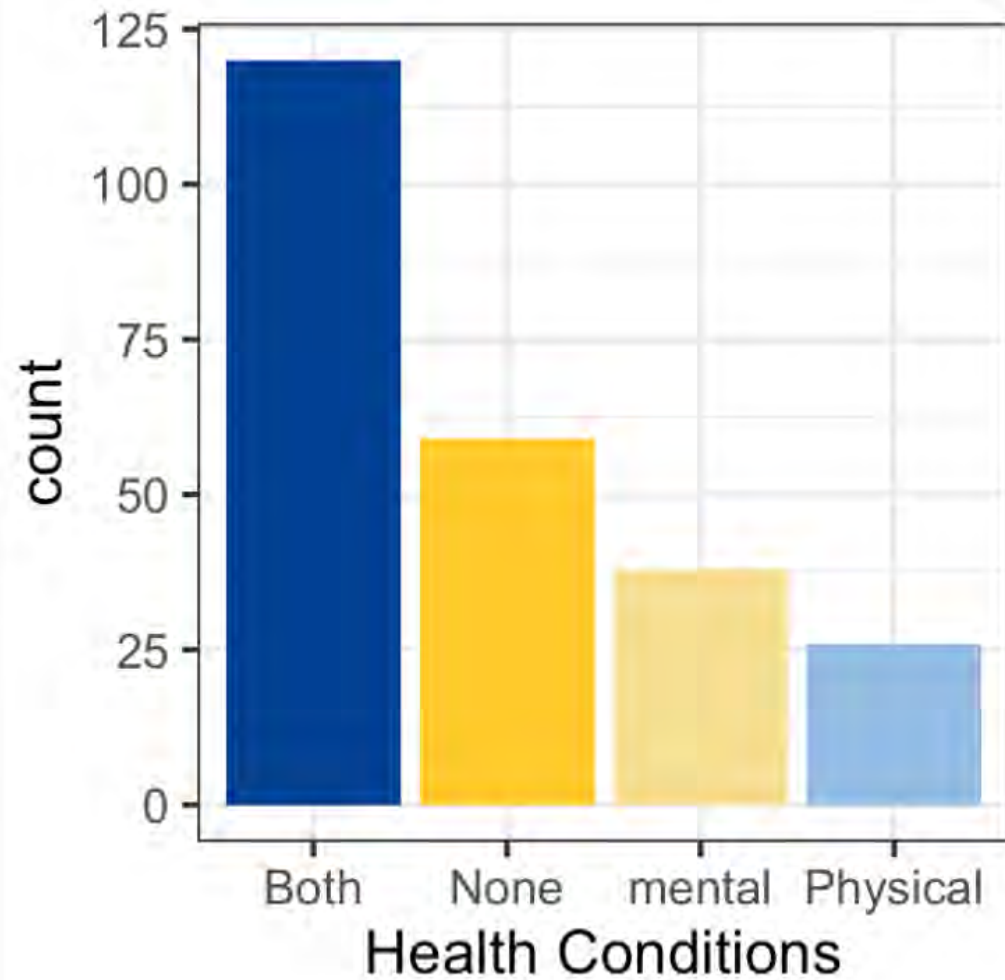
56% with depression*
(as compared with 28% in
Lane Co.)



