

Addressing the Unmet Needs of the Unhoused Population: A Call for Action

Chiderah Iheagwara, Sydnee Blackburn, Natalie Chau, Aryanna Dickerson, Aysha Frazier, Niya

Joshua, Cynthia Lopez, Muriel Locke

Old Dominion University School of Nursing

NURS 462

Dr. Beth Tremblay, RN, PhD

July 26, 2024

Addressing the Unmet Needs of the Unhoused Population: A Call for Action

The purpose of this paper is to explore the sociodemographic characteristics, actual and perceived health status, and the internal and external influences affecting the health of the unhoused population. Addressing the unmet needs of the unhoused population is a critical and urgent task. This community, often marginalized and underserved, faces a myriad of challenges that impact their overall health and well-being. By examining these factors, we aim to highlight the significant barriers that this population faces and propose targeted interventions to improve their access to healthcare, enhance their quality of life, and ultimately reduce homelessness. This paper will conduct a comprehensive assessment and literature review to provide a detailed understanding of the sociodemographic characteristics, health status, and influencing factors affecting the unhoused population. Through this examination, we aim to identify actionable insights and recommendations for healthcare providers, policymakers, and community organizations. The ultimate goal is to foster a more inclusive and supportive framework that addresses both the immediate needs and underlying systemic issues faced by the unhoused population. By prioritizing targeted interventions and promoting interdisciplinary collaboration, we can work towards meaningful improvements in the health and well-being of this vulnerable community.

Assessment

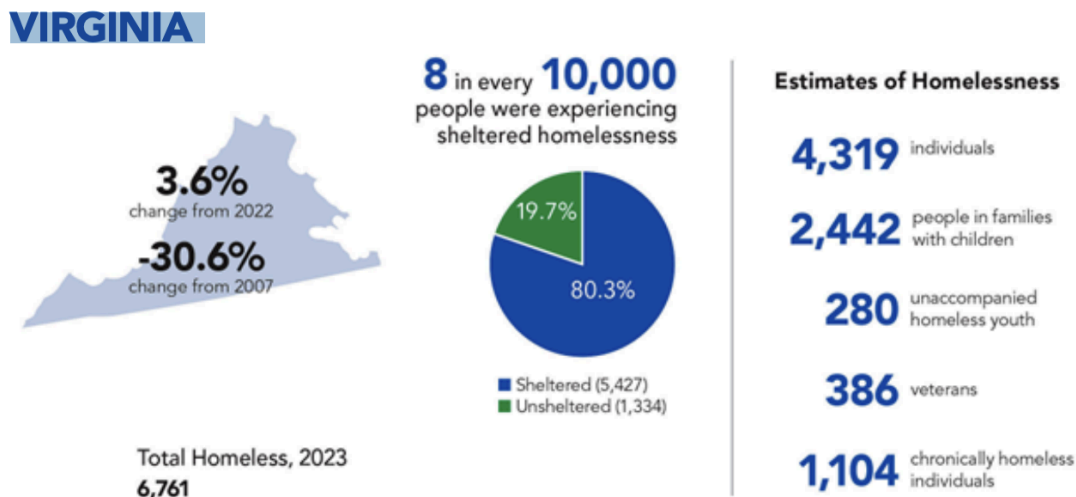
Aggregate

The aggregate that we have had the opportunity to work with is the unhoused community. The unhoused population is extremely underserved. There are limited resources available for the

homeless community. Along with the limited resources, the resources that are available for the community are not always accessible to people who do not have a means of transportation. Furthermore, the unhoused population is also underrepresented. Many people do not care about the homeless population due to their own preconceived beliefs of how they ended up in their situation. For these reasons, we selected the homeless community as our aggregate. Access was gained into this community by working directly with the People in Need Ministry. The People in Need Ministry serves the homeless population in Virginia Beach, Virginia and offers an abundance of resources. Our group worked with the clinic side of the People in Need Ministry which is staffed with ODU faculty and students. Since our group worked on the clinic side, we were able to care for and interact with many people experiencing homelessness. Before gaining access to our aggregate, we conducted research in a previous class to learn more about the homeless population.

