

Health status and risk behaviors of homeless people in San Juan, Puerto Rico

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Presenter Disclosures

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Introduction

- ▶ The apparent increase of homeless people in Puerto Rico is a public health issue that cannot be left unattended.
- ▶ There is a need to document the profile of homeless individuals seeking services at community-based organizations (CBOs) in San Juan, Puerto Rico.
- ▶ Therefore, it was a priority to investigate more about the factors affecting the health-related quality of life of the homeless population in San Juan, PR.

Study Aim

- ▶ To describe the study population by socio-demographic characteristics, comorbidities, drug use practices and access to health care.

Study Group

Subjects were selected from two CBOs that offer services to homeless people in San Juan, PR. A convenient sample of 100 individuals was selected using the following criteria:

- ▶ At least 21 years of age
- ▶ Cognitively able to provide informed consent

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- ▶ Study Design: Cross-Sectional
 - ▶ Data Collection: Face-to-face interviews
 - ▶ Statistical analysis: Descriptive statistics

Study Variables

- ▶ Socio-demographics
- ▶ Medical history
- ▶ Access to health care
- ▶ Drug use
- ▶ Residential status
 - On-the-street homeless
 - Living in the street or in a shelter
 - Transitionally housed
 - Living with friends, family or others but considering themselves homeless
 - Housed

Table 1: Socio-demographics characteristics of study population

	Overall (n = 100)	
	n	%
CBO		
<i>La Fondita de Jesús</i>	55	55.0
<i>Las Duchas</i>	45	45.0
Sex		
Male	93	93.0
Female	7	7.0
Age in years (mean ± SD)		
21 - 40	31	31.0
41 - 60	60	60.0
61 - 82	9	9.0
Source of income*		
Welfare	62	62.0
Odd jobs on the streets	52	52.0
Salary	33	33.0