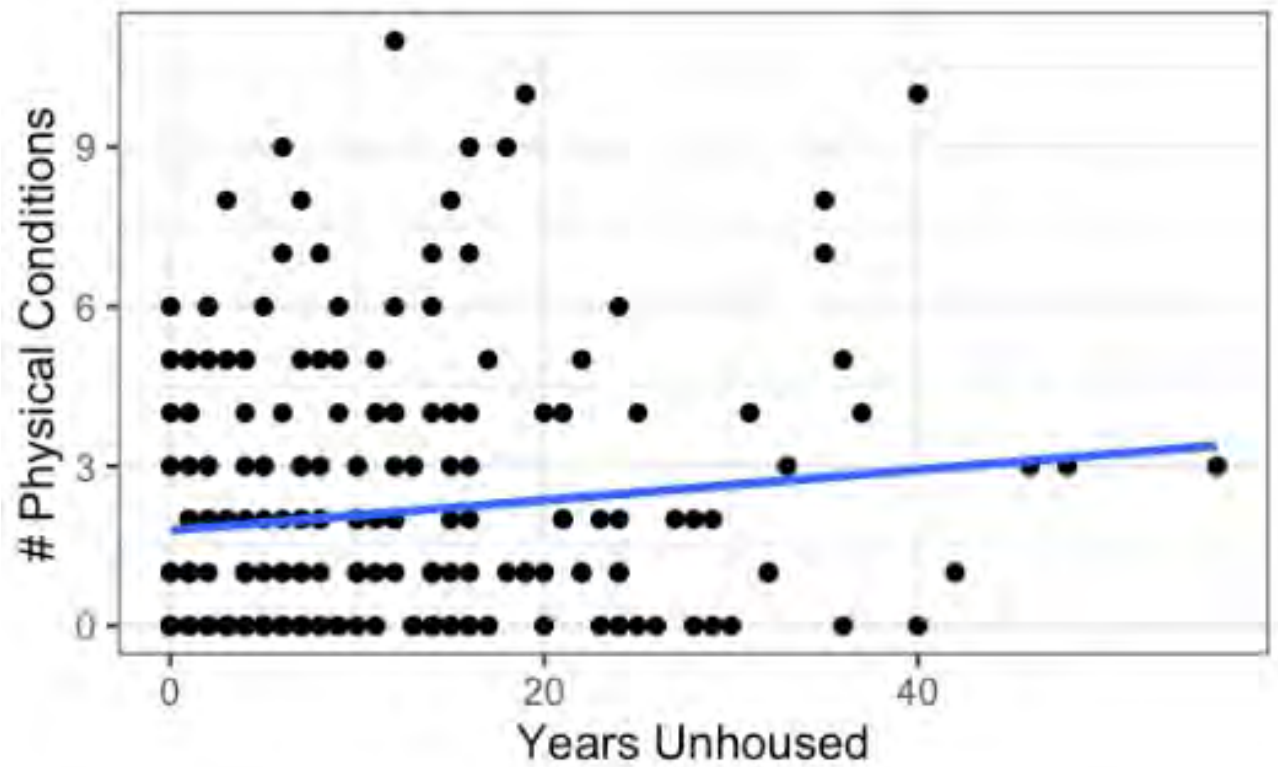
41% with anxiety*
(as compared with 27% in
Lane Co.)

*Measured by us, using symptom screening questionnaires

Those with a chronic disease are also much more likely to have high depression and/or anxiety symptoms.



There is no relationship between duration of homelessness and number of disease diagnoses.






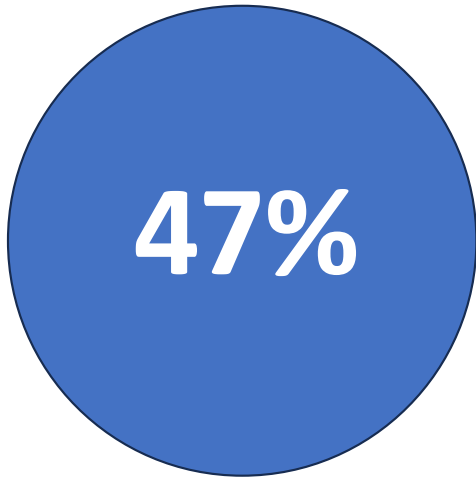
92%

People have access to
health insurance...

but much less access
to SNAP.