Figure 1

Illustrations of Estimated Homelessness Individuals in the State of Virginia



Note. The unhoused population has decreased -30.6% since 2007. However, these numbers may not include every unhoused individual.

Sociodemographic Characteristics

Addressing the unmet needs of the unhoused population requires understanding their sociodemographic characteristics, including the high prevalence of mental health and substance use disorders, and barriers to healthcare access. Actual health issues, such as infections and untreated chronic conditions, are exacerbated by poor living conditions and a lack of medical supplies. At the same time, feelings of hopelessness and low self-esteem often diminish perceived health status. Internal influences include mental health challenges and a lack of health knowledge. In contrast, external influences involve limited access to resources, social stigma, and systemic barriers like inadequate funding and restrictive policies. These factors collectively impact the overall health and well-being of the homeless community.

The table below (Figure 2) illustrates the demographic characteristics of people experiencing homelessness in 2023, highlighting disparities between sheltered and unsheltered individuals. Notably, 60.5% of the homeless population are male, with a higher percentage (68.2%) among the unsheltered. Individuals aged 45-54 make up a significant portion of the unsheltered population (21.5%), while those under 18 are more represented among the sheltered (25.5%). Additionally, non-Hispanic, non-Latino individuals account for 72.5% of the homeless population, with similar proportions in both sheltered and unsheltered groups. The racial breakdown shows that 37.3% of the homeless population are Black, African American, or African, with a higher percentage (42.6%) among the unsheltered. These statistics underscore the diverse and complex nature of the homeless population, necessitating targeted and comprehensive approaches to address their unique needs.

Figure 2*Illustrations of Demographic Characteristics of People Experiencing Homelessness in 2023*

	All People		Sheltered People		Unsheltered People	
	#	%	#	%	#	%
All People	653,104	100%	396,494	100%	256,610	100%
Age						
Under 18	111,620	17.1%	101,072	25.5%	10,548	4.1%
18 to 24	47,436	7.3%	32,662	8.2%	14,774	5.8%
25 to 34	118,882	18.2%	70,135	17.7%	48,747	19.0%
35 to 44	130,387	20.0%	66,535	16.8%	63,852	24.9%
45 to 54	106,690	16.3%	51,625	13.0%	55,065	21.5%
55 to 64	98,393	15.1%	52,053	13.1%	46,340	18.1%
Over 64	39,696	6.1%	22,412	5.7%	17,284	6.7%
Gender						
Female	250,009	38.3%	172,855	43.6%	77,154	30.1%
Male	395,160	60.5%	220,270	55.6%	174,890	68.2%
Transgender	4,087	0.6%	1,895	0.5%	2,192	0.9%
A Gender that is not Singularly 'Female' or 'Male'	3,089	0.5%	1,211	0.3%	1,878	0.7%
Questioning	759	0.1%	263	0.1%	496	0.2%
Ethnicity						
Non-Hispanic/Non-Latin(a)(o)(x)	473,768	72.5%	284,056	71.6%	189,712	73.9%
Hispanic/Latin(a)(o)(x)	179,336	27.5%	112,438	28.4%	66,898	26.1%
Race						
American Indian, Alaska Native, or Indigenous	23,116	3.5%	10,474	2.6%	12,642	4.9%
Asian or Asian American	11,574	1.8%	4,448	1.1%	7,126	2.8%
Black, African American, or African	243,624	37.3%	176,325	44.5%	67,299	26.2%
Native Hawaiian or Pacific Islander	10,712	1.6%	4,514	1.1%	6,198	2.4%
White	324,854	49.7%	178,782	45.1%	146,072	56.9%
Multiple Races	39,224	6.0%	21,951	5.5%	17,273	6.7%

Note. “Communities were asked to collect additional information on the ages of people experiencing homelessness. The data for all people experiencing homelessness and people experiencing unsheltered homelessness includes extrapolated (estimated) age data on people aged 25 and over for 22 CoCs that did not conduct an unsheltered count in 2023 and thus did not have these new age categories.” (de Sousa, 2023).