* Categories are not mutually exclusive

Figure 1: Educational degree of study participants

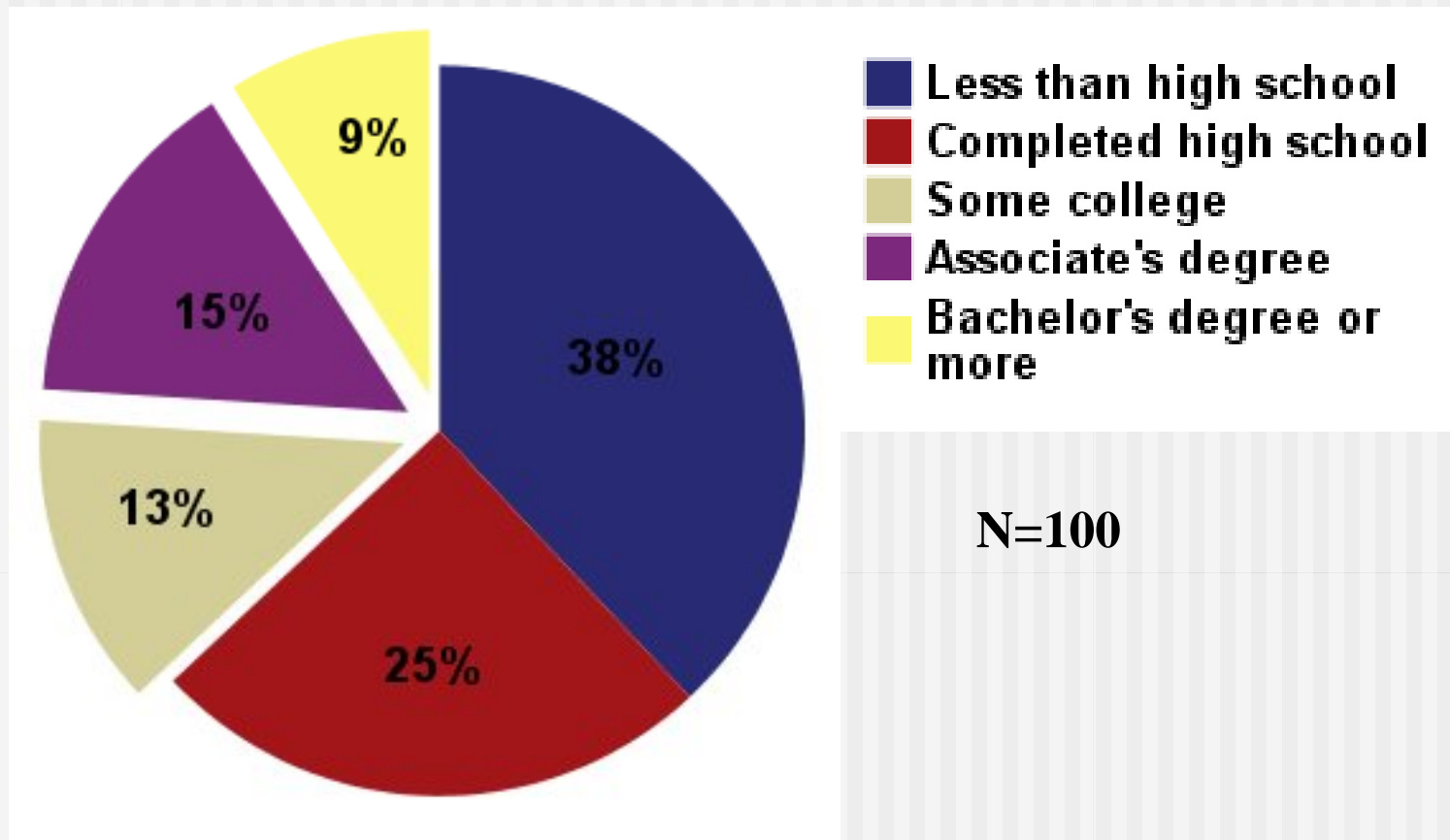


Figure 2: Residential status and homelessness perception of study participants

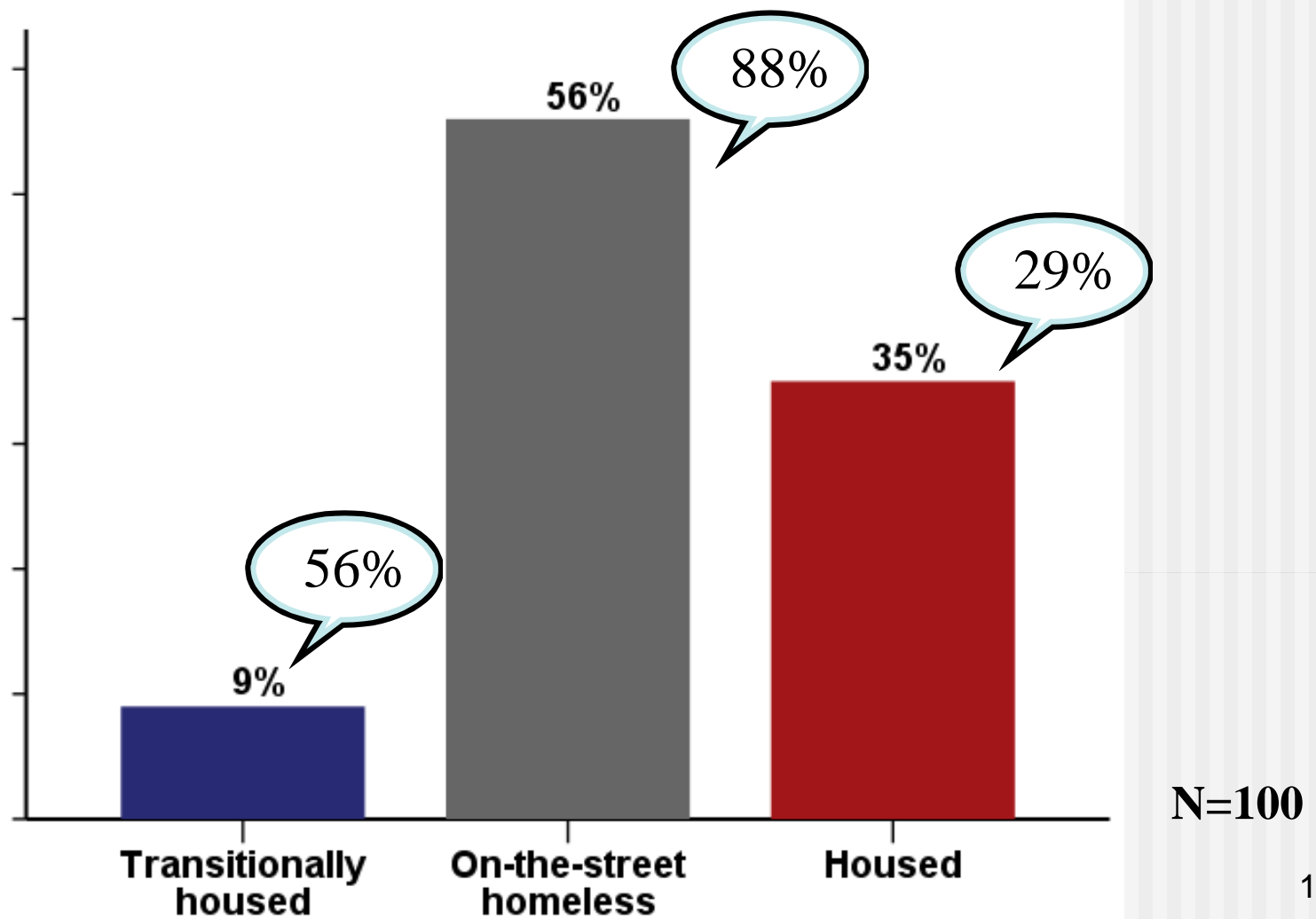


Figure 3: Number of self-reported diagnosed health conditions and percent of people who received treatment among study participants

