

# Emerging Challenges in Defining Homelessness in Health Care

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# Project HOPE

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- ◎ In 2010, Nova Southeastern University's College of Osteopathic Medicine was awarded a five-year Pre-doctoral Primary Care Training grant from the Health Resources Administration (HRSA) of the U.S. Department of Health and Human Services.
- ◎ Project HOPE – Homelessness in Pre-doctoral Osteopathic Education - responds to a curricular deficit in the education of medical students toward the health care needs of those experiencing homelessness; responds to a workforce shortage area.

# Project HOPE



- ◎ This project educates healthcare professionals to better define, track and provide appropriate care to vulnerable populations with whom they work.
- ◎ The definition of homelessness is often misunderstood.

**Homelessness is AN EXPERIENCE, NOT A CONDITION.**

# Project Goals

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- Provide a primary care curriculum for medical students that focuses on the homeless, ensuring patient safety and minimizing medical error.
- Improve the attitudes and knowledge that students have with regard to people who experience homelessness.
- These goals are enmeshed.
- Expand student experiences in primary health care to the homeless in a required rural/urban underserved primary care clerkship.
- Provide a template for a curriculum that can be used by both osteopathic and allopathic medical schools that can be used to plan, develop, implement, and evaluate primary care health services for homeless populations.
- This is an ongoing effort... through presentation, publication, and ultimately the compilation of all curricular materials.

# Definition of Homelessness

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- A homeless individual is defined in section 330(h)(4)(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." A homeless person is an individual **without permanent housing** who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or non-permanent situation**. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

# The Hidden Homeless: An Apparent Challenge

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- Many who are transient in their housing and are not “on the streets” do not self-identify as homeless.
- Due to issues at intake, funding policy and procedure - many clinics do not track patients experiencing homelessness.
- Language is important in assessment of housing and in its related continuum of care.
- Thus, a need to broaden perspective.