19%



Use drugs other than alcohol, tobacco, and cannabis

**“I'll use that if I know I have to be
awake, or, like, watch my back” - Willow**

47%

Use drugs other than alcohol, tobacco, and cannabis

“I'll use that if I know I have to be
like, watch my back” - Willow

47%

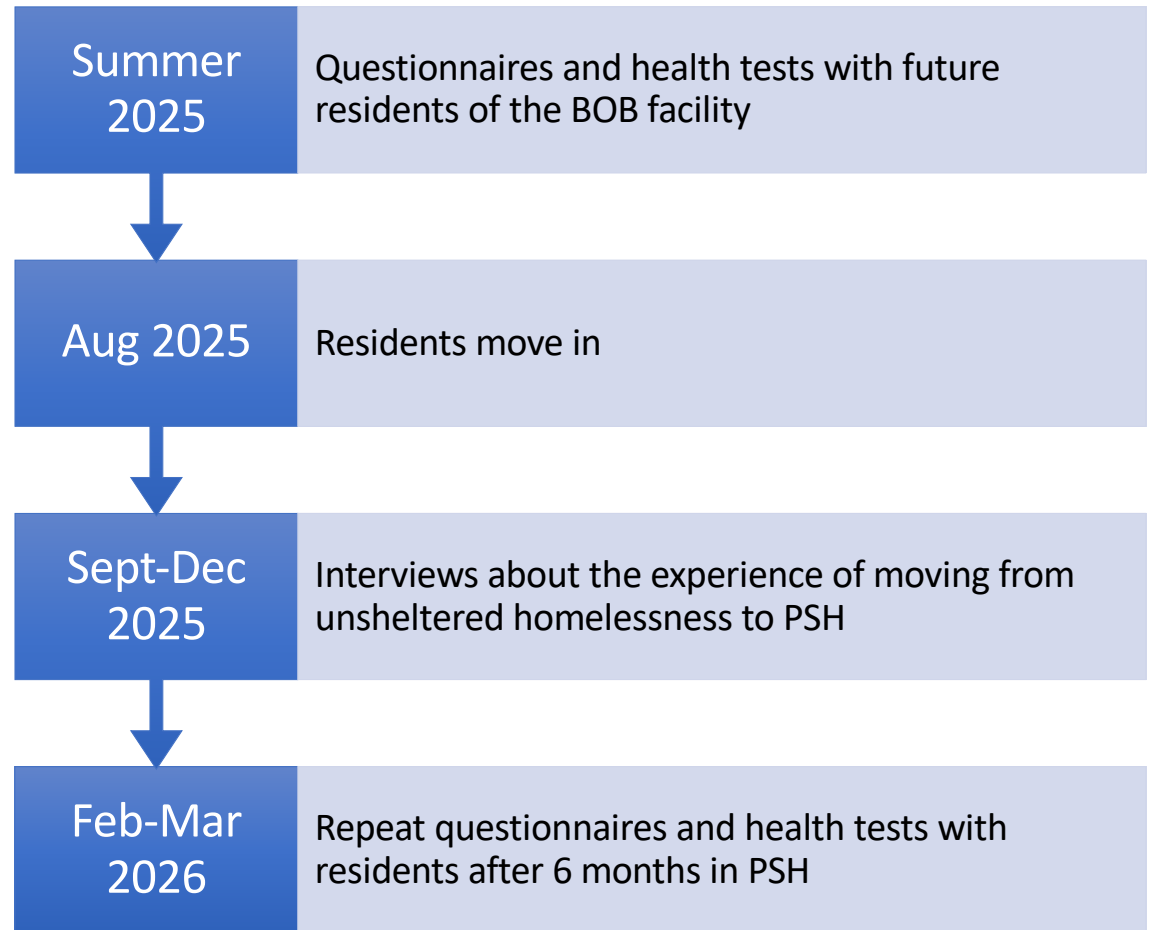
Use drugs other than alcohol, tobacco, and cannabis

“A lot of my my drug use was medical. I was trying to self medicate. And I found a doctor who actually listened to me. And they, they found out that I have an autoimmune disease” - Brad