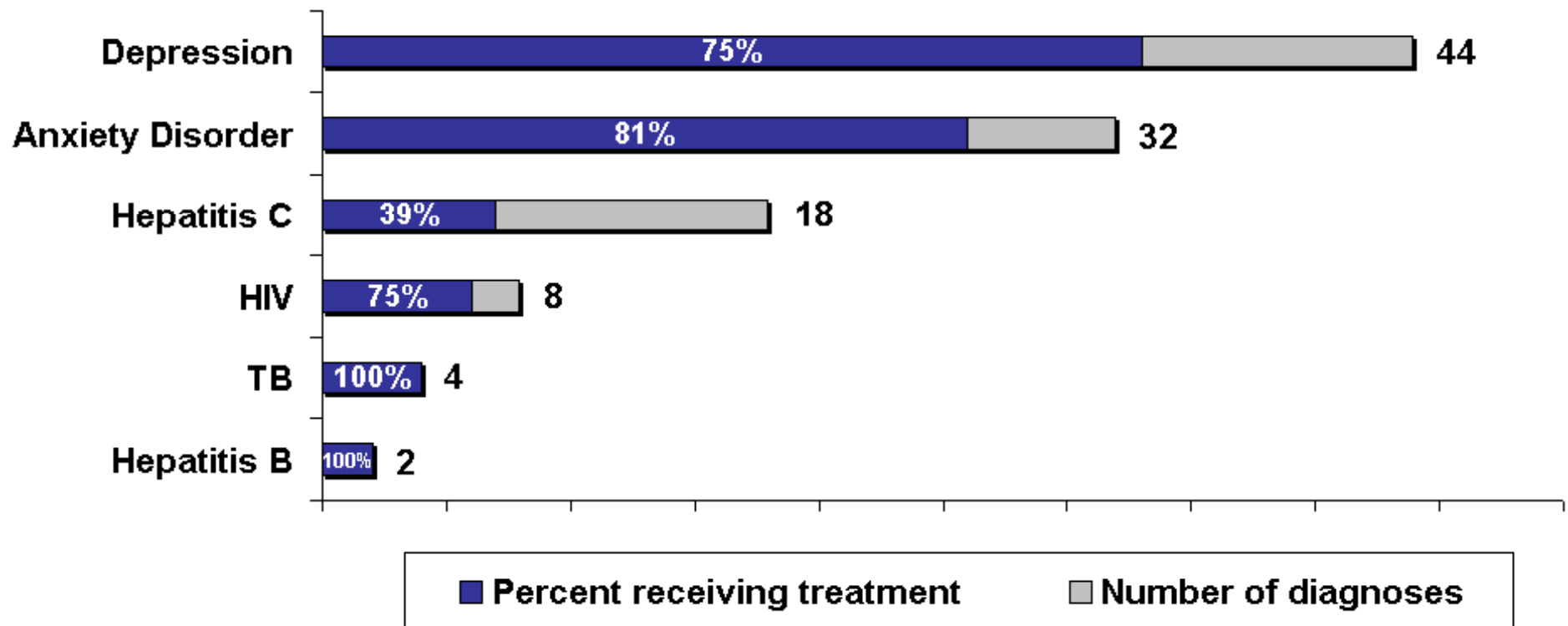


Figure 4: Health insurance coverage and access to health care services of study participants