# Demographics

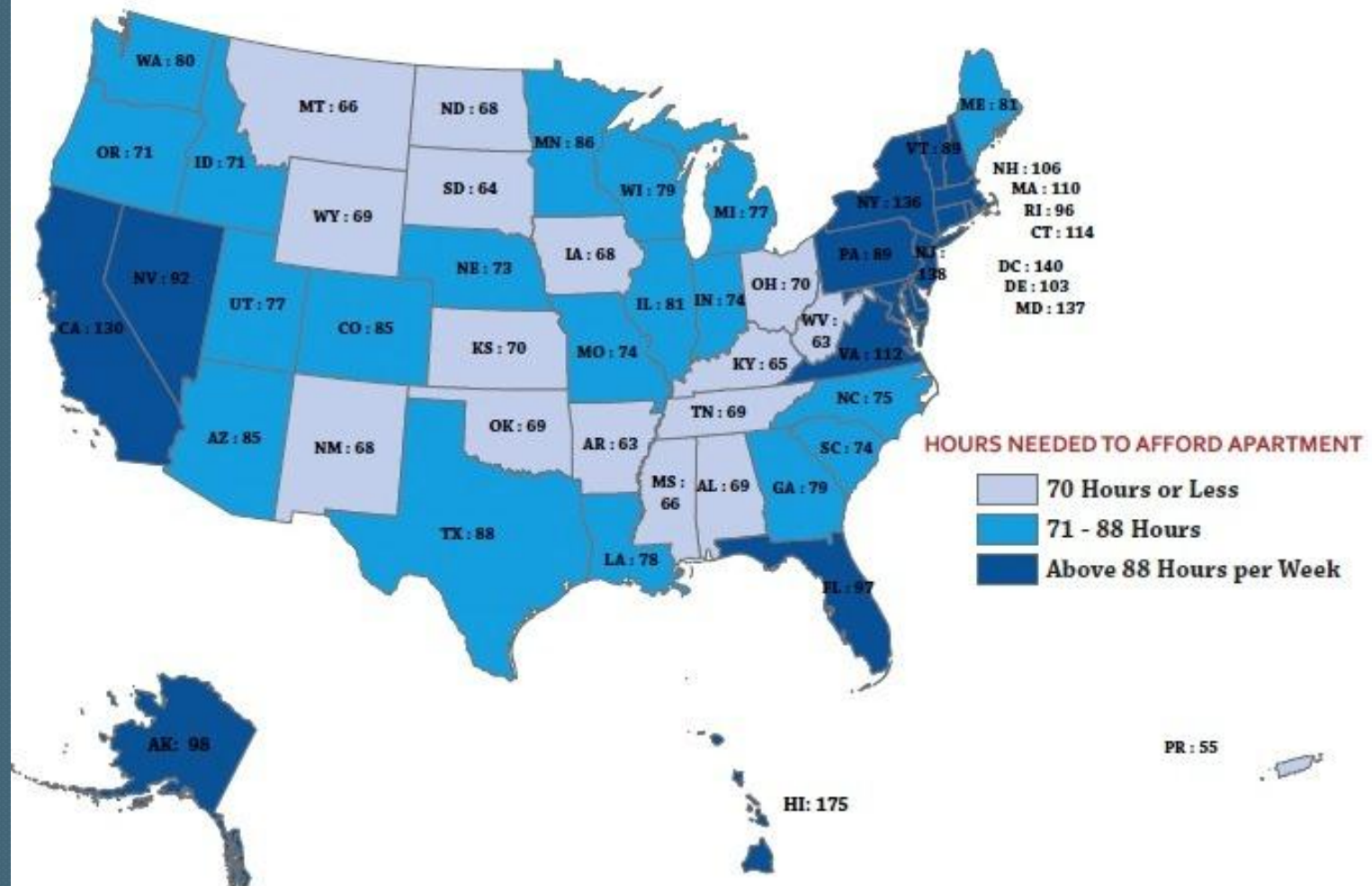


- The “**doubled up**” population (people who live with friends, family or other nonrelatives for economic reasons) was **6.8 million** in 2010. The doubled up population increased by more than 50 percent from 2005 to 2010.
- The average income of the working poor was **\$9,400** in 2010. There was not a single county in the nation where a family with an average annual income of \$9,400 could afford fair market rent for a one-bedroom unit.

-The State of Homelessness in America, 2012; National Alliance to End Homelessness

# HOURS AT MINIMUM WAGE NEEDED TO AFFORD RENT

In no state can a minimum wage worker afford a two-bedroom unit at Fair Market Rent, working a standard 40-hour work week.





# Input / Output

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- ◎ Many FQHCs do not track for housing status; the same applies to other clinical settings.
- ◎ Not only is the educational effort important for future physicians, it can yield new sources for funding and support to such facilities.
- ◎ Housing and health are interrelated; care plans must consider life circumstance.
- ◎ Demographics inform care; inform policy.

# Clinical Considerations

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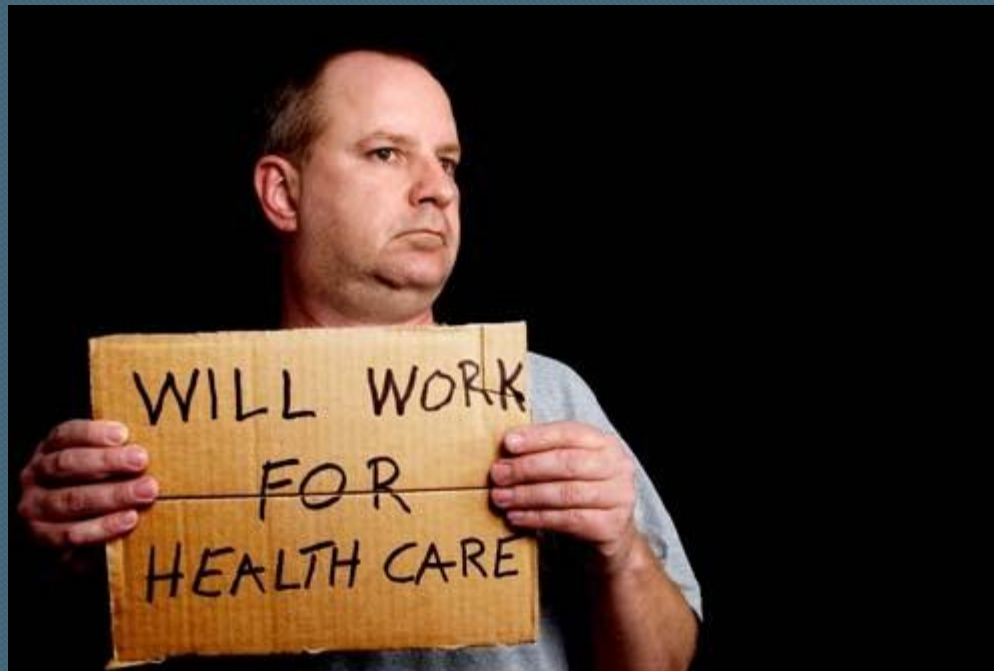
- Chronic diseases: difficult to manage in vulnerable populations whose access to care is limited.
- Patients often present with acute needs that require immediate attention and displace focus from chronic disease and prevention.
- Trauma from the experience of homelessness complicates rehabilitation and there is sometimes limited expertise with trauma-informed care on the part of clinicians.