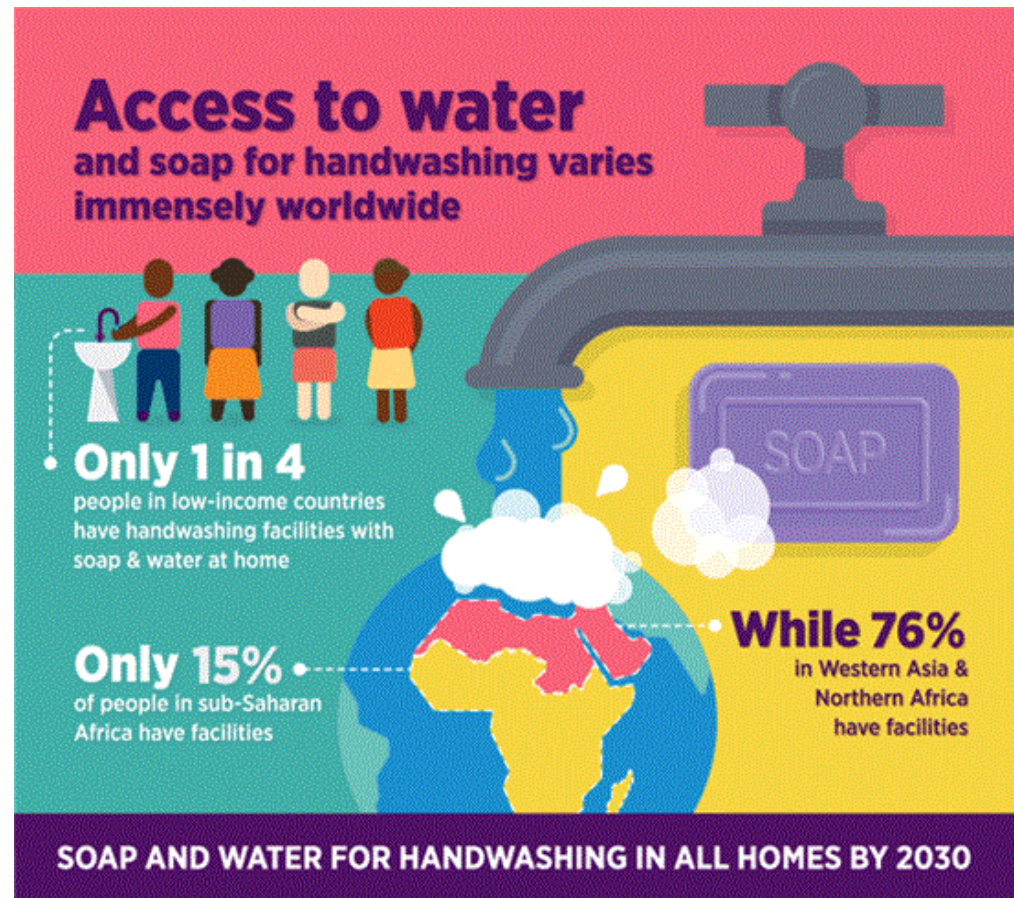
“The university hospital shut down so I can't just, you know, hop on my bike and go to Springfield or whatever, wherever it's at. Yeah, I mean, it's definitely held me back a little bit. **My hand needs help right now. But I haven't been out there yet because it's so far away. Hard to find a ride.** I don't use buses. I don't like the way everybody stares at me.” - Joe



Future data
collection:
How does PSH
impact health?



Future data collection:
Water access,
hygiene,
sanitation



Planned analyses

1. Health impacts of major policy changes during our study, such as repeal of Measure 110 and Grants Pass v Johnson
2. How social networks support and/or harm health
3. Factors that may reduce or increase stress (e.g., drug use, social networks, and forced displacement)
4. And more!

“

There's not a lot of people out there that have gone through the same thing that we have. You know—one day you got that money, and the next day it's ripped out from under you, and you've got nothing, and your house burnt down, or something happened throughout your life that you don't have housing anymore... If people would understand that a little bit more, I think things would go a lot easier, and people would quit feeling so judged. – Jake

Thank you!

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