

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)  
(A-26)

Introduced by: Women Physicians Section

Subject: Expanding Support for Women Experiencing Homelessness

Referred to: Reference Committee (Assigned by HOD)

---

1 Whereas, the rate of unsheltered homelessness among women has increased significantly  
2 more than men in recent years, especially among unhoused veterans, and over three-quarters  
3 of unhoused families are headed by women<sup>1,2</sup>; and  
4

5 Whereas, women experiencing homelessness have higher rates of mortality, poor health,  
6 mental illness, substance use, victimization, and adverse birth outcomes, yet face reduced  
7 access to preventive, reproductive, specialty, and ongoing healthcare services<sup>1-3,9</sup>; and  
8

9 Whereas, homelessness and associated distress is disproportionately experienced by people of  
10 color as well as LGBTQ+ populations, and nearly two-thirds of unhoused gay and transgender  
11 youth will attempt suicide<sup>2-4</sup>; and  
12

13 Whereas, domestic violence is a leading cause of homelessness among women and families,  
14 with over half of LGBTQ survivors reporting homelessness as a result, yet referral rates to  
15 support services after positive screening remains low<sup>2,6,7,8</sup>; and  
16

17 Whereas, homeless women who have experienced intimate partner violence are more likely to  
18 have medical and psychiatric conditions and less likely to access primary care compared to  
19 those who did not<sup>2,6,7,8</sup>; and  
20

21 Whereas, the Violence Against Women Act, first enacted in 1994 and reauthorized in 2022 to  
22 protect survivors' access to safe housing and prevent housing discrimination, will be up for  
23 reauthorization again in 2027<sup>11,12,13</sup>; and  
24

25 Whereas, women experiencing homelessness have high rates of chronic physical conditions,  
26 including asthma, anemia, bronchitis, hypertension, and ulcers, as well as mental health  
27 conditions, particularly substance use and depression<sup>5,10</sup>; and  
28

29 Whereas, unhoused patients report provider bias, stigma, and disrespect as major barriers to  
30 care, often leading them to forgo needed services, compounded by insurance gaps, medication  
31 access challenges, and limited knowledge about where to seek care<sup>2,3,5,10</sup>; and  
32

33 Whereas, programs such as Boston Healthcare for the Homeless, are establishing systems for  
34 trauma-informed, low-barrier care specifically for women at shelters and at female-only drop-in  
35 times, encompassing services from behavioral health to reproductive health to cancer  
36 screening, while providing a safe space to access therapeutic activities<sup>14</sup>, therefore be it  
37

38 **RESOLVED**, that our American Medical Association amend H-160.903 "Eradicating  
39 Homelessness" by addition and deletion as follows:  
40

- 41 1. Our American Medical Association supports improving the health outcomes and  
42 decreasing the health care costs of treating the chronically homeless through clinically

