Addressing Chronic Homelessness

Guest: Ryan Hannon - Community Engagement Officer, Goodwill Northern Michigan Housing and Homeless Services

Host: Rhiannon Bednar, MPH - Project Coordinator, Region V Public Health Training Center

REGION V PUBLIC HEALTH TRAINING CENTER

Region V Public Health Training Center
University of Michigan School of Public Health
1415 Washington Heights
Ann Arbor, MI 48109-2029
rvphtc.org | rvphtc@umich.edu

[music]

Rhiannon Bednar (RB): Welcome to Ideas For Practice, a podcast of the Region V Public Health Training Center. As one of the 10 public health training centers across the country, the Region V Public Health Training Center seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode. Today, we'll be talking about cross-sectoral approaches to addressing chronic homelessness. I'm your host, Rhiannon Bednar.

In this episode, we'll be learning about chronic homelessness and how a city in Northern Michigan is using different approaches to address chronic homelessness within their community. Our guest today is Ryan Hannon, the Community Engagement Officer at the Goodwill Northern Michigan Housing and Homeless Services. Today, Ryan is here to talk with us about this important topic. Ryan, welcome to the podcast. I'm excited to speak with you today. So, before we get into things, can you tell us a little bit about yourself and about your work?

Ryan Hannon (RH): Sure. I've been working to end homelessness for about 15 years. I started in a low-barrier homeless shelter that rotated through churches, and that essentially put me under the umbrella of the street outreach program at Goodwill Northern Michigan. And when I first started back then, I noticed a big gap of people that are living in a church shelter setting and unsheltered and access to housing. So, that's how I got started in this work, and then really started to find ways to help people who were experiencing homelessness to get outta homelessness. And it was a long journey of learning and connecting and shaping practices and working to form a housing-focused street outreach program.

RB: Great. Thank you for sharing, and thanks for being here with us today. And so I just wanna start off by making sure that we all have an understanding of chronic homelessness before we get into how you're working to address it. So can you describe what it means to be chronically homeless?

RH: Certainly. We have a definition of chronic homelessness that comes from HUD, which does a lot of the funding and kind of policy stuff around housing and services for people experiencing homelessness, basically describes someone who's homeless for one year or longer continuously, and has a diagnosable disability. Or someone who has experienced homelessness four times within three years with a cumulative time of a year or more homeless, and a diagnosable disability. So essentially what it means is people with high needs that need services to help them get off of the street and are struggling out there, oftentimes sleeping rough.

RB: Thank you. And to follow up on this definition, how does experiencing chronic homelessness affect someone's health?

RB: And I realize that there's many different types of health, so, let's start by just talking about how it can affect someone's physical health.

RH: So, chronic homelessness, like I described, is a year or longer, long-term homeless. And we know that experiencing homelessness, whether you're unsheltered or sheltered, is really bad for your health, and certainly you don't have proper sleep, for example. So, as far as healing from things or your mental state, it really affects that. So, you think about chronic homelessness, the longer someone's homeless, the harder it is to get out, and the more traumatic experiences they have, the more wear and tear on their body happens. That constant stress, I can't stress enough how terrible that is, especially rough sleeping or camping. There's always a fear of someone coming along to do something to hurt you. But oftentimes, what I've seen in our rural area is people are trying to stay safe and hidden when they're sleeping or living outside.

So oftentimes, it may mean living in the woods or oftentimes kind of damp, even swampy, areas. People may have come down with pneumonia even in the summertime because of that, those damp conditions that they're constantly in. We think about even living in a homeless shelter. So oftentimes, someone may go into a shelter, they may not, or they may have gone into a shelter and they're back on the streets, but sleeping in a shelter, you still kinda have that fear of something bad happening to you, and proper sleep is not really there. Being awakened frequently. Let's say you're sleeping in the woods, you hear a noise, right? You wonder what it is and someone walking by, and that can really... Lack of sleep really weakens your immune system, exacerbates any physical ailments you may have, but also injuries just from living outside happen a lot.

RB: Yeah, that definitely sounds like it can be impactful on someone's physical health, unfortunately. And what about, how can chronic homelessness affect someone's mental and emotional health?

