



SAFESTREETS

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Community Outreach and Enforcement Team's quick response saves life

Highlights link between health and homelessness

EVERETT – *From time to time, we'll share streets reports and successes from our police, social workers and other City staff. Today's story comes from Staci McCole, an embedded social worker with Everett Police:*

My first few months as a social worker with the Everett Police Department challenged me to find ways to address some tough situations, but I've had a lot of rewarding times as well. Some days result in unforgettable stories.

One event that took place recently really stood out to me. Officer Kevin Davis and I were walking a client out of the Everett Gospel Mission to drive her to an appointment.

We were suddenly approached by two concerned individuals. They informed us a man had fallen behind the Mission and was possibly having a seizure.

We quickly headed over to find a middle-aged gentleman, with blood on his face from the fall, gasping for air. Davis immediately radioed for medical assistance, and with his own training, recognized that this was not a seizure.

Davis initiated chest compressions as I kept the gentleman's airway open, all while awaiting the medical responders. The man would eventually be diagnosed with a heart attack, which could have been deadly without prompt medical attention.

As surprised as we were by this particular situation, similar stories of medical problems among those with unstable housing are actually quite common. There is a clear link between homelessness, disease and poor health outcomes.

At a recent community forum, Julie Zarn, the regional director of Emergency & Critical Care Services at Providence Regional Medical Center Everett, acknowledged this fact.

Learn more:

For more information on the Community Streets Initiative, visit www.everettwa.gov/streetsinitiative.

For more information on the Safe Streets Plan, visit www.everettwa.gov/safestreets.

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“Lack of housing is a problem that negatively affects the health of a person, especially in harsh climates such as the Pacific Northwest,” Zarn said. “Physicians appropriately consider homelessness as a chronic illness, and statistics would tell us that chronic homelessness will lead to an early death.”

Research has shown that middle-aged men experiencing homelessness are 50% more likely to die from heart disease than their stably-housed counterparts. Individuals experiencing homelessness face greater exposure to communicable diseases and the severity of the health conditions they face are more extreme, ranging from allergies to high blood pressure to mental illness.

Due to the added risk factor of homelessness, individuals not stably housed are three to four times more likely to die prematurely compared to individuals in housing, and have a life-expectancy ranging from 41 to 64 years. This number is far lower than the 78.8 year lifespan average observed in the general United States population.

So what can we do to work toward eliminating homelessness in our community? As Zarn said at the forum, the critical pieces of these street-level issues are to “listen, support and partner with those who are most affected by the problem of homelessness.”

“We must join together as a community in partnership to create an environment where every person has the basics required for health, including a home.”

Learn more about the [Community Streets Initiative](#) or the [Everett Safe Streets Plan](#).

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