- 1 proven, high quality, and cost-effective approaches which recognize the positive impact  
2 of stable and affordable housing coupled with social services.
- 3 2. Our AMA recognizes that stable, affordable housing as a first priority, without mandated  
4 therapy or services compliance, is effective in improving housing stability and quality of  
5 life among individuals who are chronically-homeless and recognizes that women  
6 experiencing homelessness may face distinct health and safety risks that warrant  
7 tailored approaches.
- 8 3. Our AMA recognizes adaptive strategies based on regional variations, community  
9 characteristics and state and local resources are necessary to address this societal  
10 problem on a long-term basis.
- 11 4. Our AMA supports the use of physician-led, team-based street medicine programs,  
12 which travel to individuals who are unhoused or unsheltered and provide healthcare and  
13 social services, as well as funds, including Medicaid and other public insurance  
14 reimbursement, for their maintenance, and encourages attention to gender-specific  
15 health needs within such programs when feasible.
- 16 5. Our AMA recognizes the need for an effective, evidence-based national plan to  
17 eradicate homelessness.
- 18 6. Our AMA encourages the National Health Care for the Homeless Council to study the  
19 funding, implementation, and standardized evaluation of Medical Respite Care  
20 for homeless persons.
- 21 7. Our AMA will partner with relevant stakeholders to educate physicians about the unique  
22 healthcare and social needs of ~~homeless patients~~ individuals experiencing  
23 homelessness, including gender-specific health needs and the impact of domestic and  
24 intimate partner violence on housing instability, and the importance of holistic, cost-  
25 effective, evidence-based discharge planning, and physicians' role therein, in addressing  
26 these needs.
- 27 8. Our AMA encourages the development of holistic, cost-effective, evidence-based  
28 discharge plans for homeless patients who present to the emergency department but are  
29 not admitted to the hospital.
- 30 9. Our AMA encourages the collaborative efforts of communities, physicians, hospitals,  
31 health systems, insurers, social service organizations, government, and other  
32 stakeholders to develop comprehensive homelessness policies and plans that address  
33 the healthcare and social needs of homeless patients, including support for research to  
34 better understand health needs, barriers to care, and effective interventions among  
35 populations disproportionately affected by housing instability.
- 36 10. Our AMA:
  - 37 a. supports laws protecting the civil and human rights of individuals  
38 experiencing homelessness, and
  - 39 b. opposes laws and policies that criminalize individuals experiencing  
40 homelessness for carrying out life-sustaining activities conducted in public  
41 spaces that would otherwise be considered non-criminal activity (i.e.,  
42 eating, sitting, or sleeping) when there is no alternative private space  
43 available.
- 44 11. Our AMA recognizes that stable, affordable housing is essential to the health of  
45 individuals, families, and communities, and supports policies that preserve and expand  
46 affordable housing across all neighborhoods.
- 47 12. Our AMA:
  - 48 a. supports training to understand the needs of housing-insecure individuals  
49 for those who encounter this vulnerable population through their  
50 professional duties, including trauma-informed approaches and awareness  
51 of domestic violence as a contributor to housing instability;

- 1                   b. supports the establishment of multidisciplinary mobile homeless outreach  
2                   teams trained in issues specific to housing insecure individuals; and  
3                   c. will make available existing educational resources from federal agencies  
4                   and other stakeholders related to the needs of housing-insecure  
5                   individuals.  
6           13. Our AMA encourages medical schools to implement physician-led, team-based Street  
7           Medicine programs with student involvement.

Fiscal Note: (Assigned by HOD)

Received: XX/XX/XX

#### REFERENCES

1. Tsai, J., & Lampros, A. (2025). *Disproportionate increases in numbers and rates of homelessness among women in the United States, 2018-2022*. Public health reports (Washington, D.C. : 1974). <https://pmc.ncbi.nlm.nih.gov/articles/PMC11569733/>
2. *Health Care for Homeless Women*. ACOG. (2013, October). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/10/health-care-for-homeless-women>
3. Teruya C, Longshore D, Andersen RM, Arangua L, Nyamathi A, Leake B, Gelberg L. Health and health care disparities among homeless women. *Women Health*. 2010 Dec;50(8):719-36. doi: 10.1080/03630242.2010.532754. PMID: 21170815; PMCID: PMC3084601.
4. National Alliance to End Homelessness. (2020, June 4). Increases in individual homelessness: A gender analysis. <https://endhomelessness.org/blog/increases-in-individual-homelessness-a-gender-analysis/>
5. Schmidt CN, Wingo EE, Newmann SJ, Borne DE, Shapiro BJ, Seidman DL. Patient and provider perspectives on barriers and facilitators to reproductive healthcare access for women experiencing homelessness with substance use disorders in San Francisco. *Women's Health*. 2023;19. doi:[10.1177/17455057231152374](https://doi.org/10.1177/17455057231152374)
6. Vijayaraghavan, M., Tochterman, A., Hsu, E. *et al.* Health, Access to Health Care, and Health Care use Among Homeless Women with a History of Intimate Partner Violence. *J Community Health* **37**, 1032–1039 (2012). <https://doi.org/10.1007/s10900-011-9527-7>
7. Miller, C. J., Adjognon, O. L., Brady, J. E., Dichter, M. E., & Iverson, K. M. (2021). Screening for intimate partner violence in healthcare settings: An implementation-oriented systematic review. *Implementation Research and Practice*, *2*.
8. Adams, E. N., Clark, H. M., Galano, M. M., Stein, S. F., Grogan-Kaylor, A., & Graham-Bermann, S. (2021). Predictors of Housing Instability in Women Who Have Experienced Intimate Partner Violence. *Journal of Interpersonal Violence*, *36*(7-8), 3459-3481.
9. Schmidt CN, Wingo EE, Newmann SJ, Borne DE, Shapiro BJ, Seidman DL. Patient and provider perspectives on barriers and facilitators to reproductive healthcare access for women experiencing homelessness with substance use disorders in San Francisco. *Women's Health*. 2023;19. doi:[10.1177/17455057231152374](https://doi.org/10.1177/17455057231152374)
10. Allen, Jodi<sup>1,2</sup>; Vottero, Beth<sup>1,2</sup>. Experiences of homeless women in accessing health care in community-based settings: a qualitative systematic review. *JBISIRIR-D-19-00214*
11. National Center on Domestic and Sexual Violence. (2024, September 12). Violence against women act (VAWA) 30th anniversary, September 2024. <https://www.ncdsv.org/violence-against-women-act-vawa-30th-anniversary-september-2024.html>
12. National Network to End Domestic Violence. (2025, September 3). Violence Against Women Act. <https://nnedv.org/content/violence-against-women-act/#:~:text=The%20VAWA%20Reauthorization%20Act%20of%202022%20was,provisions%20to%20strengthen%20and%20modernize%20the%20law>
13. *U.S. Department of Housing and Urban Development (HUD)*. HUD Home | HUD.gov / U.S. Department of Housing and Urban Development (HUD). (2024, September). <https://www.hud.gov/>
14. *Women's Health*. Boston Health Care for the Homeless Program. (2025, September 5). <https://www.bhchp.org/services/womens-health/>