RH: Probably every single person that I've ever worked with had significant trauma in their life, and so, however that manifests sometimes could be in itself create mental health issues. But then first of fall, in homelessness, that initial kind of really feeling of loss really can exacerbate that. So, feeling alone, scared all the time, uneasy. And people can really, especially if they haven't had air for mental health services, people can downward spiral and really have some pretty scary mental health episodes. People are doing drastic things to survive, things they maybe never thought they would ever do before. So, I oftentimes will describe for listeners, think about the worst time ever in your life or a time you've ever cried yourself to sleep. And imagine that that's every single night.

RB: Yeah, that definitely helps kinda paint a picture in your head of... And makes it more real, I feel like. And some of what you just described might also go into this next question, but how does experiencing chronic homelessness affect someone's social health?

RH: When you watch someone fall into homelessness and deteriorate the longer they're in homelessness, and you start to see what I call social isolation, starts to set in. And even just general public interactions can really add to that feeling of invisible or people saying mean things to you or crossing the street to avoid interacting with you. And then you also have... Sometimes people are having maybe some positive experience or relationships based out of necessity surviving together. We were in a meeting the other day talking with a collaborative multidisciplinary team about gaps in our community, and when folks move into housing that are experiencing homelessness or chronic homelessness, and then if they have peers or friends that stay over can oftentimes jeopardize their housing.

I described what a predicament the person who's moved in is when they may have someone knocking on their door maybe wintertime, or they have nowhere to go, and they're wanting a place to stay and how difficult it may be for them to say no to that person because that person may have been someone who stayed warm with them under a tarp to survive in a night or multiple nights. That socialization starts to set in and most of your peers and and social network starts to be other people who are experiencing homelessness out there. So it's kind of part of a downward spiral in relationships breakdown. When people fall into homelessness or end up homeless, it's typically a series of events or a series of conditions that led to falling into homelessness, and it could be frayed family relations or oftentimes people with severe mental health issues. Their families have tried everything and there's nothing else they can do, and it's a really difficult situation, and so, they may feel like their family doesn't care for them or isn't there for them. And the longer people are homeless, they kind of... It starts to feel a sense of permanence for them and really losing what they've always known growing up.

RB: Yeah, I think that really helps put things into perspective for us. And as you've mentioned throughout all of that, there's clearly a lot of very harmful impacts that chronic homelessness can have on an individual's health, and therefore, it's important to address chronic homelessness. And one way that your organization works to address chronic homelessness is through your street outreach program. So I'm hoping that you can talk a bit more about what this program does, and what it looks like in the community, and how it's helping address chronic homelessness.

RH: Yep. I'll kinda bridge into that. There was a another point about social health that kinda goes along with this. When you're experiencing homelessness, especially chronic homelessness where you rely on others or the system or helpers to provide for you, all your basic needs and life-sustaining things are... You're always on the receiving end, so it's kind of can be damaging to your social health or your spirit, if you will, if you're always the receiver and never the giver. Keeping that in mind, our street outreach program and our approach that we use is to go to reach people, meet them where they're at, treat them with dignity and respect. Going up to interact with somebody in their camp, in a park bench, under a bridge, abandoned building, whatever it may be, we treat that person, that space as their domain, even if it's in illegal space or a public space. We really start with that very basic dignity of here they are, this is their space and almost requesting permission to enter and to help the person.

RH: So we find people experiencing homelessness. We work within a general overall homelessness response system where folks can call in for help. Oftentimes, the people we serve that are experiencing chronic homelessness or fall into homelessness and then experience chronic homelessness, they don't receive the help in traditional ways, so they may not call the hotline for help. So we have to make sure we're going to the people where they're at, having a pulse of what's going out there, going on in the community, but also, partnering, partnering in the community. And I developed over the years this housing first, housing-focused street outreach program, and knowing that it cannot be just one program, one agency, one person that does this. Homelessness is such a complex issue. It touches everything. So, building relationships with, say, the police department.

Police officers oftentimes have more frequent interactions with people who are experiencing homelessness than the street outreach program. So, working together and being a resource for the people, the police department, as far as homeless response. I wanna make a point of not doing police work, right? It's very important that we don't do police work. However, the police can help with homeless outreach efforts. So they may come across somebody or get a call for somebody. But also the public transportation, there may be a complaint of someone living in, say a bus, shelter thing, reaching out and making sure that people know how to get ahold of us and they may tell us where people may be or, things like that. But also partnering with community meals, the mental health drop-in, hospitals, that sort of thing.