# The Case for Primary Care Training

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- ◉ An aging HCH workforce
- ◉ Fewer young physicians entering primary care



# The Case for Primary Care Training

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- Indications that adverse attitudes of medical providers contribute to reduced quality and access to care for those experiencing homelessness.
- These counterproductive traits most likely stem from training that did not adequately prepare students and physicians to sensitivities in working with this population.
- No research on attitudes toward homeless patients by dental students until 2009.



# The Case for Primary Care Training

- How do we entice and enable future health professionals into the HCH workforce?



# NHCHC's 2012 Policy Statement

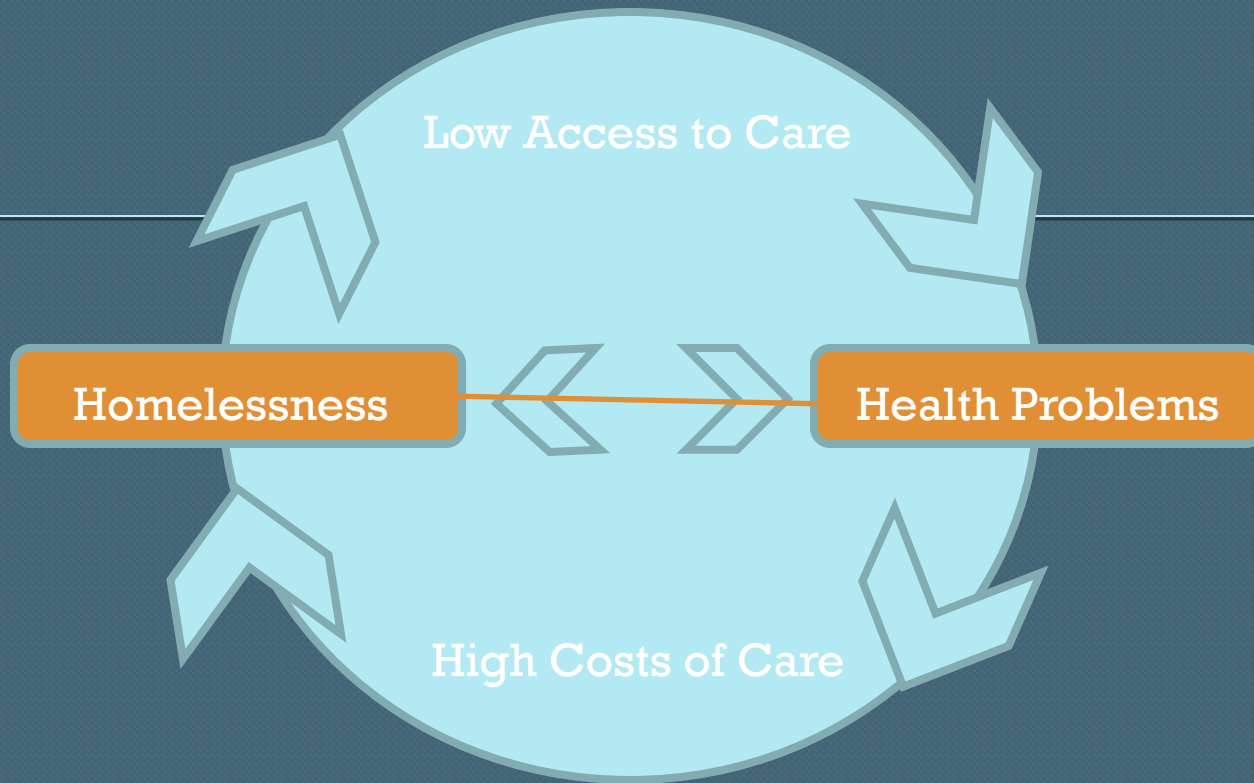
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- The current health care workforce is inadequate.
- Current projections: **physician shortage of 124,000 by 2025.** This shortage balloons to 160,000 when considering the expanded health coverage intended in the ACA.
- This projection does not factor in our aging population that will be covered through Medicare. The first Baby Boomers turned 65 in 2010.
- **Between 2005 and 2030** the number of **adults aged 65 and older** will almost double, from 37 million to **over 70 million**, accounting for **an increase from 12 percent of the U.S. population to almost 20 percent.** While this population surge has been foreseen for decades, little has been done to prepare the health care workforce for its arrival.