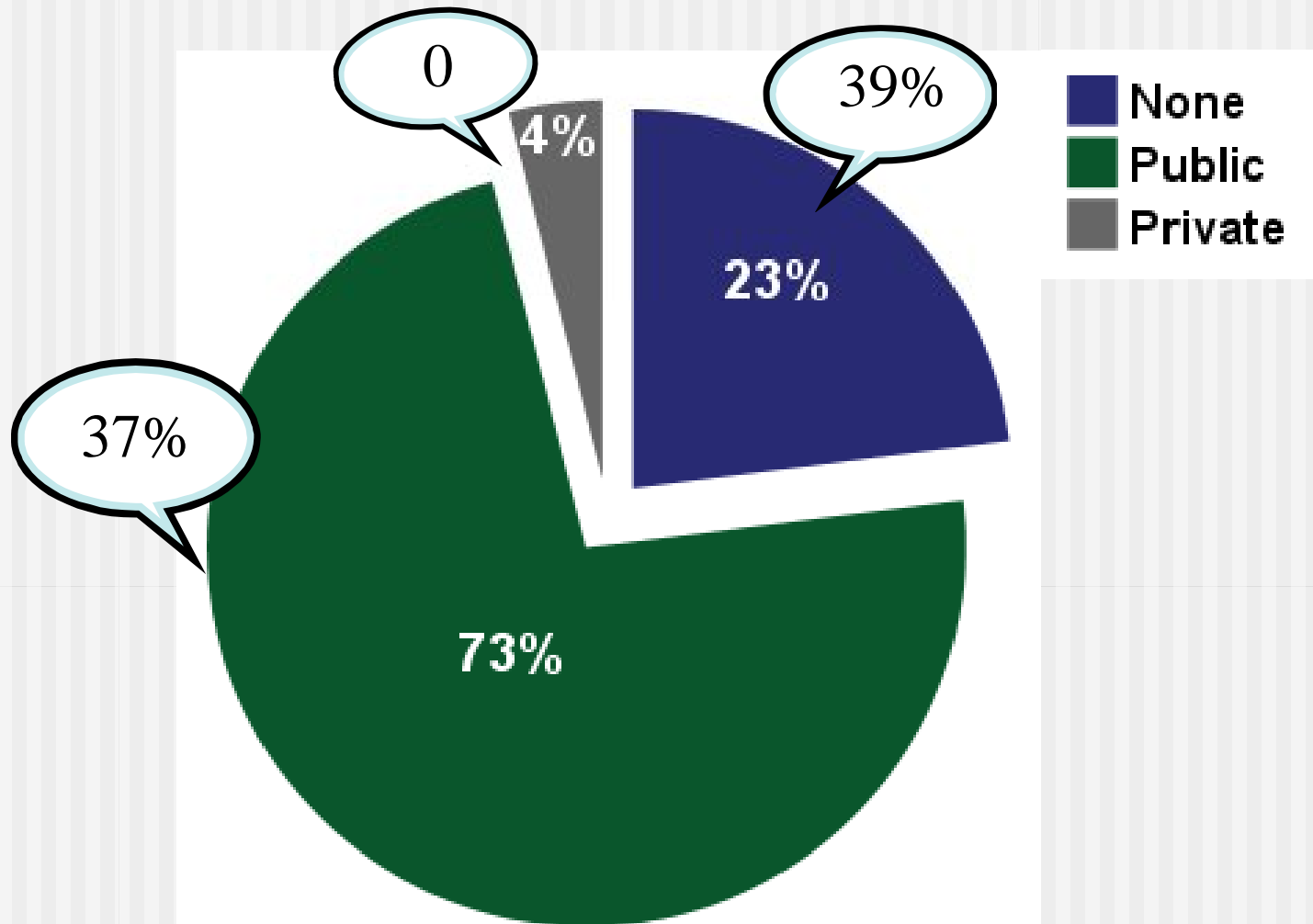


Table 2: Access to health care factors

	Overall (n = 100)	
	n	%
Unable to access health care services	36	36.0
Usual source of health care		
Outpatient department*	48	48.0
Emergency room	28	28.0
Physician's office	16	16.0
CBOs	6	6.0
Received drug or alcohol treatment	54	54.0
Perception of health		
Excellent / Good	53	53.0
Fair / Poor	47	47.0

*Community health clinic specialized in homeless health care

Table 3: History of drug use in the past 12 months by study participants

	Overall (n = 100)	
	n	%
Drug users	54	54.0
Polydrug users	34	63.0
Current alcohol drinkers	54	54.0
Current smokers	72	72.0
Types of drugs used*		
Marijuana	31	57.4
Crack	26	48.1
Cocaine [†]	19	35.2
Heroin [†]	13	24.1
Analgesics / sedatives	11	20.4
Speedball [‡]	10	18.5
Amphetamines	1	1.9

* Categories were not mutually exclusive

[†] Inhaled and smoked only.

[‡] Injected

Conclusions

- ▶ The prevalence of self-reported psychiatric conditions and substance use is a matter of concern among our study participants.
- ▶ Difficulty to access specialized health care services among study participants was documented.
- ▶ This results clearly indicate the great necessity of integrated services, targeted to the particular needs of this population.
- ▶ More studies are needed to describe the profile of this population, especially those at risk of homelessness and are not affiliated to any organization.