So, reaching people, finding them, and then engaging. And often, in the helping industry, in the health industry, people come to us for help traditionally. People experiencing chronic homelessness and homelessness typically don't do that, or they've tried it and hasn't worked for them, whatever the reason. So we have to go to them and then work, find the way that's gonna be helpful to the person. That out-of-the-box type thinking is kind of a quote I could think about to say here. It's our job to find what's gonna work for the person. And sometimes, it can take a lot of listening or a lot of repeated visits coming over and over again and then actually doing what we say we're gonna do, not over-promising. There may be something that there's nothing we can do for the person, and being honest and explaining that really helps to build trust and rapport, and then to keep showing up. People might be unsettled, they may have distrust in the system or helpers or frankly white people, right? So we have to really be mindful of that and continue to show and build trust. And the street outreach approach does that pretty quickly with most folks.

Another trick we use is if we say we're gonna be somewhere, let's say we visited somebody in the camp and we said we'll be back next week at 3:00 with a application for a department or whatever, and we show up at 3:00 and they're not there, we don't hold that against them. We know homelessness is very difficult, so we will leave like a "Sorry I missed you" note, so just to let them know that we were there, and then indicate on there when we'll be back. And that really shows respect, and people appreciate that. The next step is assessment. We assess people and help to determine the right-sized housing intervention for them with their input. And then as a systemwide thing, we do it program-wide, too, but it's prioritized.

RH: There's not enough time or resources to go around, so we essentially use a tool that's used across the state. Our funder, one of our funders, HUD, which sets the criteria, says you have to use a common assessment tool, which is helpful. So no matter who's approaching to help end their homelessness, we're all using the same thing.

But what it does is it helps us determine basically people who are most likely to die next on the street, and then we prioritize those housing resources. We don't forget about or not work with the other people as well, but it's kind of just how the process works of the funding and the availability. Even if we had enough to go around, we would still prioritize our time, right? Like we're gonna go to this person and kind of work our way down. And so, the way out of homelessness sometimes, a lot of times for people that are chronically homeless, is permanent supportive housing. So there may be what we call like an opening or a slot available in this program, and so then we would refer and do what we call warm transfer, sit down. We've explained the program already, and we'll do it again with the person and the new worker. But that program might not actually have a place to live available at the time, right? Like, here's a person but not a unit.

So we may have to continue to engage with the person, help them to believe in the system, and hang them until a place becomes available that they can go see if they wanna live there and to find the person and connect them. So a lot of times the housing programs, they're not doing outreach and they may have an opportunity, so we'll partner, we'll go to the person, say, "Hey," or maybe there's a relationship where we're bringing that worker with us, but whatever it is, we have to make sure that connection and that refining is happening. And then I talked a bit about the solving the homelessness, the warm transfer. We talk about the foundation of housing, create buy-in for the programs, and basically, if in street outreach, we're not creating information and education and buy-in and helping the people believe in these programs that can help them, then we've really failed at what we're doing.

We talked about partnering earlier, and years ago I had a lady interested who was a nurse, and we started going to visit people and addressing some of their medical concerns out there in the streets. And now we have a street medicine collaborative called TC Street Med, and we work with... Our hospital system has a family practice, it's called, and they have doctor residents that part of their learning is participating in this treatment program. But we also partner with one of our federally qualified health centers. They have come to the table, they now have a mobile medical unit, actually, it's kind of like, think of like a food truck, but for a doctor's office. It's literally like a doctor's office on wheels. It's great. We can bring it out there. So we partnered with them, and both places work to try to help establish that primary care, but also work together or release some information and sharing, but they can share information with each other. And then also, the Munson family practice, if folks agree, if they are admitted to the hospital, they can be their hospital doctors.

I don't remember the exact term, but they're providing their care in the hospital.

RH: That really helps with the continuity of care and the relationship and a familiar person, someone they know. Oftentimes, we see people are experiencing homelessness have fear or they may not be treated the same way other people are in the hospital, so that really helps them to be able to stay long enough to get the care they need instead of leaving early before their care is done. So, connecting with that and the street medicine program was interesting. We had planned it out and got partners and we're ready to go, and then right before that, we did our official launch, COVID hit, and it was like, "Oh my goodness," and everyone... You guys all know we're spinning outta control, right?

But we had a core of us that we said, "We're gonna hang onto this, we're not gonna give it up," and we stuck with it. And then after things settled just a little bit of the family practice and the federally qualified health center, Travis Health Clinic, they said, "We're gonna do this. We're committed." And then the testing for COVID came on, and really gave us that opportunity to actually get out there. We had that foundation we planted and the partnership already built. So it worked well in those chaotic times, but we rolled out testing out into the homeless shelters, the ad hoc day shelter that we had created. And then the third phase, we actually took it out into the encampments and then it was the vaccines as well. We had a high rate of vaccination for our folks, even the ones that you had to follow up and do two of them.