# NHCHC's 2012 Policy Statement

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- Health centers and HCH projects face additional workforce challenges. Community health centers and HCH clinics are the front line providers in underserved communities.
- In addition to these current realities are the new goals and challenges presented by the ACA.
- Health centers are charged to double their patients by 2015, from approximately 20 million served to 40 million served.
- This is an opportunity to improve health access and health disparities in underserved communities but a significant expansion of the health center workforce will be required to achieve this goal.



- ◎ Homelessness **may arise** from physical or mental disability that brings on poverty, but once someone becomes homeless, poverty and deprivation **reinforce** each other in a **vicious circle**.



# Curricular Overview

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## YEAR ONE

- **Humanism & Health:** (3 hours)
- **Foundations and Applications of Clinical Reasoning I:** (2 hours)  
Case presentation focused upon homelessness and health.
- **Community Service-Learning** (4 hours)  
4 hours of direct/indirect community service that is specific to individuals experiencing homelessness

## YEAR TWO

- **Principles of Clinical Medicine II:** (2 hours)  
Homeless-specific specialized patient exam

## YEAR THREE

- **Internal Medicine I:** (8 hours)  
Web-based module, incorporated into 3 month Internal Medicine Rotation

## YEAR FOUR

- **Medical Informatics:** (8 hours)  
Online health information technology focused on homelessness.
- **Rural / Underserved 2 month core placement and / or 1 month selective placement:**  
Students will conduct intake in concert with preceptor / facility to determine housing status by federal definition of homelessness. Rural / Underserved log includes data on number of homeless-specific encounters per month and will complete post test to determine correlational data on experience, affect, and knowledge.

- *27 total hours to date; expansion is ongoing*

# Clinical Placements

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- Goal of placing 60 fourth year medical students in clerkships per year within HCH settings; this represents  $\frac{1}{4}$  of the annual medical student cohort at Nova Southeastern University's College of Medicine (NSU-COM).
- Medical students in their 4<sup>th</sup> year require preceptor supervision by a physician, with a typical ratio of no more than 1 preceptor to 2 students.
- As a rule, medical students in their 3<sup>rd</sup> and 4<sup>th</sup> years of medical school must be supervised by upper level residents, physicians, or by a care team that is physician-lead.
- There is only 1 HCH project within proximity to NSU-COM able to supervise medical students under these stipulations.

# Challenges

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- ◉ Too few local HCH settings for supervision of medical training.
- ◉ Relationships of trust with stakeholders across national HCH projects require time to nurture; high staff turnover.
- ◉ Some HCH programs lack sufficient physician staffing.
- ◉ Supervision of medical students slows down patient encounters for programs that are taxed.
- ◉ Individuals experiencing homelessness present at an array of clinical sites; recognizing this aligns with our effort to broaden perspective.

