

INJURIES AMONG PEOPLE EXPERIENCING HOMELESSNESS IN NORTH CAROLINA

Presenting data and considerations for public health action

HOMELESSNESS IN NORTH CAROLINA

is linked to higher death rates, including deaths due to preventable injuries.

The NC Department of Health and Human Services, Division of Public Health, Injury & Violence Prevention Branch (IVPB) and NC Coalition to End Homelessness (NCCEH) are working together to understand how homelessness and injuries are connected. By matching shelter records to death certificates, the team was able to calculate rates of death among people experiencing homelessness. These rates adjust for age differences, so we can better compare health outcomes.



1-IN-18
people experiencing homelessness
DIE EACH YEAR
in North Carolina

People experiencing homelessness in North Carolina **face a much higher risk of death** than people with reliable housing.

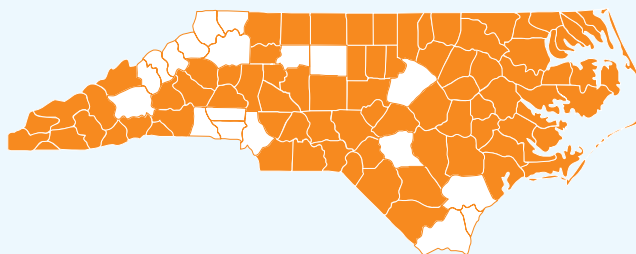
Among North Carolina's homeless population, 1 in 18 die each year, seven times the state's age-adjusted death rate.

In the homeless population, drug overdose is the most common cause of death.¹ Other leading causes of death include suicide, car crashes, pedestrian injuries, and gun violence.

People experiencing homelessness also have higher rates of death from chronic diseases such as heart disease, liver disease, and lung cancer.

This study included homelessness records from 81 NC counties, managed by NCCEH (see map for included counties). IVPB is currently working to update the data to include more recent years. With support from statewide groups, this study could eventually include data from all 100 NC counties.

Read the study: [People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates.](#)



EMERGENCY HEALTH CARE NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

People experiencing homelessness often don't have access to regular health care services, which leads to more frequent emergency department (ED) visits. Public health agencies monitor ED visit trends to track disease outbreaks and injury patterns, using anonymous data. While there are codes in the system to show homelessness, they are often not used, making it more difficult to understand ED needs for people experiencing homelessness. IVPB is working with experts and those with lived experience of homelessness to improve ED visit counting.

Early findings show that about 20,000 people experiencing homelessness visit the ED each year in NC, making up around 1 in every 224 ED visits.² The top reasons for these visits are respiratory (like COVID-19 and flu), stomach problems, alcohol-related reasons, overdoses, and self-harm.

This new method for counting anonymous ED visits is available for local or state public health authorized users of NC DETECT ([NC Disease Event Tracking and Epidemiologic Collection Tool](#)).



HOW PUBLIC HEALTH AND LOCAL GROUPS CAN SUPPORT PEOPLE EXPERIENCING HOMELESSNESS



Housing is Public Health: Homelessness is not just about how a community looks. It shows a lack of social support and raises the risk of preventable injuries and chronic health problems.



Housing First Approaches: The Housing First model can prevent injuries and deaths in many ways.^{3,4} [The NCDHHS Opioid and Substance Use Action Plan](#) supports Housing First as a way to prevent overdoses and recommends it be adopted statewide.



Incorporating Street Medicine: Health care agencies can include Street Medicine in their programming as a way to serve the unique needs of people experiencing homelessness. Street Medicine provides direct health care to unsheltered individuals where they live. The Street Medicine Institute offers program resources at <https://www.streetmedicine.org/program-resources>.



Support from Local Groups: Groups working on preventing overdose, suicide, violence, child deaths, car crashes, and other health issues can keep in mind that people experiencing homelessness face high rates of many of these problems. Groups should consider including people who have experienced homelessness in planning and reviewing their programs.



Local and Regional CoCs (Continuums of Care): CoCs can connect people to housing, other supports like mental health or harm reduction services, and sexual or domestic violence supports. This includes services for people who use drugs, LGBTQIA2S+ individuals, and sex workers. CoCs can also educate public health partners about homelessness in their communities. Local health departments using NC DETECT can apply the new case definition to learn more about why people in their community who experience homelessness visit the ED.



Evaluating Programs: Summary data, like counts of deaths and ED visits, can be requested by [contacting IVPB](#). Local coalitions and agencies can use these summary data to see how effective their programs are. Programs providing primary care, preventive care, or street medicine may help save lives and reduce ED visits, which could also save money on health care costs.



Seeing the Whole Person: People experiencing homelessness have strengths, experience, and knowledge. They bring valuable insights that can help prevent injuries and their input should be included in program planning.

¹This study linked shelter and homelessness data from 36,000 people experiencing homelessness to over 500,000 NC death certificates from 2014 through 2019. Nearly 2,000 people, about 1 in 18, who experienced homelessness were linked to death certificates. Rate ratios were age-adjusted to be more comparable.

²Study included ED visits between 2016 to 2023.

³Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *Journal of Epidemiology and Community Health*, 2019.

⁴The Evidence on Housing First. National Alliance to End Homelessness, 2021.

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