And that was really the testament of the street outreach program and being out there and knowing where people are to make sure we can follow up and offer that second vaccine. So, I don't want to get too far off into COVID, but it's a good example of really working together of... The beauty of our street outreach program is we're full-time. I mean, we don't usually work on the weekends sometimes, but we know where people are, where their movements are, where... Like as their health deteriorates or something like that, we help the street medicine that comes out two times a week, prioritize, "Okay, who's worse off now?", and then helping to get that makes it efficient as it can be and getting to the people that need us most.

RB: Yeah, those are some great examples, and just all of what you said, it sounds like you are coming at this issue from so many different angles and with so many different partners. And it's great to hear that you're all working together to try to solve this issue and help the community. And one thing that I kinda wanna go back to that you mentioned is a housing-first model. Can you talk a little bit more about that, and what exactly that means, and why it's a successful model?

RH: You talked about coming at this from all different angles. It's all different angles pointing in the same direction, and that is to help people end their homelessness ultimately. We can give people blankets, tents, sleeping bags, bring their medicine right to them all day long, but they're still homeless, right? So this partnership is really beneficial. We see a lot of... When you go out and you experience what we see out there in the streets, you quickly become a housing advocate, so that's great. But the housing-first model is an idea that people are ready to be housed. They want to be housed, and we help them get housing without any preconditions. Meaning, they don't have to be sober, they don't have to be in tip-top mental well shape there.

RH: We meet people where they're at and house them there in that condition. And it works because...

Well, I'll take a step back. 15 years of working with people out there in the streets and helping them sometimes go to mental health treatment, substance abuse treatment, whatever ailments they're facing over and over and over again sometimes. But if they come out almost still, it's almost like they never went. So, the idea of that hierarchy of needs are met, basic needs are met, and then that healing can begin. So, offering housing without preconditions. And sometimes people don't believe you at first, but then part of that is that trust we built and then you believe in the system and moving someone in. And it works because people are met on their terms and their stage of change, whatever it may be. And so, we're able to do that. And then the model is met with permanent supportive housing. So they have a worker that we warm transferred to. Like I said, in that outreach, that warm transfer phase could be multiple meetings if needed.

Oftentimes it could be one, but it could be kind of encouraging and helping that client to build trust in the new person. But that person can help address any issues that they may have. And in that prioritization tool I talked about earlier, where we rank people most likely to die next, it looks at 15 domains of what may be going on. So we sit down right from the beginning and they're informed about this process. They know, they see the rationale, and why we scored them the way they did, and we ask them about their strengths and what their top strengths are. Then we ask them about what their biggest challenges are, and then we ask them what they wanna work on and which one first.

So for example, one of the myths of people just wanna drink all day and be drunk folks that suffer from alcohol use disorder, that essentially were dying on the streets, when they move into a housing, we go through that process and they determine, we don't even prompt 'em or ask 'em. They say, "My alcohol use is my biggest concern, and that's what I'm gonna work on first." And it's so... I'm getting a little emotional right now because it's so counter to what we believe or think in in culture. And it's just in that setting, in that process. It just... It's amazing to me how that happens. So, housing first, that's an example.

We had one woman who, she was in her mid-30s, we would often find her passed out in a ditch or along the railroad tracks in a wooded area, and bad stuff happened to her all the time. And I was convinced she was gonna die on the street. She did not, however. I don't accept that, but in the back of your mind, it happens. We were able to get her into an apartment, and her first goal of her housing was she wanted to be able to walk into her apartment rather than crawl, because she would be so intoxicated, she couldn't walk. And that may not seem like much, but that was her first goal. And she's now... This is about seven years ago, and she now is still living there, but is now completely sober. And it's amazing. And I don't wanna promise everyone's gonna be completely sober, but people's use goes down over time almost in every circumstance like that. But that's a great success story. And that's a housing-first model.

RB: Yeah. That's a very powerful story, and I just got chills when you were explaining that. That's really great to hear, that there is success that comes out of that type of a housing-first model. And so it just sounds like there's a lot of great work that you and your organization and your partners are doing within your community, and all of it kinda seems to tie in really well with social determinants of health. So, I'm curious, do you think it's possible to address chronic homelessness without addressing social determinants of health?