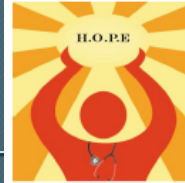
# Tracking

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- ⦿ Tracking of housing status, irrespective of service point provides a service to the student, preceptor, and even to the clinic.
- ⦿ Along with the need to broaden perspective, we have broadened approach to include all 240 medical students.
- ⦿ The model that has been developed asks students to track the housing of patients with whom they interact.
- ⦿ The concept is easy to replicate, and can be tailored for any minority or vulnerable population group.

◎ Shift of focus to track housing status to observed health symptoms in an array of service settings.

◎ Correlate health and housing, exposure, experience and attitude.



**Federal definition of homelessness (below):**

*A homeless individual is defined in section 330(h)(4)(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 resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service act 942 U.S.C., 254b]*

Based on the federal definition of homelessness, please utilize the questions below to assess your patient’s housing status:

- Have you lived in the same place for the past 30 days?
- Have you lived in the same place for the past 90 days?

If you are unsure of your patients housing status after asking the questions above, please feel free to utilize any of the complementary questions below to gain further information and insight:

- Do you have a permanent home?
- Do you get all of your personal mail sent to your current residence?
- If you are living in a non-permanent residence, where and with whom have you been living?
- Do you pay money towards expenses where you are living?
- Do you know where you will be living in the next six months?



Nova Southeastern University  
College of Osteopathic Medicine  
**RURAL MEDICINE LOG**  
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**Instructions:**

In an effort to better understand the demographics of patients with whom you will interact with during your rotation, please read and respond to the following intake protocol with the approval and guidance of your preceptor.

The definition of homelessness is often misunderstood. In preparation for you to complete your Rotation Log as accurately as possible, please read the Federal definition of homelessness (below):

*A homeless individual is defined in section 330(h)(4)(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 resident in transitional housing." A homeless person is an individual **without permanent housing** who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other **unstable or non-permanent situation**. [Section 330 of the Public Health Service act 942 U.S.C., 254b)]*

Based on the federal definition of homelessness, please utilize the questions below to assess your patient's housing status:

- 1) Where did you spend last night?  
If respondent answers any of the following...A mission, homeless shelter or transitional shelter; hotel (paid for by voucher); the street or other outdoor public place; abandoned building; a vehicle; a rehab facility.  
Follow-up with questions below.
- 2) Have you lived in the same place for the past 30 days?
- 3) Have you lived in the same place for the past 60 days?

If you are unsure of your patients housing status after asking the questions above, please feel free to utilize any of the complementary questions below to gain further information and insight:

- a) If you are living in a non-permanent residence, where and with whom have you been living?
- b) Do you have a permanent home (a place of your own, your own house, apartment or room)?
- c) Do you get all of your personal mail sent to your current residence?
- d) Do you pay money towards expenses where you are living?
- e) Do you know where you will be living in the next six months?

**Keep a log of your patient's response(s) in order to complete the Rotation Log, including patient demographics on the next page. Doing so consistently will provide for more accurate reporting.**

Nova Southeastern University  
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EMERGENCY MEDICINE LOG  
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Name: Depeu, Daniel  
Date(s) of Rotation: 04/01/12 - 04/19/12

Rotation Site Information

Clinic/Facility Name: Memorial Regional Hospital  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Preceptor Name: Michael Perlman M.D. Title: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

*Population Served: Please indicate a percentage which best describes the population you served during the duration of your rotation.*

Race/Ethnicity of Population Served

American Indian or Alaskan Native: 5 % Native Hawaiian or Other Pacific Islander: 5 %  
Asian: 10 % White: 45 %  
Black or African American: 20 % More Than One Race: 6 %  
Hispanic/Latino: 15 %

Health Insurance Coverage of Population Served

Medicaid: 60 %  
Uninsured: 20 %  
Medicare: 20 %

Veteran Status of Population Served

5 %

Housing Status of Population Served

I have seen approximately 80 patients experiencing homelessness or instability of housing out of a total of 200 patients seen during my rotation.

