Frontline Community: Unhoused Missoulians Speak on Climate Challenges

Background

The Climate Change and Human Health in Montana report is the work of climate scientists, meteorologists, and medical doctors to predict Montana's changing climate and its effects on human health. This report details the ways in which Montana is getting hotter and drier, suffering from worsening fires and smoke, and paradoxically suffering from worse flooding thanks to changing precipitation patterns (1).

The main barrier between our bodies and these intense fluctuations in weather is shelter. In 2023, approximately 1,684 Montanas were without permanent shelter in a given night (2) (a 37% rise from the previous year), but the actual number may be much higher given the limited accuracy of the point-in-time census (3). Unhoused Montanans are one of the most vulnerable groups to inclement weather phenomena like heat waves and smoke. Unhoused people are 2.4 times more likely than the general population to have a disability, and more likely to have chronic diseases (4) which can be exacerbated by climate change. Many also have intersecting marginalized identities which are further burdened by inequitable health access (4).

Being at the crux of many societal issues, unhoused Montanans are positioned to see ways in which society can be improved. Gathered here are insights from ten unhoused Montanans, in the hope that their ideas inform future policies and programs to improve human health during climate change.

Methodology

In partnership with Open Aid Alliance (OAA), Montana Health Professionals for a Healthy Climate (MTHPHC) interviewed ten unhoused clients of OAA's Missoula office over the span of a few months. Witnesses ranged in age from 28 to 54. Interviews were semi-structured, to allow for deeper exploratory dialogue. Results should not be taken to be statistically representative of a greater population, because our sample size was too small to allow for statistical modeling. This small sample size was chosen so that each witness could get into more detail, allowing for richer qualitative data in the time allocated.

Note that interviewees in ethnographic research are commonly called “informants.” Because this term carries negative connotations outside of the academic world, we instead refer to interviewees as “community experts,” in respect for their positionality as members of frontline communities.

Challenges

Community experts identified structural challenges to their mental and physical health. Interview questions focused on challenges related to extreme heat, clean air, and clean water. Some frequent topics included access to information, access to transportation, access to shelter (especially community spaces), and unwelcoming or hostile attitudes towards unhoused people.

Perceptions of the Unhoused

Every community expert reported feeling unwelcome in public spaces. Explicit prejudice (i.e., statements such as “we don’t want your kind here” and “I didn’t go to medical school to treat junkies”) was reported in addition to police violence and exclusion from public services.

Public perception and anti-unhoused actions prevented experts from utilizing resources necessary for health, including air conditioned public spaces during times of extreme heat, healthcare facilities, bus transport, and sources of safe drinking water (such as gas stations).

Community experts were all highly aware of a negative public perception of unhoused people, and many reported going out of their way to be polite and to avoid discomfiting or inconveniencing others – for example, one participant was aware of parks with free water and water features intended to provide relief on hot days, but avoided them because he did not want to make parents and their children uncomfortable with his presence. One participant suggested unhoused participants could organize a trash clean-up day or another service event to increase the public’s respect for unhoused people. Another expert reported cleaning gas station bathrooms to improve relations with gas station employees. Another suggested that programs to assist the unhoused should hire unhoused people.

A negative public perception of unhoused people is a large barrier to accessing publicly available services necessary for health. This negative perception is now codified in the Urban Camping Resolution of the City of Missoula, which penalizes sheltering in public spaces and encourages housed Missoulians to call the police on their unhoused neighbors. The resolution is widely decried as harmful by organizations such as the Poverello Center, the Homeless Outreach Team, and Open Aid Alliance.

On the other side of the coin, experts reported that welcoming individuals were extremely valuable for their health and wellbeing. Simple, passive actions such as a manager allowing an unhoused person to sit down in their cafe or collect water from their gas station were enough to prevent potential illness, as well as provide a degree of mental security.

Accessing Information

Air Quality

Half of community experts had heard about the Air Quality Index (AQI), and all but two experts were interested in it. Community experts agreed that there is a need for better access to local up-to-date air quality information, noting that many unhoused people lack constant access to internet. The Missoula Public Library and other community locations fly AQI flags. Spreading the word about this system as well as installing AQI displays in community spaces such as the Poverello Center, local hospitals, and other gathering spaces could also improve access to this information.

The two experts who had no interest in the AQI reasoned that there was nothing they could do about air quality or its' effects on their health. This suggests that further information and resources are also needed, so that people know they can take action to protect their lungs when the air quality is harmful by sheltering in buildings when possible and wearing N95 masks when outdoors. This sentiment of disempowerment, which came up in the other sections as well, also speaks to the general reality of staying healthy while unhoused: unhoused people have 3.5x the mortality risk of housed people, meaning a 40 year old unhoused person has the mortality risk of a 60 year old housed person (5). Though this paper discusses mainly small-scale changes, the most effective way to improve the health of unhoused Montanans is to provide them with housing (4).