RH: That's a great question. When you think about ending homelessness and the great work we're doing in our community is not by accident, and it's not unique. Housing-first is the best practice in ending homelessness world. So, I'm really grateful to be connected to lots of people that are really smart and know this kind of stuff we're going to implement. But when I talked about, we assess people and look at their needs and their history, and the social determinants of health are part of that all altogether. We cannot address homelessness, we cannot end homelessness, we cannot address chronic homelessness without housing. And the social determinants of health is part of that. People don't live well, living homeless. They cannot be well. So when we're addressing homelessness with the housing-first model in housing, we are addressing social determinants of health.

I remember, a few years back, the state-wide push to... Looking at the social determinants of health and how do we respond to them? And the first meeting or two, there was nobody from the housing or homelessness world, and all their meetings, they talked about how we're gonna reduce obesity, reduce overdose, improve health outcomes as a system. Every region they went to and township and community, whatever it was, like housing was their number one thing. And then they reached out to us and we became part of that community health innovation region, worked together. So that was really positive. But it's interesting. It doesn't matter who approaches me or who I talk to, whether it's the business community, the health community, the criminal justice or criminal reform community, the mental health, everyone says housing is their biggest need. We cannot address it.

I remember there was a guy... So in our outreach program, we're targeted, we reach people who are homeless, we go there, but when there's extreme weather events like blizzards or a heat index that's really high, we go around and check on people. And there was a day it was really hot and we were doing that and we went to one of the spots and there was a guy laying there. I might get a little emotional on this one, too, because he looked like he was actually dead. It looked like a dead body laying there. He had no shirt on. There was dirt skid marks on him and bugs crawling out. And there were two guys sitting there. His peers drinking and we're coming along, we had our water bottles. We're like, "Hey guys, what's going on? Is he okay? Isn't... " I'll use a fake name. I'll say Tony, "Is Tony okay?" And they're like, "Yeah, he's okay. He's just... Don't worry. We keep dragging him out of the sun and into the shade, and that's how he got those dirt marks."

And I'm like... He wasn't responding. I could tell he was alive, but he was not awake.

RH: I'm like, "I'm calling the ambulance." And people experiencing homelessness often don't like attention or first responders like that. And I was inside, "I have to call, I have to call." And it turned out he was experiencing a heat stroke or something like that. But he went to the hospital, and it was about three weeks it took to get his physical health back in shape. But he suffered from mental health disorders, substance and alcohol use disorder, substance use disorder. And I had known him a long time. He had been homeless probably 10 years at this point. And he went into the hospital three weeks, and then he worked with the hospital people there, and he's like, "Yes, I want to go into some substance abuse treatment."

And he went into like a partial hospitalization, but he stayed there. But there was a gap of time between when he was released from the hospital and entered into this program. And so as the outreach worker, I took the time to negotiate with these players to line up those dates. He did that, and then he was determined he needed like longer inpatient treatment, alcohol use disorder treatment, and he got accepted to that. But it was, again, another gap there, and negotiated that, and then he went and was... We're in a rural area, so it was a hour and a half away. Did that and then completed that, and then was able to go into their step-down, they call it transitional housing after substance abuse treatment that you can live sober living. He did that for a little while, didn't ultimately work out for him, but he came back home, if you will, into our homeless shelter and then housed.

But my point of all this was that work it took in between each transition, normally that stuff doesn't line up and the funders determine this and that. But it worked. But in street outreach, we do not have the capacity to do that with everybody. And that's why I like our partnership with community health workers now, because they can help to negotiate that kind of stuff and working together can help and that... I don't wanna take away from the housing-first model, because ultimately, this guy got into permanent supportive housing and prolonged his life. He since has passed on, but it took a long time. But that working with... Thinking about those social determinants of health, working within that, it's all together.

RB: Yeah. No, I think that makes sense, that you can't really address one without addressing the other. And I do wanna go back to something that you mentioned earlier, kind of about misconceptions around people who are experiencing homelessness. There's people out there who are like, "Oh, they choose to be homeless," or "They're lazy and they don't wanna find a job or housing," which is not true. So, how do you counteract these misconceptions within your community?