Actual and Perceived Health Status

The health of the homeless population is often poor due to their living conditions and limited healthcare access. Common issues include infections, untreated chronic conditions, and mental health disorders (Aldy, 2021). The lack of clean living conditions and medical supplies makes them more vulnerable to health problems (Goto, 2023). Many homeless individuals feel

undervalued by society, leading to hopelessness and low self-esteem (Griffith, 2019), which further impacts their mental health and overall well-being.

Influences on Health

Homeless individuals face both internal and external influences that affect their health. Internally, many struggle with mental health and substance use disorders, and they often lack the health knowledge needed to make informed decisions (Odoh, 2019). Externally, they have limited access to essential resources like clean water, nutritious food, and medical care. Social stigma and discrimination make it harder for them to access services and support, affecting their mental health and self-esteem. Policy and system barriers, such as insufficient funding and restrictive policies, also limit available resources and support (Carmichael et al., 2023). Addressing these influences is crucial for improving the health and well-being of the homeless population.

Literature Review

Understanding Dermatologic Concerns Among Persons Experiencing Homelessness

Adly et al. (2021) conducted a scoping review and discussion for improving the delivery of care to the unhoused population. A general six step approach was utilized to conduct the scoping reviews. 93 articles met the criteria for and were included in the qualitative synthesis. The review highlighted the need for evidence-based interventions that address the needs of the unhoused in relation to dermatologic health.

Barriers and facilitators to health care access for people experiencing homelessness in four European countries

Carmichael et al. (2023) conducted an exploratory qualitative study identifying major barriers and facilitators to healthcare access among homeless individuals in four European countries. These barriers include organizational issues, discrimination, and a lack of tailored services, emphasizing the necessity for more inclusive and flexible healthcare models. Implementing such models, as suggested by Carmichael et al. (2023), can overcome organizational and systemic barriers to healthcare access.

The 2023 Annual Homelessness Assessment Report (AHAR) to Congress

De Sousa et al. (2023) as part of the US Department of Housing and Urban Development released this report on the unhoused. It defines the different groupings of individuals referred to in the report and provides statistics including how many were identified that fit into a given category within the report. National Estimates, individuals, families with children, unaccompanied youth, veterans, individuals with chronic patterns of homelessness, a national inventory of beds, and transitioning out of homelessness each have their own section within the report. Key findings are also listed to highlight important information.

Challenges and innovations in treating chronic and acute wound infections

Ding et al. (2022) looked into strategies for the diagnosis and treatment of wound infections. This review summarizes common microorganisms that are found in acute and chronic wound infections. It also discusses the challenges posed by differing aspects of clinical diagnosis, non-surgical methods, and surgical methods. Emerging innovations and future directions in the treatment of wound infections are highlighted.

Self and rules in a sample of adults experiencing homelessness

Eswara et al. (2021) conducted a study to determine the relationship between shame,

well-being, and psychological inflexibility in populations that experience stigma. The study concluded that there is a lower sense of self due to shame and psychological inflexibility. The shame that people experiencing homelessness feel comes from the stigma placed upon them from others. The researchers also found that people who experience stigma will internalize the negative opinions of others, which in turn leads to increased shame and decreased well-being.

Community-Based Wound Care Programs for Unhoused Individuals

Goto et al., (2023) obtained insights for best practices as well as the establishment of a care clinic that meets the needs of the unhoused. Two approaches were employed. The first was the conduction of a targeted narrative review of existing literature addressing the wound care needs of unhoused individuals. The second was the assessment of cost-effectiveness and description of results from a survey administered to unhoused persons and their health care providers. The paper provides a list of community-based programs that address the wound care needs of unhoused individuals. The findings of this report can be utilized by other communities in the creation of sustainable community-based healthcare to meet the needs of unhoused individuals in their communities.

