

Introduction

- People who are homeless present to urban emergency departments at a higher rate per 1000 people than those who are housed.¹
- With those added difficulties, people who are homeless frequently turn to Emergency Departments (EDs) for primary, rather than only emergency, health care treatment.^{2,3}
- Operating under a low barrier model, the HOPE adult shelter has the capacity to host up to seventy guests a night as well as services to connect their clients with pathways out of homelessness.⁴
- The Affordable Care Act made it easier for HOPE to connect the homeless population with enrollment in some type of health insurance.⁵
- Medicaid members who are homeless continue to have frequent emergency room visits.⁶
- Despite the changes in healthcare, there is great need for investigation into the thought process for the self-triage of the patient who is homeless.

Aims and Objectives

- Survey adults at HOPE adult shelter about their acuity with determining the most appropriate place to seek treatment for different common conditions.
- To validate an educational resource used to help identify where appropriate medical treatment can be sought.

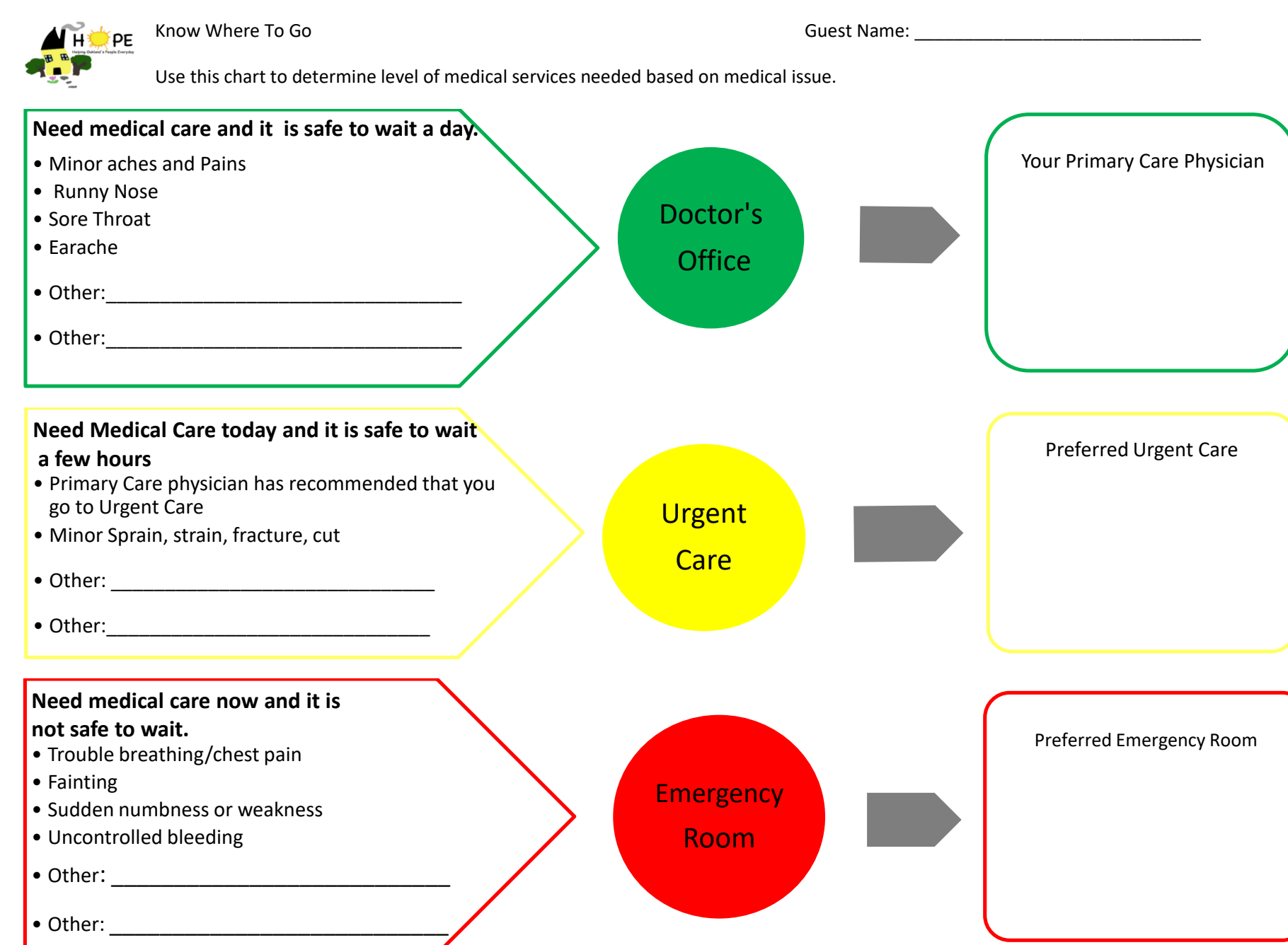


Image 1: Know Where To Go

Methods

- The study population includes 22 people who are homeless (greater than 18 years old) and those who choose to enroll and receive services from HOPE Adult Shelter.
- Survey delivered before and after an education session.

- Survey and lesson adapted from Hope Recuperative Shelter "Know Where To Go" Form.