RH: Well, I tell stories about the people I see and the interactions and the evidence. And we see evidence of people we were able to move directly from the streets, chronically homeless, into housing that's successful. That's good for facts and data, but you need also stories, too. But I talk about how much hard work it is to live homeless. It's not like you're sitting at the beach with margaritas, right? It is a struggle, no matter what your issues are. It is difficult to survive. Drying your tent sleeping bag when it rains.

RH: Oftentimes, people are reluctant to leave, because if they go into somewhere to get some help or get a meal or whatever it is, then they come back, their stuff's stolen, so they work together to... People to try to do that.

Oftentimes, you walk a a heck of a lot. I went to Washington, DC for advocacy one day in April, and I walked and walked and walked and my feet and my legs hurt so much. But that was just one day. Every day, people are walking. They may take some transportation here or there, but they do a lot of walking. I've also never met anyone who wanted to be out there. When I talked about our outreach efforts and our approach of trying to find what works for the people in the traditional methods or the requirements that are put on, people can't meet or are sick of trying, it's not that. It may appear that they want to be out there, but they're just not able to meet whatever conditions are to get out. So that is not accurate. There's lots and lots of people that suffer from alcohol use disorder, substance use disorder, mental and wellness that never, ever, ever fall in homelessness.

And certainly, people that are marginalized suffer from this and don't have a good network and stuff like that, are higher likelihood to fall into homelessness. But it's really not the use that drives them, if you will. So, I kinda talk about that and the success stories about getting out and just listening to people. Sometimes people will say... When someone actually does talk to them, you think of the stigma and how it feels to be homeless. When someone's listening, they might say things like, "I wanna be out here," or "I can drink whenever I want." They say those things. What I've found was they're trying to preserve dignity. They're kinda saving face. It's easier to talk about, "I wanna be here," and preserve your pride than, "I'm here and there's no way out."

I often will also do what I call outreach immersion. I will have decision-makers maybe shadow me: People who make policy, politicians local, state, or federal, or people that are involved in some decision-making organizations so they can see firsthand of what goes on. And it's really powerful. One story I had was working with the city on... They wanted to manage trash and encampments. They view the trash as their trash, like they do downtown. And so, kinda going through there and navigating pickup points, if you will, for the city to pick up trash and taking one of the guys... He's retired now, but he worked for the city and he had some misconceptions and thought people wanted to be there and was really respectful out there, but really didn't like this situation.

He was able to talk to folks when we went out there to find these pickup points, so they knew that... He talked to a guy who was actually coming outta his tent to go to work. This city worker guy was just so... Couldn't believe that this guy was like... Had a job and was going to work in a downtown restaurant where a lot of people go and enjoying and it's fancy and then really don't realize what's happening on the back end. So, taking people and showing them in a respectful way, it's a fine line, right? We're not going on a tour or it's not like a zoo. They are accompanying me in something I'm actually doing out there.

RH: And you interacting when you're talking about folks about what's their next step in their housing plan, and you've got someone who has no idea about homelessness and they see that, it really helps to change minds.

Also, I started doing... Years and years of doing this in a rural area. There's not a small town. People know me. I'm kind of local famous, if you will. So I've started these things like coffee chats, and I do a lot of going to others' coffee chats and public events and things like that, but this is more intimate and really focused on conversations about ending homelessness and what it is. And it's been actually more successful than I really anticipated quickly enough. So far, it's been actually people who are peripheral, maybe on the fence, people were supporters that have additional questions, 'cause homelessness is a complex issue.

One question I had was a lady who is working in a school, I think it is, but her neighbor was talking about the encampments, and how terrible, and the trash, and seeing in just negative rhetoric without knowing really what's going on. So she asked me, "How do I talk to my neighbors about this situation?" so I was able to educate her in this coffee chat, which, I talk about this stuff all the time, on the news and in events and podcasts and presentations and Slack shows, but to really talk and listen, it was more personal for her, and now she's able to go spread the word about how the only way out of homelessness and to get rid of the eyesore that you see is through housing. But ultimately also, we have a shortage of shelter. We work to end homelessness. If someone moves into a shelter, they're still homeless. It doesn't get rid of the problem, but it's a more safer way for people to be. And if we don't have enough adequate shelter in our community where people are supposed to go, they're gonna be out there. So, talking with people and listening.

RB: Yeah, I think those are great ideas. I love that idea of a community coffee session where it's just, like you said, more intimate, people can speak freely about it and ask questions. And so as we've kind of talked throughout this whole podcast so far, it takes a lot of people in organizations in the community all kinda working together. And so, what are some actions that public health professionals can take to help address chronic homelessness within their communities?