Homelessness and Self-Esteem

Griffith (2019) looks into self esteem and its major effects on mental health. The relationship between unhoused individuals and mental health is discussed. Institutionalized insanity is a historical concept that this article explains. As found in a study done in 2019, 20 to 25% of the homeless population suffers from severe mental illness. The article also delves into the ways in which homelessness can lead to mental health issues.

The prevalence of mental disorders among homeless people in high-income countries

Gutwinski et al. (2021) performed a systematic review and meta-regression analysis on the prevalence of mental disorders among homeless people in high-income countries. The study found high rates of mental disorders, particularly substance use disorders and psychotic disorders, highlighting the need for integrated mental health and primary care services to effectively address these complex health needs. Integrating mental health services with primary care, as recommended by Gutwinski et al. (2021), can address the high prevalence of mental disorders among the homeless population.

Improving Health Care Management in Primary Care for Homeless People

Jego et al. (2018) reviewed the literature on improving healthcare management in primary care for homeless people. The study recommended the implementation of specialized primary care services that are easily accessible and tailored to the needs of the homeless population. It also emphasized the importance of training healthcare providers in dealing with the specific challenges faced by homeless individuals. Specialized primary care services tailored to the needs of the homeless population, as recommended by Jegu et al. (2018), can enhance healthcare management and accessibility.

Virginia Homeless Solutions Program

Kerner (2020) writes about the Virginia Homeless Solutions Program, which is a Homeless and Special Needs Housing (HSNH) funding source. They support the creation and implementation of local emergency crisis response systems. It also references additional information related to the conditions and progress made to the administration of Virginia's homeless programs. A report of the time from 2019 to 2020 is included.

A comprehensive review of prioritized interventions to improve the health and wellbeing of persons with lived experience of homelessness

Moledina et al. (2021) conducted a comprehensive review of prioritized interventions to improve the health and wellbeing of persons with lived experience of homelessness. The researchers of this study concluded that when housing interventions are implemented there is an improvement in housing stability. Researchers also determined that interventions that assist with income improve the overall housing outcome for people experiencing homelessness. There is also a possibility that mental health interventions and standard case management improve housing outcomes. Implementing these interventions can help the homeless population receive stable housing.

Health Literacy and Self-Rated Health among Homeless Adults

Odoh et al. (2019) conducted a study using logistic regression to understand the relationship between health literacy and self-rated health. The study concluded that homeless people with good health literacy are more prone to have good or excellent self-rated health. Also, the researchers determined that there needs to be interventions for people experiencing homelessness that help with reading comprehension, and comprehension of health information.

Homelessness Prevention Interventions for Single Adults at Risk of or Experiencing MEH

Woellenstein et al. (2023) conducted a systematic review of the effectiveness of homelessness prevention interventions for single adults at risk of or experiencing homelessness. The review found that targeted prevention interventions, such as financial assistance and housing stabilization services, were effective in preventing homelessness and improving housing stability. The combined findings from Woellenstein et al. (2023) and Jegu et al. (2018) can provide a comprehensive support system for the unhoused community. These strategies can include case management, housing assistance, employment programs, public health initiatives, psychological

support, and educational programs, all of which are crucial for addressing the complex needs of this population.

