



# Healthcare and the Homeless

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2.3-3.5 million Americans experience  
homelessness every year

(Baggett et. al, 2010)

# Research Concern

- ▶ Healthcare in relation to the homeless population
- ▶ Availability of services
- ▶ Accessibility of care
- ▶ Outcomes of services
- ▶ Barriers

# Terms

- ▶ Available (availability) – something being present
- ▶ Accessible (accessibility) – capable of being reached
- ▶ Barrier – something that keeps apart or makes progress difficult
- ▶ Health outcome – the general resulting condition of the body
- ▶ Homeless – having no home or permanent place of residence

# Research Questions

- ▶ What is the status of the healthcare field in regards to the homeless population in the United States? More specifically, in the Kansas City area?
- ▶ What programs are available in this area to give the homeless access to healthcare?

## Research Questions (cont.)

- ▶ What barriers do homeless people face when it comes to accessing healthcare?
- ▶ What barriers do healthcare professionals face when it comes to making healthcare accessible to the homeless?
- ▶ What are the health outcomes with homeless individuals who are able to access healthcare?

# Research Procedure

## LITERATURE REVIEW

- ▶ Eight research articles
  - ▶ Status of healthcare and the homeless population in the US
- ▶ Provided an understanding and sense of direction

# Research Procedure (cont.)

## INTERVIEWS

- ▶ Four medical programs
- ▶ Qualitative, non-experimental method



# Hypothesis

- ▶ There are not many programs in Kansas City to provide healthcare to the homeless
- ▶ The few programs that are in place come in contact with various health issues
- ▶ These programs have similar barriers to providing services as other programs in large cities in the United States
- ▶ Health outcomes in this population are low

# Significance and Contributions

- ▶ Healthcare providers
- ▶ Students and professors
- ▶ Certain government agencies
- ▶ The homeless population as a whole



Discover new ways to provide more accessible, reliable services to the homeless.

# Data – AVAILABILITY OF CARE

- ▶ Area of the city
  - ▶ Johnson
  - ▶ Wyandotte
  - ▶ Jackson
  - ▶ Clay
  - ▶ Other outlying areas
- ▶ Medical services provided
  - ▶ 2 programs: traditional healthcare clinics – wide range of needs

## Data — AVAILABILITY OF CARE (cont.)

- ▶ Medical services provided (cont.)
  - ▶ 1 program: primary care out of church and traveling to encampments
  - ▶ 1 program: acute-care services
- ▶ Most prevalent medical service:
  - ▶ Diabetes
  - ▶ Hypertension

# Data — AVAILABILITY OF CARE (cont.)

- ▶ Other services
  - ▶ Legal
  - ▶ Social service
  - ▶ Food and housing assistance
  - ▶ Basic health education



# Data – ACCESSIBILITY OF CARE

- ▶ Stationary or mobile
  - ▶ 2 programs: stationary
  - ▶ 2 programs: stationary and mobile
- ▶ Gaps in care
  - ▶ Specialty care services
    - ▶ Mental/behavioral health
    - ▶ Neurosurgery
    - ▶ Urology
    - ▶ Gynecology

# Data — BARRIERS TO CARE

- ▶ Number of homeless patients
  - ▶ Do not ask if patients are homeless
- ▶ Barriers to providing care
  - ▶ Access
  - ▶ Transportation
  - ▶ Cost of medications
  - ▶ Other overshadowing concerns
- ▶ Patient understanding and education level
- ▶ Lack of social support



# Data – OUTCOMES OF PATIENTS

- ▶ Health outcomes
  - ▶ Hard to track
  - ▶ Below national average



# Conclusions — AVAILABILITY OF CARE

- ▶ Serve people throughout many counties
- ▶ Basic, and more extensive, medical services
- ▶ Support services

# Conclusions – ACCESSIBILITY OF CARE

## Mobility

- ▶ Two have mobile and stationary clinics
- ▶ Two serve exclusively through stationary clinics

## Gaps

- ▶ Specialty care services
  - ▶ Mental and behavioral health

# Conclusions — BARRIERS TO CARE

- ▶ Not able to track the number of homeless patients
  - ▶ Can hinder providing additional services or medications
- ▶ Other Barriers:
  - ▶ Access
  - ▶ Transportation
  - ▶ Cost of medications
  - ▶ Patient understanding and education
  - ▶ Lack of social support
  - ▶ Other overshadowing priorities

# Conclusions – HEALTH OUTCOMES

- ▶ Help determine:
  - ▶ Level of care provided
  - ▶ Need within a population
- ▶ Health outcomes difficult to track:
  - ▶ Poor follow-up
  - ▶ Lack of continuity of care

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## PHOTOS:

- ▶ <http://www.cnn.com/2015/05/07/us/cnn-heroes-homeless-doctor-jim-withers/>
- ▶ <http://clipart-library.com/images/kcKoj7gAi.jpg>
- ▶ <http://www.680news.com/2016/04/20/one-mans-plight-highlights-health-care-gap-between-ontarios-rich-and-poor/>
- ▶ <https://depts.washington.edu/medex/magazine/building-trust-between-the-homeless-the-medical-community/>