RH: I would certainly say support the work. Every community has what's called a continuum of care. Ours happens to be called the Northwest Michigan Coalition to End Homelessness. But there's a homeless response system in your community, it may look a little different as far as there might be not as enough street outreach as what's needed or enough housing. But working with those professionals that are working to end homelessness and supporting that. Also, like with our street map, we work together when we go, we help... There may be the doctors tending to a wound, they're also talking about their housing plan and then advocating for things in the community. We know that there's a lack of shortage of housing all across the country of all types of income levels, but oftentimes, people are homeless and have little to no income, zero to 30% AMI, are the most affected.

RH: So, advocating with the people like me who are advocating for housing, it's even more powerful and a bigger reach when healthcare professionals, your doctor, is saying, "We need housing for people," is really, really beneficial. And certainly learning about the myths we talked about in healthcare. A lot of the health workers that I work with are very smart people, they're very educated, but even those misunderstanding of homelessness is where those myths come from, and it's hard for us to grasp how someone could actually be homeless in our society today. And it's almost like so foreign to our brain, we just think people wanna be there, so, learning about that. And then talking with people who are experiencing homelessness, volunteering in a homeless shelter, community health workers working in community settings where people who are homeless are helping them, it really starts to help change people's minds.

And treating people with dignity and respect, kinda the bedside manners of healthcare term, like really understanding. When someone comes to your doctor's office or your emergency room and they're homeless, it took a whole lot of their will to actually go there, 'cause they don't like to go there because they're not treated well, so if they're showing up, there's a big need. They're not coming there to have a nice, safe place to stay in a hospital ward winning Salisbury steak; it is a real need. So, understanding those things. And we've worked with the hospital. Sometimes, there'd be discharged from the ER at 1:32 in the morning, and that's not usually good situation, especially in the wintertime.

RB: Yeah. And I think some of what you mentioned could probably relate to this next question, but what about the general public? Is there anything that they can do to get involved and to help those that are experiencing homelessness in their communities?

RH: I often say things like say hello to someone who's experiencing homelessness. Look them in their eye when you do it; don't just ignore them. And sometimes people ask, "Well, do you give them money?" Well, if they're asking, if you want to, sure, but I always say make sure you know their name. Sometimes, people will call up or send me a Facebook message, "Hey, Ryan, there's a homeless person over here," and I say, "Well, what's their name?", and they can never tell me. So, knowing someone's name is so important. Volunteering in a homeless shelter or a day shelter or places that provide food. Those are good, safe places to interact with people to be able to help and get to know someone. But also to listen. Like I said, it's hard to be the receiver all the time. Sometimes what we do is we think we know what's best for somebody. You may want to give them a sandwich and they may not wanna sandwich. And they might be allergic to peanut butter. We don't wanna be offended if they don't take what we have to offer. So listening to what people need is a really powerful way to help.

But then once again, advocating for housing. There may be a housing development in your community or apartment building where there's gonna be a certain number dedicated for people who are homeless. Come support that. People kinda get fear, like, "Oh no. We're gonna have people who are dangerous in our neighborhood," and I'm telling you people experiencing homelessness are much more likely to be...

RH: Like 99% more likely to be a victim of a crime than the perpetrator of a crime. And even if it was true, would you rather than be in a place where they could be rather than sleeping in the alley or the bushes down the road. It's really important that we help people have choice of a place to live, not just the middle class and the wealthy, but also people that are struggling.

RB: Yeah, thank you for sharing that. And those are some great recommendations, and hopefully our listeners can take some of those ideas with them to help their communities and those experiencing homelessness in their communities. And so as we wrap up today, I just wanna end by asking you, if there's one piece of information you'd like for our listeners to keep in mind about this topic as they move on with their day, what would you like that to be?

RH: I would say homelessness is a result of the larger policies that affect people with mental health journeys. People don't choose this. Supporting people with housing and to care for healing is the only way to end homelessness for people that are living in.

RB: Thank you, that's a very important note to end it on, and Ryan, thank you so much for joining us today to share your knowledge and your stories and experiences and just provide some insight for us on this topic. And to our listeners, we hope that you've learned more about addressing chronic homelessness and what this can look like within a community. Feel free to check out the transcript and resources in the podcast notes. Funding for this podcast is provided by a the Health Resources and Services Administration. And with that, we'll end it here for today. Stay safe and stay curious, everyone.

[music]