40 % of individuals that demonstrate homelessness or instability of housing.



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College of Osteopathic Medicine  
SURGERY LOG  
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Name: Sharlen Amarnani  
Date(s) of Rotation: 09.01.12 - 09.30.12

Rotation Site Information

Clinic/Facility Name: Broward General  
Address: 1100 S. Andrews Ave  
City: Fort Lauderdale State: FL Zip: 33315  
Preceptor Name: Dr. Gunn Title: Chief of Anesthesia  
Contact Phone: 954-355-5543

**Population Served: Please indicate a percentage which best describes the population you served during the duration of your rotation.**

Race/Ethnicity of Population Served

American Indian or Alaskan Native: 0 % Native Hawaiian or Other Pacific Islander: 0 %  
Asian: 5 % White: 40 %  
Black or African American: 45 % More Than One Race: 5 %  
Hispanic/Latino: 5 %

Health Insurance Coverage of  
Population Served

Medicaid: 10 %  
Uninsured: 0 %  
Medicare: 10 %

Veteran Status of Population Served

0 %

Housing Status of Population Served

I have seen approximately 2 patients experiencing homelessness or instability of housing out of a total of 30 patients seen during my rotation.

7 % of individuals that demonstrate homelessness or instability of housing.

- A convenience sample of 256 completed logs revealed a self-reported encounter rate of 6.8% of patients experiencing instability of housing (rotations included family medicine, pediatrics, ambulatory pediatrics, emergency medicine, rural / underserved, surgery)

Nova Southeastern University  
College of Osteopathic Medicine  
FAMILY MEDICINE LOG  
(Page 5 of 5)

Name: William Patterson

Date(s) of Rotation: 9/1- 9/31

**Rotation Site Information**

Clinic/Facility Name: Lakota Community hospital

Address: 7031 SW 62 ave

City South Miami State FL Zip 33143

Preceptor Name: Jose David Suarez Title: MD

Contact Phone: Deferred

**Population Served: Please indicate a percentage which best describes the population you served during the duration of your rotation.**

**Race/Ethnicity of Population Served**

American Indian or Alaskan Native: — % Native Hawaiian or Other Pacific Islander: — %

Asian: — % White: 20 %

Black or African American: 30 % More Than One Race: — %

Hispanic/Latino: 50 %

**Health Insurance Coverage of Population Served**

Medicaid: 30 %

Uninsured: 10 %

Medicare: 60 %

**Veteran Status of Population Served**

— %

**Housing Status of Population Served**

I have seen approximately 1 patients experiencing homelessness or instability of housing out of a total of 20 patients seen during my rotation.

5 % of individuals that demonstrate homelessness or instability of housing.

# Clinical Placements

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- Updated logs became part of the rural /underserved medicine rotation protocol in March, 2012; July 2012 for other departments.
- Project HOPE has facilitated homeless-specific placements in concert with support from NHCHC beginning in January, 2012.
- To date, 48 students across 2 academic year cohorts have contacted Project HOPE with interest in a HCH placement; 18 students have been placed with a total of 20 months of rotations.
- Recruitment of placement sites is ongoing; affiliation agreements executed with Camillus Health Concern, Miami, FL and Orange Blossom Health Care for the Homeless, Orlando, FL.

# Challenges

- Still some “kinks” to be worked out.
- Process adds a layer of administrative accountability in ensuring that logs are complete – many are not.
- This is based upon self-report, thus has limitations.
- Some preceptors / facilities cannot accommodate this level of expanded intake.



# Opportunities

- There are inherent challenges in changing rotation protocol within graduate medical education; **this model does not require modification of current operations for medical schools.**
- This is therefore an opportunity for other health profession programs to replicate this intake mechanism.



