

FOR IMMEDIATE RELEASE

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KEY POINTS FOR MEDIA:

- Latest report finds persons experiencing homelessness face a high burden of emergency department visits, hospitalizations, and premature death
- While the majority of persons experiencing homelessness died from chronic health conditions, they are far more likely to die of drug overdoses, traumatic injury, or extreme cold than the housed population
- Data from the report will help to develop targeted intervention strategies

New Report Highlights Disproportionate Health Risks Faced by Illinois' Homeless Population

Latest Morbidity/Mortality Report shows persons experiencing homelessness have much higher rates of hospitalizations and premature death

SPRINGFIELD – The latest homeless morbidity and mortality report from the Illinois Department of Public Health (IDPH) shows that persons experiencing homelessness (PEH) face significant health challenges and are much more likely to face emergency department visits, hospitalizations, and premature death than the public at large.

The full report [can be found here](#). An executive summary [can be found here](#).

The new report examines data from 2017 to 2023, including death certificates, hospital records, and the results of the annual “point-in-time” count of unhoused individuals, conducted each year around the country on a night in January. The study finds that overall, approximately 10,000 people in Illinois during that time frame experienced “literal homelessness,” where they had no sufficient shelter at all, while potentially more than 200,000 people were in unstable housing situations, living temporarily with family and friends. Those numbers are likely undercounted, because of limitations in the data systems that can identify and count unhoused individuals.

“This report once again demonstrates the toll that homelessness takes on the health of the unhoused,” said IDPH Director Dr. Sameer Vohra. “It also serves as a reminder of how critical information and targeted interventions can make a meaningful and lasting difference. Under the leadership of Governor Pritzker, IDPH, in partnership with the Office to Prevent and End Homelessness, our sister stage agencies, and community partners, will use the report’s findings to develop workable, realistic strategies to get people housed and healthier.”

IDPH supports and engages people experiencing homelessness and housing insecurity through a range of targeted initiatives. These include the administration of the Ryan White and Housing Opportunities for Persons with AIDS (HOPWA) programs, which provide support services, short-term rental assistance, tenant-based rental assistance, and mortgage and utility assistance. Additionally, the Office of Health Promotion has

expanded access to naloxone, a life-saving medication that can reverse opioid overdoses, within shelters and similar settings across Illinois through increased outreach and education for service providers.

Among the key findings in the report:

- The average age of death for PEH in the period of time covered in the report was nearly 20 years younger than for the housed population of Illinois in that same period (55.5 years old, compared to 74.2 for all persons).
- More than 75,000 PEH accounted for more than 1,824,000 hospital visits in Illinois during the time frame of the report, with a median of around 14 hospital visits per person over that seven-year span.
- 313 PEH who died over the span covered in the report were classified in their death records as veterans, and 30 had worked in public sector jobs, including police officers, paramedics, and correctional officers.
- The overwhelming majority of deaths and hospital visits for PEH occurred in urban counties, although deaths and hospital visits for PEH were recorded in every region of the state.
- PEH were far more likely than the housed population to die from drug overdoses (39.3% versus 4.9%), traumatic injuries (11.3% versus 5.6%), or excessive cold (3.7% versus 0.1%). Homicide fatalities among PEH were nearly three times higher than the rate for the housed population (3.1% versus 1.1%).
- PEH seeking hospital-based medical care and those who died were predominantly middle-aged (mean age 45 years during hospital visits and 56 at time of death), male, non-Hispanic White, and non-Hispanic Black.

The report also laid out a series of recommendations:

- Work to enhance the identification and documentation of individuals experiencing homelessness within healthcare settings.
- Integrate broader data sources to enrich understanding of homelessness demographics and service utilization.
- Evaluate the feasibility of establishing a mortality review board for individuals experiencing homelessness.
- Conduct a statewide warming center access assessment.
- Explore opportunities to gather housing status at death.
- Develop and implement a provider engagement strategy.

The report finds: “Early access to general health and psychiatric services, as well as housing programs, has been shown to be associated with reduced morbidity and mortality in people experiencing homelessness. Improved surveillance data of mortality and health care utilization patterns of PEH can inform policies that address unstable housing, homelessness, and the health care needs of PEH.”

The Illinois Homelessness Morbidity and Mortality Report 2017-2023 is a joint effort of IDPH, the University of Illinois Chicago School of Public Health, and the Office to Prevent and End Homelessness. Illustrations for the report were created by persons experiencing homelessness and were provided through [Red Line Service](#), an organization led by PEH, which “wields art world resources to build community, generating the sense of belonging and mutual care essential to securing and retaining housing.”





NEWS RELEASE

“One of the key pillars of Illinois’ state plan to end homelessness is to close the mortality gap for people experiencing homelessness. Homelessness leads to a life expectancy that is nearly 20 years shorter than for people who are housed,” said Chief Homelessness Officer for the State of Illinois Christine Haley. “This report provides the data we need to make smart decisions about where and how to invest in housing and health care that will have the biggest positive impact on the lives of our unhoused neighbors. In the sub-zero days of winter, people experiencing homelessness across Illinois are at risk of frostbite and even death. No one should become permanently disabled or die 20 years too soon because they have a housing crisis.”

“People visited the hospital more often during the years they experienced homelessness. It follows that stable housing supports better health and reductions in hospital use. Early intervention can prevent chronic illness and premature death among people experiencing homelessness,” said Dana Madigan, research assistant professor in environmental and occupational health sciences at the University of Illinois Chicago School of Public Health.

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