Resource Networks

As will be further explored in the "Perceptions of the Unhoused" section, access to clean water, clean air, and cool spaces during hot days varied widely among participants. Better knowledge of resource networks was associated with feelings of safety. One common barrier to access was lack of welcoming spaces, as well as knowledge on which areas were friendly. During the interview, we proposed a system for marking businesses and community spaces as "friendly to all" with window stickers. Experts had mixed opinions about this system, ranging from optimism to dismissal. Information about friendly points of access is spread in complicated ways and with varying levels of trustworthiness.

In general, experts preferred to search for information from sources they already utilized, such as Open Aid Alliance, the Poverello Center, the YWCA, the Salvation Army, and Partnership Health Center. Organizations attempting to provide information to unhoused Missoulans (for example, to alert them to unsafe high temperatures or air conditions) should do so in partnership with such organizations. As noted in the Air Quality section, organizations should not assume unhoused people have constant (or even frequent) access to the internet on their mobile phones. Displays in lobbies or just outside of of trusted organizations may be a useful way to convey timely information, or a highly visible symbol like the EPA's Air Quality Flags. Information must be present at multiple locations to reach unhoused Missoulians all over the city; organizations must not assume that everyone goes to any one central location.

Staying Cool

Heat is the most deadly natural disaster in the United States, killing more people than hurricanes, tornadoes, and floods for eight years running (6). The longer someone is exposed to extreme heat (generally defined as 90°F or hotter), the more likely they are to have a negative health outcome. Unhoused people are more likely to be out in the heat for long periods without a break, and more likely to have illnesses which heat makes worse, such as obstructive lung disease (7), substance use disorder, and schizophrenia (8). Many medications also break down quickly in heat, such as insulin (9), making disease management difficult or impossible without temperature control.

Community experts reported instances of heat illness, as well as conditions which exacerbate heat sensitivity, and conditions which are exacerbated by heat. They also provided a wide variety of strategies for coping with heat. Some sleep during the day to avoid overwork, soak cloths for evaporative cooling, make use of personal misters, or retreat into public spaces when available. Some people have camped beside the river in the past for access to cool water, though this is no longer an option due to the city's new camping ban.

Some report that heat makes transportation difficult, due to the exertion of long walks or bike rides in the heat, and that they are forced to stay in one location during hot days. This cuts them off from work, healthcare, and essential services, all of which are often far from the areas they are allowed to shelter. As the city's Urban Camping Ordinance goes into effect, and areas of legal shelter are further reduced and pushed out of the city, we can expect these transportation issues to increase. We may see higher rates of heat illness as unhoused community members are forced to walk further in the heat with all their belongings.

Another complication resulting from the ban is that people are now forbidden from camping by the river – many peoples' main strategy for staying cool. Public parks with water features intended as heat relief will also be perceived as inaccessible to many unhoused participants, who feel they are no longer welcome in such spaces as a result of the discourse surrounding the ban. The ban explicitly forbids sleeping in parks, and certain Missoulians have subsequently voiced their distaste for sharing parks with unhoused community members at all. It should be noted that a similar ban is under effect in Bozeman as well.

Maternal Health

Many intersecting identities and conditions increase an unhoused person's health risks. Being pregnant or recently post-partum is one such condition. One expert was pregnant at the time of interview, and shared her thoughts. This expert noted that she was much more sensitive to heat while pregnant, and had experienced symptoms of heat exhaustion. Her observations are backed up by research on heat and pregnant people, which shows that extreme heat is linked to increased risk of life threatening complications (10).

Such individuals must be empowered to protect their health and the health of their fetus and/or children, and supported with spaces to cool down. In this instance, the expert had to pay for

hotel rooms during days of extreme heat or, as another expert described it, “rent space by the minute” by spending money in casinos to access air conditioning. (Multiple community experts noted that casinos are one of few spaces which are usually welcoming to them). This placed a financial strain on the expert, making it more difficult to save for housing. Another participant who was a mother noted that free public spaces are not always safe places to stay cool, and recounted an experience where a police officer held her children at gunpoint, apparently to stop her family from allegedly “loitering” in a public park.

Access to Transportation

Transport is important for accessing resources such as healthcare, clean water, clean air, and temperature-controlled spaces. Missoula is unique in Montana due to our free bus transport, which community experts often utilized. However, resources are sometimes far away from where unhoused Missoulians reside (especially now given that allowable camping spaces are restricted by the Urban Camping Ordinance), and access to transport can be complicated by weather conditions, service/support animals, mobility challenges, and limited time and stamina, among other things. For example, one expert recounted being turned away from a bus for having a service dog, despite this discrimination being illegal under the Americans with Disabilities Act (ADA).

