Homeless and Health

2018 Fall Health Seminar November 29, 2018

Presented by The Wellness Coalition in partnership with Medical Advocacy & Outreach

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Topics

- *Who are people experiencing homelessness?
- *What health concerns do people experiencing homelessness have?
- *What resources are available for helping people experiencing homelessness to access health care
- How can we help people become healthier?

"Health and homelessness are intricately linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience."

National Alliance to End Homelessness, 2017

*Different agencies use different definitions of homelessness, which affect how various programs determine eligibility for individuals and families at the state and local level. Health centers use the HHS definition in providing services.

There is more than one "official" definition of homelessness:

*HRSA: A homeless individual is defined in section 330(h)(5)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing."

*HRSA: An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.

*Programs funded by the U.S.
Department of Housing and Urban
Development (HUD) use a different,
more limited definition of homelessness
[found in the Homeless Emergency
Assistance and Rapid Transition to
Housing Act]

HUD Definition:

- An individual or family who lacks a fixed, regular and adequate nighttime residence
 - Place not used for sleeping for human beings
 - Shelter for temporary living arrangements
 - Exiting an institution, came from shelter or street

- Imminently losing nighttime residence
 - > Within 14 days
 - > No subsequent residence identified
 - > Lacks resources to obtain permanent housing
- Unaccompanied youth under 25 or family with children
 - Meet homelessness criteria for other government programs
 - > No housing past 60 days
 - > Two or more moves during past 60 days
 - > Expected to continue due to chronic conditions

- Fleeing domestic violence
 - Life-threatening conditions in primary nighttime residence
 - >No other residence
 - Lacks resources to obtain permanent housing

Myths about the Homeless

- *They are mostly single men
- *They are from someplace else
- *Being homeless is a lifestyle choice
- *Homeless people commit more violent crimes than housed people
- *Homeless people don't work
- All have mental illness or abuse substances

Reasons for Homelessness

- Lack of affordable housing
- Poverty
- Unemployment
- Mental Illness (about 20%)*
- Substance abuse (about 16%)*
- *Domestic violence
- Lack of community supports

^{*}National Alliance to End Homelessness, 2017

Health Care Problems of Homeless Persons

- Illnesses associated with poverty
- * Conditions associated with exposure
- * Chronic diseases
- * Mental illness &/or alcohol/drug addiction
- *No income
- *No insurance
- *No transportation

Health Care Access Issues for Montgomery's Homeless

- Geographic / transportation barriers
 - No resources to travel to access health care
- High rates of poverty & unemployment
 - >No income to pay for health care
- *Little or no health insurance
- Health disparities
 - Higher rates of disease and disability in homeless

River Region Health Care for the Homeless Needs Assessment

Montgomery Area Community Wellness Coalition 2009-2010

- *RRHCC Health Care Access Survey
 - > Sheltered Homeless
 - > Unsheltered Homeless
 - >211 Connects Callers
- *MACH Annual Homeless Enumeration
- Focus groups

Health Care Access Survey

Envision 2020 & The Wellness Coalition

- Survey Process
 - Project Goal: "A medical home for everyone in the River Region
 - Survey measured factors affecting access to medical care / medical home
- Three Populations
 - > People Seeking Social Services
 - > Public Housing Residents
 - > Sheltered & Unsheltered Homeless

Health Care Access Survey Summary of Findings

- 53% Female
- *40% Age 26-35
- 77% African-American
- *97% Non-Hispanic
- 77% Unemployed
- *57% Have a disability
- 57% Have no health insurance
- 41% Can get health care only "sometimes"
- *44% Said they can't afford it
- *41% Use the ER for their primary care

Chronic Conditions of the Homeless Population in the River Region

29% have high blood pressure	24% have a mental illness
17% have asthma	11% have diabetes
8% have heart disease	8% have obesity
2% have COPD	6% listed another condition

Source: Wellness Coalition Health Care Survey, 2010

MACH 2018 Point in Time Homeless Enumeration

	Sheltered	Unsheltered	Total
Households with at least one Adult and one Child	97	0	97
Persons in Households with only Children	5	0	5
Persons in Households without Children	194	69	263
Total	296	69	365

Montgomery Annual Homeless Enumeration - Health Problems

Health Problems	Sheltered	Unsheltered	
Disability	29%	21%	
Health Problem	24%	28%	
Mental Health Problem	64%	24%	
HIV/AIDS	4%	1%	
Alcohol/Drug Problem	37%	36%	

Montgomery Annual Homeless Enumeration - Health Care Needs

Needs	Sheltered	Unsheltered	
Medical Care	20%	26%	
Medication	14%	17%	
Dental Care	28%	47%	
Substance Abuse Help	10%	31%	
Mental Health Help	17%	9%	

Health Care Access Survey

- Surveyed homeless persons about Access to health care
 - > In shelters
 - > On the street
 - > Through 211 calls
- * 37% have a chronic condition
- * 48% have a disability
- * 64% have no insurance
- 29% never able to access health care
- * 42% cannot afford health care
- * 42% receive their care in the emergency room