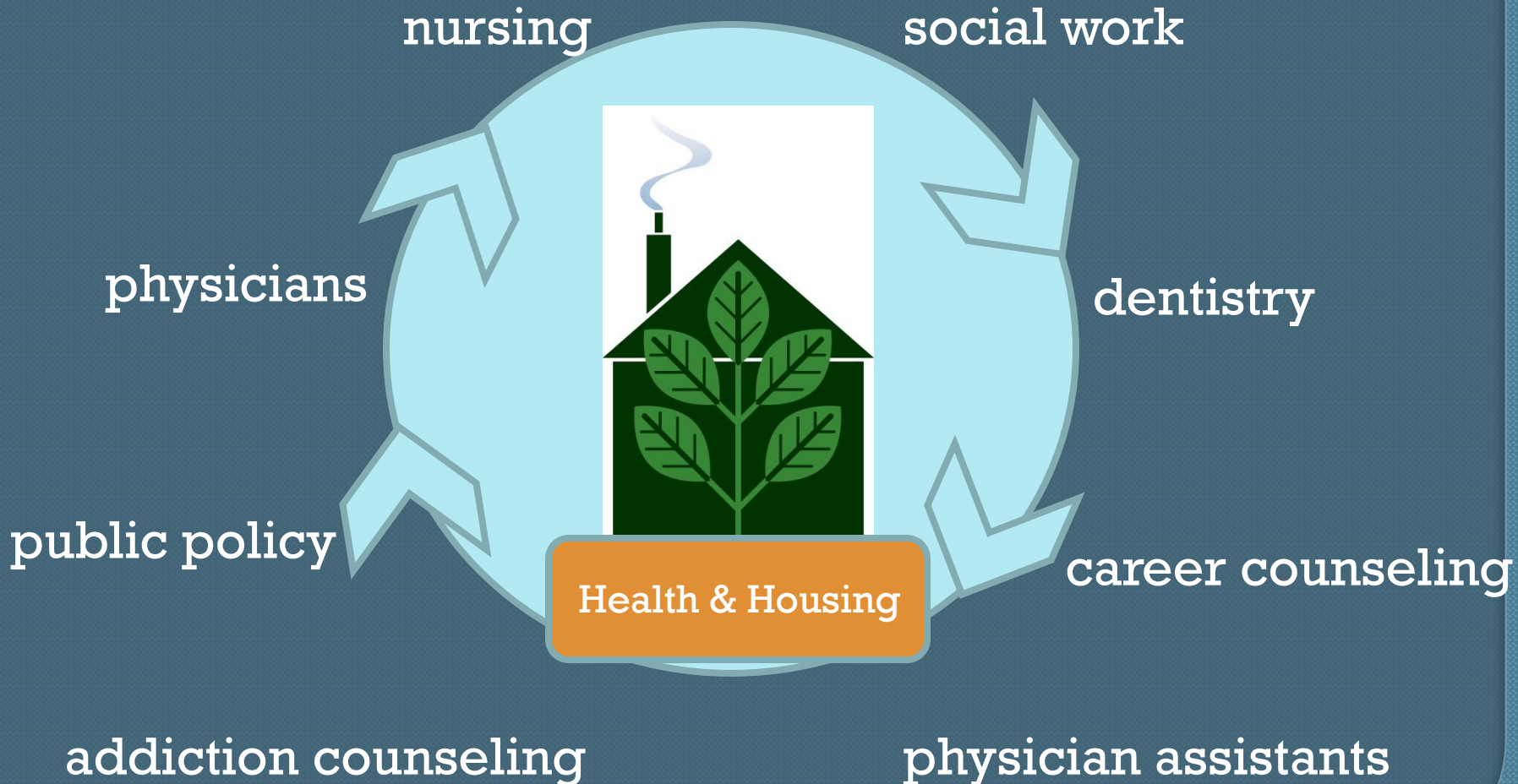
# Opportunities

- Students have reported their surprise when conducting this intake in hospital and clinic settings where they do not anticipate patients experience homelessness.
- This data can be meaningful for the preceptor / clinic to better understand their patient population, attached care plans, and opportunities for funding.



# Interprofessionalism in the 21<sup>st</sup> Century: a coordinated team approach to homeless health care

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# Questions?

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<http://medicine.nova.edu/epr/project-hope.html>

- ◉ [es1054@nova.edu](mailto:es1054@nova.edu)
- ◉ [km1320@nova.edu](mailto:km1320@nova.edu)