#### RELEVANT AMA POLICY

##### H-160.903 Eradicating Homelessness

14. Our American Medical Association supports improving the health outcomes and decreasing the health care costs of treating the chronically **homeless** through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services.

15. Our AMA recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-**homeless**.
16. Our AMA recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis.
17. Our AMA supports the use of physician-led, team-based street medicine programs, which travel to individuals who are unhoused or unsheltered and provide healthcare and social services, as well as funds, including Medicaid and other public insurance reimbursement, for their maintenance.
18. Our AMA recognizes the need for an effective, evidence-based national plan to eradicate homelessness.
19. Our AMA encourages the National Health Care for the **Homeless** Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for **homeless** persons.
20. Our AMA will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of **homeless** patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs.
21. Our AMA encourages the development of holistic, cost-effective, evidence-based discharge plans for **homeless** patients who present to the emergency department but are not admitted to the hospital.
22. Our AMA encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of **homeless** patients.
23. Our AMA:
  - a. supports laws protecting the civil and human rights of individuals experiencing homelessness, and
  - b. opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available.
24. Our AMA recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods.
25. Our AMA:
  - a. supports training to understand the needs of housing insecure individuals for those who encounter this vulnerable population through their professional duties;
  - b. supports the establishment of multidisciplinary mobile **homeless** outreach teams trained in issues specific to housing insecure individuals; and
  - c. will make available existing educational resources from federal agencies and other stakeholders related to the needs of housing-insecure individuals.
26. Our AMA encourages medical schools to implement physician-led, team-based Street Medicine programs with student involvement.

[Res. 401, A-15 Appended: Res. 416, A-18 Modified: BOT Rep. 11, A-18 Appended: BOT Rep. 16, A-19 Appended: BOT Rep. 28, A-19 Appended: Res. 414, A-22 Appended: Res. 931, I-22 Reaffirmed in lieu of: Res. 205, A-23]

#### **H-295.912 Education of Medical Students and Residents about Domestic Violence Screening**

Our American Medical Association will continue its support for the education of medical students and residents on **domestic violence** by advocating that medical schools and graduate medical education programs educate students and resident physicians to sensitively inquire about family abuse with all patients, when appropriate and as part of a comprehensive history and physical examination, and provide information about the available community resources for the management of the patient. [Res. 303, I-96 Reaffirmed: CME Rep. 2, A-06 Reaffirmed: CME Rep. 01, A-16]