Focus Group Demographics

- *Held at 9 different locations
 - > Shelters
 - > Street
- Most frequent zip codes
 - >36108 (29%)
 - >36111 (14%)
 - >36104 (10%
 - >36092 (10%)
 - >36116 (7%)

Focus Group Demographics

- Most frequent age groups
 - > 51 55 (18%)
 - > 56 60 (16%)
 - **>** 46 50 (11%)
 - > 26 30 (8%)
 - > 31 35 (8%)
 - > 75 80 (8%)
- *Gender
 - > 67% Male
 - > 33% Female

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Health Conditions

Mental illness	27	31.4
Obesity	21	24.4
Heart problems	12	14.0
Diabetes	11	12.8
Spinal problems	6	7.0
Other (unspecified)	4	4.7
Asthma	3	3.5
Liver/kidney/blood	2	2.3
Total	86	100.0

Places Where Access Health Care

- Emergency room/emergency department (7)
- Clinics/Lister Hill (7)
- Health Department (4)
- Pri Med (2)
- Private doctor (2)
- *Medical Outreach (2)
- **♦ VA (2)**

- Jackson Hospital
- Wal-Mart (over the counter drugs)
- Catholic Social Services
- Dentist (but won't take Medicaid)
- *No insurance
- No money, can't go

Health Care Challenges

- Co-pay/co-pay required (3)
- Medicine (paying for medicine)/getting prescriptions filled/cost of prescriptions (3)
- * Sooner appointment availability
- * Higher wait for patients with no insurance
- How you'll be treated
- * How to reach doctors when calling
- * Automated voice systems
- * Lack of providers on staff
- Getting care
- * Minimize the need for care
- * Referral expectations
- Not having documents need to apply for financial assistance

Health Care Challenges

- Qualifying for government assistance
- Personal fears/phobias of health concerns
- What the doctors may tell you/health issues
- Transportation/transportation issues (6)
- Cost/money/choices between healthcare and life needs/affordability (5)
- Waiting in line/how long it takes to see doctor/getting in to be seen on same day/long waits/unable to see doctor (5)
- Insurance coverage/no insurance/not knowing what insurance covers (4)
- Whether doctor will give correct diagnosis/having a competent doctor/thorough doctor/having a
- doctor that listens (4)

Barriers to Accessing Health Care

- *No money for health care
- *Little or no health insurance
- Lack of information about treatment options
- Transportation issues
- Lack of knowledge about disease
- *Lack of social support system

Changes Desired in Health Care

- * No co-pay/no bills/free medical/dental care (5)
- Don't have to wait to see doctor/less wait/quicker appointments (3)
- Free transportation (3)
- Available when patients need it/assistance with needs any time (2)
- One stop care/healthcare that includes everything (3)
- * No insurance required (2)
- * Affordable fee schedule/affordable (2)
- Friendly atmosphere/empathetic staff/nurses (2)

Changes Desired in Health Care

- Competent medical staff/thorough doctors/right diagnosis (3)
- Trustworthy medications/research medications before prescribing
- Prescription delivery
- * Free meds
- Use of the Lister Hill model
- Universal insurance
- * Individual fee scales
- * Easy to get to
- Fewer government regulations



- Clean environment
- *Free medical alert bracelet
- *Cease insurance discrimination
- * Childcare in waiting rooms/emergency rooms
- *No shots

Other Health Care Needs

- * Need healthcare now
- * Medicare information
- Healthcare for my children
- Give Ensure/vitamins to people to provide them with nutrients
- * More mental health services
- Food stamps, nutrition for the homeless to remain healthy
- Law enforcement give announcement listing everyone with HIV/AIDS

Other Health Care Needs

- Transportation (4)
- More clinics in low-income neighborhoods/more services (3)
- To be treated with respect (2)
- * More information about resources available (2)
- Dental specialist/dental care (2)
- Fee clinics
- * Help in getting insurance
- * Lower cost medicine
- Free pap smears, mammograms, and prostate checks

Other Needs

- *Free mobile services in drug-infested areas
- Free methadone clinics
- *Needle exchange
- Drug screen facility staff
- Money
- *Clothes
- *SS Identification

Other Needs

- Free places to wash clothes, bathe, etc.
- *Investigate SSI abuse
- *Employment
- Housing for the homeless
- *TORT immunity and reform
- Case management

A Model for Providing Health Care for the Homeless

Health Services, Inc.