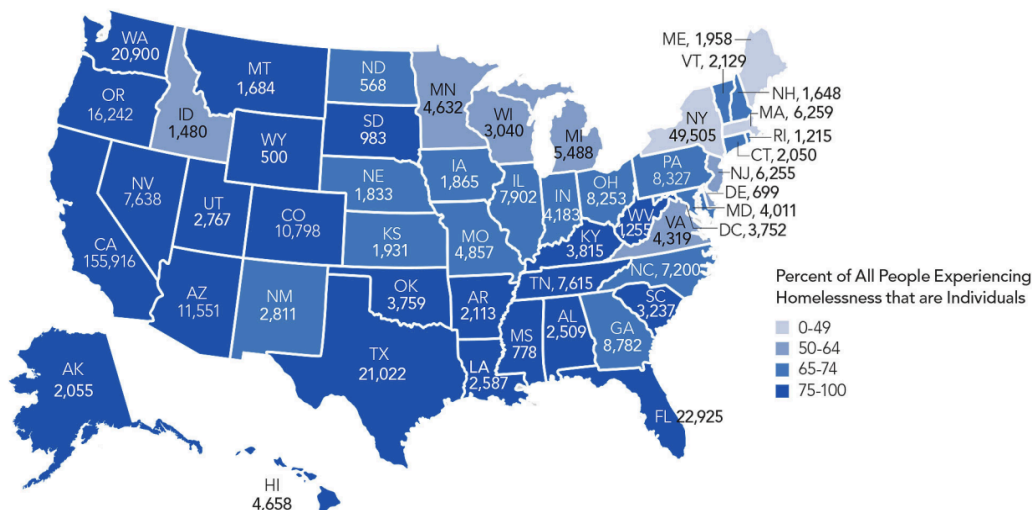
Compare and Contrast

In Virginia, the homelessness rate has seen fluctuations, with recent data indicating a decrease in the number of individuals experiencing homelessness. Despite this trend, challenges such as affordability, access to services, and housing instability persist (Virginia Department of Housing and Community Development, 2022). The state has introduced various programs, including emergency shelters and transitional housing, though these resources often fall short of meeting demand. On a national level, the United States grapples with a significant homelessness crisis, with over 580,000 individuals experiencing homelessness on a single night in January 2023 (U.S. Department of Housing and Urban Development, 2023). The 2023 Point-in-Time count reveals that approximately 37% of the homeless population is unsheltered, reflecting a severe lack of access to safe and stable housing (U.S. Department of Housing and Urban Development, 2023). In contrast, some European countries report lower proportions of unsheltered homeless individuals due to more robust social safety nets and housing policies (Carmichael et al., 2023). While the unhoused population in Virginia Beach faces challenges similar to those in other regions, there are notable differences in the availability and effectiveness of resources and services. Comparisons with other states and nations underscore both commonalities and unique factors affecting the homeless, highlighting the need for targeted interventions and comprehensive support systems tailored to local conditions and needs.

Figure 2

Illustration of the Estimated Individual Experiencing Homelessness in the United States

By State, 2023



Note. Experiences of homelessness increased nationwide across all household types. The different colors focus on the percentage of how each state that is experiencing homelessness.

Population Needs

After spending time with the unhoused population at PIN ministry, it is evident that this specific population faces numerous challenges daily, and proves to lack resources that are critical and essential to their health. This lack of resources requires urgent intervention and attention to properly address these needs that the unhoused population doesn't have.

One primary nursing diagnosis that applies to the unhoused population is the risk for infection. The unhoused population is more vulnerable to infection due to a lack of access to clean living conditions, medical supplies, adequate nutrition, overcrowding, sanitation facilities, and overall healthcare (Aldy, 2021). Things as simple as having access to bandaids or hand sanitizer put the population at risk for acquiring infections at a faster rate than those who are housed. These breaks in the skin can be hard to heal and can become non-healing wounds which are most commonly associated with trauma, intravenous drug usage, chronic illnesses,

malnutrition, residential instability, and unhygienic living conditions (Goto, 2023). Breaks in the skin from insect bites, friction from terrain, inappropriate clothing and footwear, and injection sites were common findings in the unhoused population that would come to be serviced by the PIN ministry mobile health clinic. These untreated wounds can affect the person's overall health and wellness in the long run, resulting in an onset of other health complications if not addressed. Clinical signs of erythema, swelling, warmth, and purulent discharges call for implications of wound infection which if not managed can lead to further health complications and chronic skin diseases (Ding, 2022).

Knowledge deficit is another nursing diagnosis that applies to the unhoused population. The unhoused population has limited access to health education resources and healthcare services resulting in the hindrance of informed decision-making and understanding in regards to their health and wellness. A barrier the unhoused often face is the lack of understanding of medical literacy. Lack of health literacy can affect proper education on disease prevention, access to health information, utilization of healthcare services, and medication use (Odoh, 2019). Many aggregates of the community that received service at the PIN ministry mobile health clinic displayed a lack of understanding of their medical diagnosis, or situations when trying to describe previous hospital visits. This poses a significant problem in the unhoused population and further complicates their access to adequate healthcare on top of the lack of resources they receive.