Results

- Self reported obstacles to seeking care at the appropriate healthcare facility:
 - No phone to call and make appointments
 - Frequent relocation
 - No internet for insurance registration/guidance
 - Transportation
 - Mistrust
 - Fear of being held against will

Number of Correst Responses

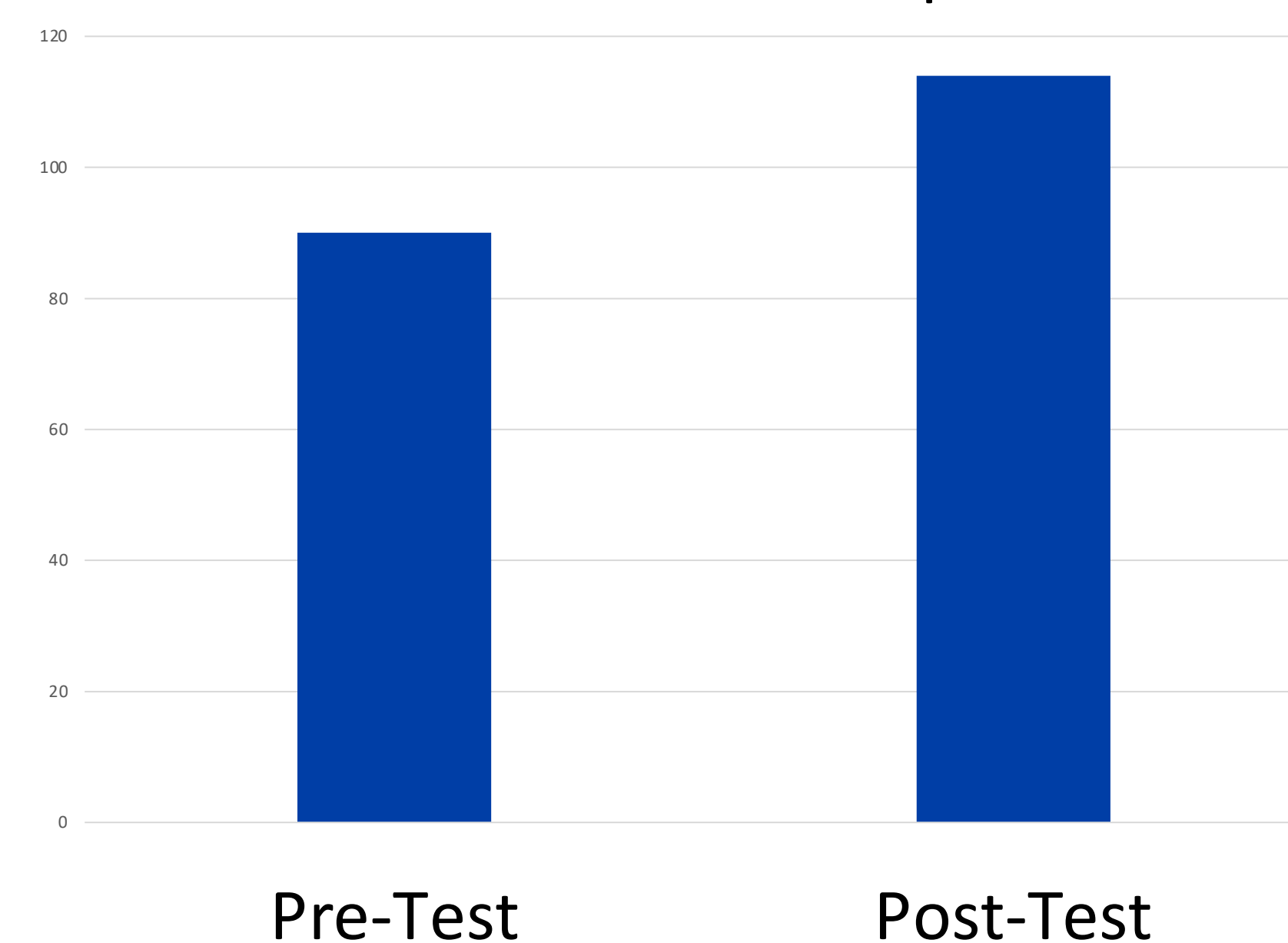


Figure 1: Pre-test vs. Post-test Number of Correct Answers

- Average percent correct ($p = 0.02$)
 - Pre-test: 56%
 - Post-test: 71%

Conclusions

- While knowledge gaps exist in the ability of the population of people who are homeless in regards to self triage, educational initiatives can work to close this gap.
- Many patients who are homeless likely choose where to seek care based on availability and convenience vs. acuity of symptoms.
- Education alone may not significantly change where patients who are homeless seek medical care.

References

1. Abramson TM, Sanko S, Eckstein M. Emergency Medical Services Utilization by Homeless Patients. *Prehosp Emerg Care.* 2021;25(3):333-340. doi:10.1080/10903127.2020.1777234
2. Brickner PW, Scanlan BC, Conanan B, et al. Homeless persons and health care. *Ann Intern Med.* 1986;104(3):405-409. doi:10.7326/0003-4819-104-3-405
3. O'Toole TP, Gibbon JL, Hanusa BH, Fine MJ. Preferences for sites of care among urban homeless and housed poor adults. *J Gen Intern Med.* 1999;14(10):599-605. doi:10.1046/j.1525-1497.1999.09258.x
4. Lin WC, Bharel M, Zhang J, O'Connell E, Clark RE. Frequent Emergency Department Visits and Hospitalizations Among Homeless People With Medicaid: Implications for Medicaid Expansion. *Am J Public Health.* 2015;105 Suppl 5(Suppl 5):S716-S722. doi:10.2105/AJPH.2015.302693
5. Eligibility I Michigan.gov. <https://www.michigan.gov/mdhhs/doing-business/providers/providers/health-care-programs-eligibility>. Accessed December 2022.
6. Han B, Wells BL. Inappropriate emergency department visits and use of the Health Care for the Homeless Program services by Homeless adults in the northeastern United States. *J Public Health Manag Pract.* 2003;9(6):530-537. doi:10.1097/00124784-200311000-00014

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