Fixed Clinic

- Located in Montgomery Area Mental Health Authority facility (space donated by MAMHA)
- Operates 3 days per week 7:30 am-4:30 pm
- Staffed by a provider (nurse practitioner), nurses registration staff, wellness case manager, and other staff as needed (x-ray, lab, etc.)
- Serves homeless, MAMHA clients, and any other person who wishes to receive services there
- Provides basic primary care, referral for specialty care, and wellness case management

Mobile Clinic

- Trailer pulled by pick-up truck
- *Operates 2 days per week 8:30 am-3:30 pm
- Staffed by a provider (nurse practitioner), registration staff, wellness case manager, and other staff as needed (x-ray, lab, etc.)
- Travels on a schedule to homeless shelters in Montgomery
- Serves shelter residents and others in the area
- Uses shelter as waiting area



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		~ HSI Mobile Health Clinic Schedule ~ December 2018~									
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Montgomery Area Community Wellness Coalition

- Coalition of safety net providers
 - Baptist Health
 - Community Hospital
 - Community-at-Large Representative (CPA)
 - > Community Care Network
 - > Family Guidance Center of Alabama, Inc.
 - > Health Services, Inc.
 - > Jackson Hospital & Clinic, Inc.
 - > Joint Public Charity Hospital Board
 - > Medical Outreach Ministries
 - Mid-Alabama Coalition for the Homeless
 - Montgomery Area Mental Health Authority, Inc.
 - Montgomery County Health Department
 - > Public Health Area 8

Interventions for Chronic Disease Management

- *Adopting a healthy lifestyle
 - > Tobacco avoidance
 - > Good nutrition
 - > Regular physical activity
- Using a "Medical Home"
- *Accessing Mainstream Benefits
- *Disease Self-Management Education

Wellness Case Management

- Liaison to shelters for scheduling patients
- Assisting patients with accessing free medications
 - > Local resources
 - Pharmaceutical company patient assistance programs
- * Assistance with application for health insurance
 - > Health insurance marketplace
 - > Medicaid
- * Chronic disease self-management education

Lessons Learned in Welcoming the Homeless

- *Be lenient in expecting them to conform to clinic appointment requirements
- *Be respectful of their lack of transportation
- *Realize they are not homeless by choice
- * They may have multiple problems
- * Most will have no way to pay for services
- Special arrangements for follow-up such as through shelter contacts

Working with Persons Who Have Mental Illness

DO

- * Remain calm
- Take your time
- Be respectful
- Be supportive
- * Express desire to help
- Continually assess the situation
- Ask others causing agitation to leave area

DO

- * Be supportive
- One person communicate with the person
- Focus on situation/ behavior not the person
- * Give clear directions

Working with Persons Who Have Mental Illness

DO NOT

- Lose your composure
- Get excited
- Act in anger
- Challenge the person
- * Argue
- * Threaten
- *Deceive the person

DO NOT

- Agree or disagree with delusions
- * Ridicule
- Tease or joke
- Whisper to others
- * Touch

Resources

www.wellness-coalition.org

http://nationalhomeless.org

National Health Care for the Homeless Coalition

National Alliance to End Homelessness

- *Race
 - >77% African-American
 - >21% Caucasian
 - >2% Other
- *Ethnic Origin
 - >3% Hispanic Origin
 - >97% Non-Hispanic Origin

- *Gender
 - >47% Male
 - >53% Female
- Age
 - ▶1% Under 18
 - >40% age 18-35
 - >32% age 36-49
 - >26% age 50-64
 - >2% age 65+

- *Employment Status
 - >12% Full Time
 - >10% Part Time
 - >77% Unemployed
- *Reasons Unemployed
 - >1% Retired
 - >21% Laid Off
 - >37% Disabled
 - >41% Other Reason

- Presence of Chronic Condition
 - > 38% Chronic Condition
 - > 62% No Chronic Condition
- * Type of Chronic Condition
 - > 28% Mental Illness
 - > 26% High blood Pressure
 - > 13% Asthma
 - > 10% Diabetes
 - > 8% Obesity
 - > 7% Other
 - > 4% Heart Disease
 - > 2% COPD

- * Ability to Get Medical Care
 - > 41% Sometimes
 - > 38% Always
 - > 21% Never
- * Reasons Cannot Get Medical Care
 - > 44% Can't Afford It
 - > 21% No Doctor
 - > 19% No Transportation
 - > 19% Use Home Remedy
 - > 10% Other

- Presence of Disability
 - >57% Yes
 - >43% No
- Type of Insurance
 - >57% None
 - >26% Medicaid
 - >10% Medicare
 - >2% Blue Cross
 - >6% Other

- * Location of Main Health Care Provider
 - > 41% Emergency Room
 - > 35% Clinic
 - > 18% Private Office
 - > 5% Other
 - > 1% Urgent Care
- * Times Gone for Medical Care Last 12 Months
 - > 18% None
 - > 28% 1-2 Times
 - > 21% 3-4 Times
 - > 20% 5-6 Times
 - > 14%Once a Month

- Transportation to Medical Appointments
 - >12% Walk
 - >31% Car
 - >2% Taxi
 - >27% Bus
 - >6% Private Shuttle
 - >23% Family
 - >21% Friend
 - >9% Pay Someone
 - >2% Call 211