The risk for situational low self-esteem is a nursing diagnosis that also applies to this specific population. The unhoused population not only faces physical complications and barriers but also experiences struggles with psychological health as well. Being unhoused can affect a person's mental health which can result in depleted self-esteem. Components that can affect an

unhoused person's self-esteem include self-perception, social comparison, and reflected appraisals (Griffith, 2019). A person's self-perception is what a person views of themselves for both their physical and mental attributes. If a person views and negatively judges their self-concept, it can lower their self-esteem. Social comparison is when a person compares themselves to others to evaluate their situational attributes. The unhoused often compare their situations to those who are housed and tend to think lowly of their situation and abilities. Reflected appraisals are how people perceive how others see and evaluate them. The unhoused often believe that those who are housed look down on them and judge them for their situation. A common emotion felt by the unhoused is shame where they usually feel perceived as a failure which devalues their sense of self, diminishes their sense of identity, and lowers their perceived self-efficacy (Eswara, 2021). All of these components increase the risk for situational low self-esteem in the unhoused population which if unattended can result in severe mental complications such as suicide, substance abuse, self-damaging actions, and risky behaviors (Griffith, 2019).

Planning

Interventions

One priority nursing diagnosis for the unhoused population is "Risk for Situational Low Self-Esteem." This diagnosis is pertinent given the unique challenges faced by individuals experiencing homelessness, including societal stigma, lack of stable housing, limited access to healthcare, and potential history of trauma or abuse. These factors can significantly impact an individual's self-worth and overall mental health. To address this issue, specific and measurable objectives include creating a resource center within the clinic that offers information on housing, employment, healthcare, and social services. The goal is to ensure that 100% of clinic visitors are

informed about the resource center, with a target of at least 50 visits per month. The center should be stocked with up-to-date information, and staff should be trained to guide clients effectively. Access to these resources can empower individuals to take steps towards stability, thereby improving self-esteem. Continuous monitoring of the resource center's usage and feedback will help in making necessary improvements to meet the needs of the population effectively.

Alternative Interventions

Interdisciplinary approaches also play a crucial role in addressing the needs of the unhoused community. Social work strategies, as outlined by Moledina et al. (2021), emphasize comprehensive support services, including case management, housing assistance, and employment programs, highlighting the importance of a coordinated approach to support the multifaceted needs of homeless individuals. Public health research by Carmichael et al. (2023) provides an overview of the organizational and systemic barriers to healthcare access for homeless populations. The study highlights the impact of public health policies and the need for community-based interventions that are inclusive and adaptable to the needs of the homeless.

From a psychological standpoint, Gutwinski et al. (2021) reviewed the prevalence of mental disorders among homeless populations and emphasized the need for integrated mental health support within homeless services. This approach is essential to addressing the high rates of mental health issues and improving overall health outcomes. Urban planning and housing policies also significantly impact homelessness. Woellenstein et al. (2023) discussed the role of urban planning in preventing homelessness through targeted interventions such as financial assistance and housing stabilization services. These strategies are crucial for providing sustainable solutions and improving housing stability.

Education and job training are essential for breaking the cycle of homelessness. Interventions identified by Moledina et al. (2021), such as Housing First programs and comprehensive case management, significantly improve health outcomes and overall well-being. This includes educational programs and job training that empower homeless individuals and facilitate their transition out of homelessness. These programs are vital in providing the necessary skills and opportunities for stable employment and housing.

