Advocating for and Assessing the Vulnerability of Unsheltered Individuals

To Streamline Outreach Efforts



Nandana Ahuja, MPH Candidate

Health Policy and Management and Health Promotion and Disease Prevention

Preceptor: Chris Knestrick, Northeast Ohio Coalition for the Homeless



Master of Public Health Program

BACKGROUND

The Northeast Ohio Coalition for the Homeless (NEOCH) exists to eliminate the root causes of homelessness while loving the diverse community through organizing, advocacy, education, and street outreach.

POPULATION

NEOCH primarily serves individuals experiencing homelessness, including those in shelters, housing programs, or living unsheltered on the streets or in encampments.

LEARNING OBJECTIVES

- Analyze systemic barriers to housing through policy research and community engagement/canvassing.
- Use trauma-informed and inclusive communication strategies in outreach and housing support services.
- Synthesize insights from educational modules to inform discussions, outreach, and advocacy work.

ACTIVITIES

- Connecting individuals to housing and other resources with the outreach team.
- Conducting research and planning events with the advocacy team.
- Visiting different resource centers around Cleveland, to learn local homelessness.

LESSONS LEARNED

As a nonprofit, NEOCH highlights the important role of community-based groups in public health. I learned that:

- Collaboration is essential, as multiple teams intersect to address the root causes of homelessness.
- "Big-picture" thinking is vital, as even small policy changes can significantly impact health outcomes.
- Flexibility is necessary, as public health work in grassroots settings often requires shifting priorities.

IMPLICATIONS

Cleveland's homeless landscape mirrors national trends, showing that advocacy, engagement, and communication are needed at the community, state, and federal levels.

The policy analysis report and outreach coordination tool can help to address disconnects between homeless services and prioritize equitable care.

DELIVERABLES

Policy Analysis Report

Implications of Removing Unsheltered Status from the NE Ohio Continuum of Care Vulnerability Index

NEOCH works with other organizations through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC), which coordinates homeless housing and services. The CoC uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize individuals for housing and services based on mental, physical, and social vulnerabilities.

Although unsheltered homeless individuals face significantly worse health, safety, and service access than those in shelters, some propose removing "unsheltered" status from the Vulnerability Index.

	Argument Against Removal	National Evidence (compared to sheltered homeless)	Cleveland / Cuyahoga County Specific Evidence*
Health Disparities	Unsheltered individuals experience worse physical and mental health outcomes.	 Mortality rates are 3x higher in Boston Significantly greater and higher food insecurity in OK City 	 Homeless individuals** in Cleveland have higher rates of mental health diseases and substance use disorders
Healthcare Access and Utilization	Unsheltered individuals face more barriers to accessing and utilizing healthcare services.	 More likely to skip care due to transportation in MI (36% vs 17%) Women are less likely to report utilization of any health service in LA 	-
	Unsheltered individuals are disproportionately impacted by the criminalization of homelessness, sexual assault, theft, and violence.	 50% experienced violence; increased by chronic homelessness in 5 US cities Women are more likely to be assaulted (+29%) and robbed (+45%) in LA 	 Individuals can be ticketed/arrested for being in public areas after hours Oral histories describe targeted police sweeps during public events

Table 1. Results of literature review on the vulnerability of unsheltered homeless individuals compared to sheltered homeless individuals.

Outreach Coordination Tool

Shareable By-Name Spreadsheet Coded to Address Outreach Disconnects

NEOCH conducts outreach alongside several volunteer organizations, but groups work at different times, and did not consistently share notes. This made it difficult to track who was living outside, their location, and needs. To address this, NEOCH needed a tool used internally and externally to keep all pertinent information in one space.

MASTERLIST	OUTREACH TABS	NEW	REQUESTS	MOST RECENT
Maintains NEOCH's most accurate by-name list with locations. Pulls organization specific locations and notes as well.	Each group has their own tab where they enter date of contact, notes, and requests for individuals. If the individual is on the Master List, organizations will verify NEOCH's location with theirs.	Pulls individuals not on the Master List for NEOCH review. NEOCH can then update the Master List to include these individuals.	Tracks service requests from outreach tabs. Can then be updated with status.	Pulls latest location and notes across all organizations for individuals on the Master List. Flags discrepancies in locations.

Figure 2. Spreadsheet Workflow

DIRECT ACTION

During my practicum, I had the opportunity to meet with a representative from Congressman David Joyce's (OH-14) office to oppose HUD funding cuts through the "Big Beautiful Bill."

Specifically, I highlighted the proposed \$49 million reduction to the Office of Lead Hazard Control and Healthy Homes' grants.

Following our discussion, we provided a letter and leave-behind for Rep. Joyce.

WE ASKED OHIOANS WHAT STABLE HOUSING MEANS TO THEM. THIS IS WHAT THEY SAID:



Recognize that HUD provides crucial support services for your constituents and the people of Ohio.

We urge you to fully fund HUD and adopt the Senate's Budget Appropriation FY26 Proposal.

REPRESENTATIVE JOYCE, DON'T LOCK OHIOANS OUT

Figure 3. Leave Behind Flyer For Direct Action

ACKNOWLEDGEMENTS

I would like to thank my preceptor, Chris Knestrick, as well as Kait McNeeley, Chelsea Horvath-Black, and Drew Martin for their guidance during my practicum. In addition, I'd like to thank everyone at NEOCH, for welcoming me into their space and work.

Thanks to the other interns, Anthony, Kym, Leila, Manasvi, Simone, Solomon, and our intern coordinator, Devon Skufca, for this experience. Lastly, I'd like to thank the Master of Public Health Program and Department of Population and Quantitative Health Sciences at CWRU.

^{*}There is a gap in the literature about unsheltered individuals in Cleveland

^{**}Compared to non-homeless individuals