

Research on the intersection of homelessness and health in New York City reveals significant health disparities and systemic inadequacies that perpetuate the vulnerabilities of this population. This literature review thematically synthesizes findings from multiple studies to highlight the nuanced challenges faced by homeless individuals, mainly focusing on population subgroups such as LGBT youth, mothers and infants, and older people.

Forge and Ream (2014) investigate the unique challenges faced by homeless LGBT youth in New York City, highlighting substantial health disparities and service gaps. The study reveals that LGBT youth are at greater risk for victimization, sexual risk behaviors, substance use, mental illness, and suicidality compared to their heterosexual peers. Despite the availability of LGBT-specific shelters and transitional living programs, mainstream services often fail to serve LGBT youth, leading to further marginalization. The authors emphasize the need for more targeted interventions and increased capacity of LGBT-specific services to address the health needs of this vulnerable population effectively. The methodology involved data analysis from NYC health service databases, reviews of existing literature, and insights from fieldwork, including volunteer and consultancy roles in organizations serving homeless LGBT youth. The results show that conflict with parents is a primary reason for homelessness among LGBT youth, and emergency shelters need to work with families to reintegrate youth to bring stability.

Valencia et al. (2011) provide a comprehensive overview of the intersection between homelessness and mental health from 1994 to 2006. Their analysis of NYC Shelter System Register data and primary reports reveals alarming health disparities within the homeless population. The authors critique the crisis management approach of NYC's shelter system, which focuses more on immediate needs rather than addressing the root causes of homelessness. They advocate for a shift towards a holistic approach that includes mental health support and long-term solutions. The study found that the homeless population in NYC exhibits higher rates of HIV/AIDS, tuberculosis, and substance use disorders. In 2006, two-thirds of hospitalizations among the homeless were due to substance or alcohol use or mental illness, with the death rate being twice that of the general NYC population.

Reilly et al. (2019) focus on the health outcomes of mothers and infants living in NYC homeless shelters compared to those in public housing. The study finds that mothers in shelters are generally younger and more likely to belong to a minority group. Infants born to homeless mothers are more likely to have poor health outcomes, such as low birth weight and preterm birth. These families are also more likely to use Medicaid than those in public housing. The research utilized matching of NYC Department of Homeless Services shelter addresses with NYC Housing Authority developments to NYC Department of Health birth certificate data from 2008-2013. The results indicate significant health disparities, with homeless mothers experiencing higher rates of gestational diabetes, hypertension, and anemia. The study suggests comprehensive support services, like the Newborn Home Visiting Program (NHVP), could help reduce these health disparities.

Culhane et al. (2013) examine the changing age demographics within the homeless population, focusing on the increasing number of older adults among people experiencing homelessness. The study utilized data from the Homeless Management Information System (HMIS) to analyze age trends. The findings show a significant increase in homeless individuals aged 50 and above, which is attributed to the aging of the general population and specific vulnerabilities faced by older adults. The authors emphasize the need for tailored services for older homeless individuals, including healthcare, housing,

and social support. The study highlights the policy implications of this demographic shift and calls for adjustments to address the growing age-specific issues within the homeless population.

Salit et al. (1998) examine the hospitalization costs associated with homelessness in NYC. The study compares the lengths of stay and reasons for hospital admission among homeless individuals and other low-income groups. Using hospital discharge data for 18,864 admissions of homeless adults and 383,986 non-maternity admissions of other low-income adults, the researchers found that homeless individuals had significantly more extended hospital stays and higher hospitalization costs. Substance abuse and mental illness were the primary reasons for admission among homeless patients. The study highlights the potential for reducing hospitalization costs through housing and supportive services for people experiencing homelessness. The authors suggest that providing housing and supportive services could lead to long-term cost savings by reducing the need for hospitalizations.

In conclusion, these studies highlight the critical need for targeted interventions and comprehensive support services tailored to the specific needs of different subgroups within the homeless population. Addressing these needs through policy changes and increased service capacity can significantly improve health outcomes and reduce the economic burden of homelessness in New York City.