Conclusion

The insights gained from working directly with the unhoused community through the People in Need Ministry underscore the urgent need to address the multifaceted challenges faced by this population. Despite efforts to mitigate homelessness, significant barriers persist, including inadequate access to healthcare, limited resources, and pervasive social stigma. The literature reviewed highlights systemic issues such as organizational barriers to healthcare, high prevalence of mental disorders, and gaps in health literacy among the unhoused, emphasizing the need for tailored and comprehensive support strategies. Addressing these challenges requires a multifaceted approach that incorporates both immediate and long-term interventions. Priority must be given to improving access to essential resources and services, enhancing health literacy, and fostering a supportive environment that promotes dignity and self-worth. The development of specialized primary care services, integration of mental health support, and implementation of preventive measures are crucial steps toward addressing the unmet needs of the unhoused population. Furthermore, interdisciplinary collaboration and community-based interventions are vital in creating a sustainable support system. The combined efforts of healthcare providers, social workers, public health officials, and policymakers can create a more inclusive and effective framework for addressing homelessness. By prioritizing interventions that address both

the immediate needs and underlying systemic issues, we can make meaningful strides toward improving the health and well-being of the unhoused community.

In conclusion, the call for action is clear: there is a pressing need for comprehensive and coordinated efforts to address the unmet needs of the unhoused population. Through dedicated action, targeted interventions, and a commitment to inclusivity, we can work towards a future where every individual has access to the resources and support necessary for a stable and healthy life.

References

- Adly, M., Woo, T. E., Traboulsi, D., Klassen, D., & Hardin, J. (2021). Understanding Dermatologic Concerns Among Persons Experiencing Homelessness: A Scoping Review and Discussion for Improved Delivery of Care. *Journal of Cutaneous Medicine and Surgery*, 25(6), 616–626. <https://doi.org/10.1177/12034754211004558>
- Carmichael, C., Schiffler, T., Smith, L., Moudatsou, M., Tabaki, I., Doñate-Martínez, A., Alhambra-Borrás, T., Kouvari, M., Karnaki, P., Gil-Salmeron, A., & Grabovac, I. (2023). Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study. *International journal for equity in health*, 22(1), 206. <https://doi.org/10.1186/s12939-023-02011-4>
- De Sousa, T., Andrichik, A., Presteria, E., Rush, K., Tano, C., & Wheeler, M. (2023). *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-In-Time Estimates of Homelessness*. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. <https://www.huduser.gov/portal/sites/default/files/pdf/2023-ahar-part-1.Pdf>
- Ding, X., Tang, Q., Xu, Z., Xu, Y., Zhang, H., Zheng, D., Wang, S., Tan, Q., Maitz, J., Maitz, P. K., Yin, S., Wang, Y., & Chen, J. (2022). Challenges and innovations in treating chronic and acute wound infections: from basic science to clinical practice. *Burns & Trauma*, 10. <https://doi.org/10.1093/burnst/tkac014>
- Eswara Murthy, V., Stapleton, A., & McHugh, L. (2021). Self and rules in a sample of adults experiencing homelessness: Relationships to shame, well-being, and psychological inflexibility. *Journal of Contextual Behavioral Science*, 21, 88–97. <https://doi.org/10.1016/j.jcbs.2021.06.003>

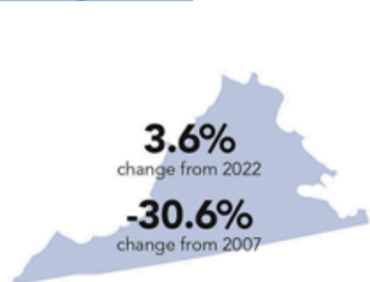
- Goto, T., Wang, C., Kwiat, C., Nguyen, C., & Saligan, L. N. (2023). Community-Based Wound Care Programs for Unhoused Individuals. *Journal of Epidemiology and Global Health*, 13(4). <https://doi.org/10.1007/s44197-023-00157-6>
- Griffith, C. (2019). *Homelessness and Self-Esteem: The Real Mental Health Issue - Invisible People*. Invisible People. <https://invisiblepeople.tv/homelessness-and-self-esteem-the-real-mental-health-issue/>
- Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS medicine*, 18(8), e1003750. <https://doi.org/10.1371/journal.pmed.1003750>
- Jego, M., Abcaya, J., Ștefan, D. E., Calvet-Montredon, C., & Gentile, S. (2018). Improving Health Care Management in Primary Care for Homeless People: A Literature Review. *International journal of environmental research and public health*, 15(2), 309. <https://doi.org/10.3390/ijerph15020309>
- Kerner, W. (2020). *Virginia Homeless Solutions Program (VHSP)*. Virginia DHCD. <https://www.dhcd.virginia.gov/vhsp>.
- Moledina, A., Magwood, O., Agbata, E., Hung, J. H., Saad, A., Thavorn, K., & Pottie, K. (2021). A comprehensive review of prioritized interventions to improve the health and wellbeing of persons with lived experience of homelessness. *Campbell systematic reviews*, 17(2), e1154. <https://doi.org/10.1002/cl2.1154>
- Odoh, C., Vidrine, J. I., Businelle, M. S., Kendzor, D. E., Agrawal, P., & Reitzel, L. R. (2019). Health Literacy and Self-Rated Health among Homeless Adults. *Health Behavior Research*, 2(4). <https://doi.org/10.4148/2572-1836.1055>