Unhoused Missoulians who camp outside are now required to pack up all items before 8AM, and not set them down until 8PM. This creates an addition labor burden, and exertion is a key component of heat stroke risk. Some community experts expressed that sheltering in place was their only option during extreme heat, and with legal camping spaces now severely reduced, public respite areas are more important than ever.

Experts expressed the need for widely dispersed spaces to get cool and access clean air and water, rather than one centralized space, which would be difficult or impossible for many community members to access due to transport concerns. One expert suggested that if a central cooling center existed, it would need to be near the Poverello Center for them to access it.

These points may be applicable even to far more rural areas of Montana – personal cooling options are likely to be more effective than central cooling spaces for those of us who do not live close to an urban center.

Recommendations for MTHPHC

This research was undertaken primarily to assess potential opportunities for Montana Health Professionals for a Healthy Climate to contribute to the health and safety of unhoused Montanans. MTHPHC’s mission is “to address the causes and impacts of climate change to protect and enhance the health of all Montanans through education, advocacy and leadership.”

MTHPHC has four opportunities to support unhoused Missoulians:

1) **Material tools.** MTHPHC could secure funding to provide tools for coping with extreme heat and air quality, such as N95 masks, personal misters, cold packs, bandanas for wetting, electrolyte packets, and water. Patient education on safety during extreme heat and smoke could be included alongside these materials, which could be distributed by by volunteers or through trusted partner organizations, such as the Homeless Outreach Team or Open Aid Alliance. We could also provide air quality flags and posters that explain them in lobbies of service providers like the Poverello Center, Johnson Street Shelter, and Open Aid Alliance.

2) **Direct healthcare.** MTHPHC could partner with local organizations such as the Homeless Outreach Team, Poverello Center, or Open Aid Alliance to provide a volunteer health professional during extreme heat. This would give community members access to healthcare without unsafe physical exertion during extreme heat or smoke, create an opportunity for face-to-face patient education, and provide a high-impact volunteer experience. Liability insurance could be negotiated through partner organizations if MTHPHC does not have the capacity to provide such insurance. This service would need to be offered with some regularity to be effective, but would not necessarily require a large number of volunteer hours.

3) **Advocacy.** MTHPHC can advocate in favor of policies which include unhoused Missoulians and create public spaces which benefit their health and safety. We can make local officials aware of the extreme health and smoke burden faced by unhoused Missoulians and stress the deadly nature of extreme heat and smoke. We can encourage administrative policies that prioritize human health during extreme heat and smoke, such as developing a plan for extreme weather, pausing camp sweeps and crisis camping ban enforcement during extreme heat, and allowing access to clean water and temperature-controlled spaces for all.

4) **Provider education**. Given that negative perceptions and attitudes toward the unhoused are also sometimes a barrier to accessing care, we can encourage health professionals to to treat unhoused patients with respect and empathy, recognizing their position at the frontline of the climate crisis. Providers should be educated on the effects of heat, smoke, and dehydration as they manifest in populations with higher/chronic exposure, as well as the health challenges of living unhoused (eg, no access to temperature-controlled spaces to keep medication, less access to water, stigma). Health professionals in our Climate Health Stewards program could advocate for temporary cooling and clean air spaces within hospitals. We could form partnerships with unhoused-led groups such as the Unhoused Missoulians Union to further develop our advocacy and actively respond to the needs of unhoused Missoulians as they define them. We could encourage our circle of partners to engage with this issue and support unhoused Missoulians with us.

Bibliography

1) Adams A, Byron R, Maxwell B, et al. Climate Change and Human Health in Montana: A Special Report of the Montana Climate Assessment. Montana State University; 2020. doi:10.15788/c2h22021
2) The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022. U.S. Department of Housing and Urban Development; 2022. https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf
3) Bruce D. Meyer & Angela Wyse & Kevin Corinth, 2023. "The size and Census coverage of the U.S. homeless population," Journal of Urban Economics, vol 136. / https://www.mtpr.org/montana-news/2024-05-10/why-does-it-see-like-the-homeless-population-is-growing "Why does it seem like the homeless population is growing?" Austin Amestoy, Aaron Bolton
4) https://www.acpjournals.org/doi/full/10.7326/M23-2795
5) **Meyer B, Wyse A, Logani I.** Life and death at the margins of society: the mortality of the U.S. homeless population. Working Paper 31843. National Bureau of Economic Research; 2023. Accessed at www.nber.org/papers/w31843.pdf
6) https://www.weather.gov/hazstat/
7) https://doi.org/10.1378/chest.125.5.1719
8) https://doi.org/10.1289/EHP13402
9) White, B.M., Logan, A. & Magwood, G.S. Access to Diabetes Care for Populations Experiencing Homelessness: an Integrated Review. *Curr Diab Rep* **16**, 112 (2016). https://doi.org/10.1007/s11892-016-0810-y
10) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2809055