

Health Care for the Homeless

MEDICAL RESPITE RESEARCH

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This document provides a comprehensive list of medical respite research and articles published in academic journals. Articles are categorized by topic. New resources will be added to this document as they are published.

REDUCED HOSPITALIZATION

Title: The effects of respite care for homeless patients: a cohort study

Author: Buchanan, D., Doblin, B. Sai, T., & Garcia, P.

Source: American Journal of Public Health, 96(7), 1278-1281, July 2006

Summary: OBJECTIVES: Homeless individuals experience high rates of physical and mental illness, increased mortality, and frequent hospitalizations. Respite care provides homeless individuals with housing and services allowing more complete recovery from illnesses and stabilization of chronic conditions.

METHODS: We investigated respite care's impact on 225 hospitalized homeless adults consecutively referred from an urban public hospital during a 26-month period.

The cohort was separated into 2 groups: (1) patients referred and accepted into the respite center and (2) patients referred but denied admission because beds were unavailable. All patients met the center's predefined eligibility criteria. Main outcome measures were inpatient days, emergency department visits, and outpatient clinic visits. **RESULTS:** The 2 groups had similar demographic characteristics, admitting diagnoses, and patterns of medical care use at baseline. During 12 months of follow-up, the respite care group required fewer hospital days than the usual care group (3.7 vs 8.3 days; $P=.002$), with no differences in emergency department or outpatient clinic visits. Individuals with HIV/AIDS experienced the greatest reduction in hospital days. **CONCLUSION:** Respite care after hospital discharge reduces homeless patients' future hospitalizations.

Title: Post-Hospital Medical Respite Care and Hospital Readmission of Homeless Persons.

Authors: Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Schwartz, M. and Ash, A. S.

Source: Journal of Prevention and Intervention in the Community (in press)

Summary: Medical respite programs offer medical, nursing, and other care as well as accommodation for homeless persons discharged from acute hospital stays. They represent a community-based adaptation of urban health systems to the specific needs of homeless persons. This paper examines whether post-hospital discharge to a homeless medical respite program was associated with a reduced chance of 90-day readmission compared to other disposition options. Adjusting for imbalances in patient characteristics using propensity scores, Respite patients were the only group that was significantly less likely to be readmitted within 90 days compared to those released to Own Care. Respite programs merit attention as a potentially efficacious service for homeless persons leaving the hospital.

Title: Respite care for homeless people reduces future hospitalizations.

Authors: Buchanan, D., Doblin, B., & Garcia, P.

Source: Journal of General Internal Medicine, 18(S1), 203, April 2003

Summary: BACKGROUND: Respite care provides 24 hour shelter for homeless people being discharged from a hospital. This allows homeless individuals to fully recover from an illness away from the difficulties of the streets or overnight shelters. Additional supportive services are often also provided in this setting. Although there are at least 22 providers of respite care to homeless people in the United States, no studies have explored the outcomes of these respite services. **METHODS:** We conducted a retrospective review of administrative data for all patients referred from Chicago's largest public hospital to Interfaith House, Chicago's only provider of respite services. All referrals meeting Interfaith House's eligibility requirements who were referred between October of 1998 and December of 2000 were included in the analysis. The referrals were separated into two groups. Individuals in the respite care group were referred and entered the respite care program (N=161). Individuals in the control group were referred but were not placed in respite care due to a lack of bed availability (N=65). The primary outcome of

the study was the use of health services within the County Health system during the 12 months after referral. RESULTS: At baseline, there were slightly more Hispanic patients in the control group (16% vs 6%). The respite care group had more patients with a diagnosis of trauma (38% vs 25%). During the 6 months prior to referral, the respite care group had slightly more ER visits (1.5 vs 0.9 visits) and hospital days (5.7 vs 5.2 days). Otherwise the two groups were similar in terms of gender, race, diagnoses, and utilization of services prior to the referral. During the following 12 months after referral, both groups had similar numbers of ER visits and scheduled clinic visits, however individuals in the respite care group had a 60% reduction in the number of inpatient days (P = 0.001). The absolute reduction in hospital days was 4.9 days per person after controlling for gender, race, diagnosis, and prior utilization of health services. CONCLUSION: Homeless patients who are served by respite care providers after hospital discharge spent 4.9 fewer days in the hospital during the following year compared to controls. This represents a significant savings to the healthcare system.

IMPROVED OUTCOMES FOR PROGRAM PARTICIPANTS

Title: Shelter-based convalescence for homeless adults
Authors: Thompson SJ, Bender KA, Lewis CM, Watkins R
Source: Canadian Journal of Public Health, 97(5):379-83, September/October 2006
Summary: OBJECTIVES: Homelessness is associated with increased hospital costs and length of stay, and medical or surgical conditions are typically complicated by secondary diagnoses of substance abuse or mental illness. Convalescence care to provide timely treatment has not been analyzed. This is a retrospective study of diagnoses and utility of shelter-based convalescence in a cohort of homeless subjects. METHODS: A 20-bed shelter-based unit providing up to 3 months stay post hospital discharge, or for treatment of addictions or for those too ill to remain in the general shelter was studied. Charting was by the use of an electronic health record developed for the project. Demographics, reason for admission and outcomes are retrospectively described. RESULTS: 140 men had 181 admissions from July 2000-April 2003; 23.8% were post hospital discharge, 57.4% were from the general shelter. Average length of stay was 40 days. 83.4% were treated for a medical or surgical condition, 83.6% for psychiatric disease and 29.8% for addictions. Medication adherence was >80% in the majority. During admission, 20% obtained a new health card, 43.6% a new drug card, 89.3% received transportation to appointments, 60% applied for housing and 24.3% obtained housing. CONCLUSION: A shelter-based convalescence unit can provide health care to homeless persons, treat medical and mental illness, ensure adherence to treatment regimes, decrease substance abuse and assist with housing.

PROGRAM DESCRIPTION

Title: It takes a village: a multidisciplinary model for the acute illness aftercare of individuals experiencing homelessness.

Authors: Gundlapalli A., Hanks, M., Stevens, S. M., Geroso, A. M., Viavant, C. R., McCall, Y., Lang, P., Bovos, M., Branscomb, N. T., & Ainsworth, A.D.

Source: Journal of Health Care for the Poor and Underserved, 16(2): 257-72, May 2005

Summary: Homeless individuals are often uninsured and are more likely than the housed to utilize acute health care services and experience longer hospitalizations. Currently in the United States, there are fragmented services available for the aftercare of these patients to ensure continuum of care, promote healing, and avoid re-entry into the acute care system. The Fourth Street Clinic Respite Program was created to address these issues. Patients are referred to the program from local hospitals and other service providers. Based on the acuity of illness and need for nursing care, patients are admitted to one of four programs: (1) Shelter-based Day Bed Program, (2) Temporary Emergency Housing (Motel) Program, (3) Tuberculosis Housing Program, or (4) Nursing Home Program. Aftercare patients receive medical, social, and behavioral health services and are discharged to local shelters when stable. The aftercare program provides a safe refuge for recovery from acute illnesses for those experiencing homelessness.

Title: Medical Respite Care for Homeless People: A Growing National Phenomenon

Authors: Zerger, S., Doblin, B. & Thompson, L.

Source: Journal of Health Care for the Poor and Underserved, 20(1): 36-41, February 2009

Summary: The first known respite care facilities for homeless people emerged in the mid- 1980s, but recent trends in health systems and services have driven their rapid proliferation across the country within the past decade. This report is the first attempt to describe these respite programs comprehensively.