Woollenstein, L. E., Cuthill, F., Manrai, R., & Henderson, D. (2023). Homelessness Prevention Interventions for Single Adults at Risk of or Experiencing MEH: A Systematic Review on their Effectiveness. *International Journal on Homelessness*, 3(2), 344–410.

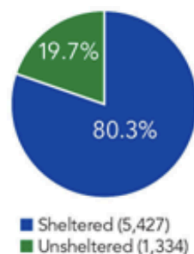
<https://doi.org/10.5206/ijoh.2022.2.14681>

Appendix

VIRGINIA



8 in every 10,000
people were experiencing
sheltered homelessness



Total Homeless, 2023
6,761

Estimates of Homelessness

4,319 individuals

2,442 people in families
with children

280 unaccompanied
homeless youth

386 veterans

1,104 chronically homeless
individuals

EXHIBIT 1-5: Demographic Characteristics of People Experiencing Homelessness
2023

	All People		Sheltered People		Unsheltered People	
	#	%	#	%	#	%
All People	653,104	100%	396,494	100%	256,610	100%
Age						
Under 18	111,620	17.1%	101,072	25.5%	10,548	4.1%
18 to 24	47,436	7.3%	32,662	8.2%	14,774	5.8%
25 to 34	118,882	18.2%	70,135	17.7%	48,747	19.0%
35 to 44	130,387	20.0%	66,535	16.8%	63,852	24.9%
45 to 54	106,690	16.3%	51,625	13.0%	55,065	21.5%
55 to 64	98,393	15.1%	52,053	13.1%	46,340	18.1%
Over 64	39,696	6.1%	22,412	5.7%	17,284	6.7%
Gender						
Female	250,009	38.3%	172,855	43.6%	77,154	30.1%
Male	395,160	60.5%	220,270	55.6%	174,890	68.2%
Transgender	4,087	0.6%	1,895	0.5%	2,192	0.9%
A Gender that is not Singularly 'Female' or 'Male'	3,089	0.5%	1,211	0.3%	1,878	0.7%
Questioning	759	0.1%	263	0.1%	496	0.2%
Ethnicity						
Non-Hispanic/Non-Latin(a)(o)(x)	473,768	72.5%	284,056	71.6%	189,712	73.9%
Hispanic/Latin(a)(o)(x)	179,336	27.5%	112,438	28.4%	66,898	26.1%
Race						
American Indian, Alaska Native, or Indigenous	23,116	3.5%	10,474	2.6%	12,642	4.9%
Asian or Asian American	11,574	1.8%	4,448	1.1%	7,126	2.8%
Black, African American, or African	243,624	37.3%	176,325	44.5%	67,299	26.2%
Native Hawaiian or Pacific Islander	10,712	1.6%	4,514	1.1%	6,198	2.4%
White	324,854	49.7%	178,782	45.1%	146,072	56.9%
Multiple Races	39,224	6.0%	21,951	5.5%	17,273	6.7%

By State, 2023

