

## Prevalence of Chronic Illness and Perceived Access to Services at a Day Shelter for the Homeless

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A community participatory research project between the Colorado Coalition for the Homeless and the University of Colorado College of Nursing and School of Medicine

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## Disclosures/COI

- No relationships to disclose

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## Objectives

- Describe the prevalence of chronic illness in an urban homeless adult population.
- Identify relationships between length of time homeless and health status.
- List barriers chronic homeless individuals face in accessing health, mental health, and substance treatment services.
- Identify strategies for improving access to health, mental health, and substance treatment services for homeless populations.

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## Background/ Purpose

- Colorado Coalition for the Homeless (CCH) approached University of Colorado College of Nursing/School of Medicine (CU) to conduct a homeless community survey using participatory research methods.
- Aim: To determine the disease burden and perceived access issues in homeless individuals who use a downtown Day Shelter ?
- Part one of more studies to come

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## Purpose of this study

- Examine prevalence of chronic illness and perceived access to health care services for homeless individuals in the day shelter
- Chronic illness defined:
  - Chronic medical conditions
  - Chronic mental health
  - Substance abuse disorders

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## Significance

- People who are homeless experience a greater burden of physical, mental health and substance abuse issues than the general population (Levitt et al. 2009).
- Homeless individuals have 3 to 5 times higher rates of mortality than the general population (Hwang, 2000).
- Critical need for primary and preventative services and access to a full range of care (Wright, 2006).

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## Barriers to Access Care

- Money
- Unaware of services
- Lack of transportation
- Demand >>supply
- No place to store medications
- Fragmentation of care
- Fear/distrust of large institutions
- Shelter and food are higher priorities than health/mental health care
- Lack of resources/ budget cuts

• <http://www.nationalhomeless.org/factsheets/health.html>

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## Research Questions

- What is the frequency of common chronic mental, substance, and physical illnesses in the homeless population that participates in a local Day Shelter?
- What are the factors associated with being homeless, having a chronic illness and having access to care in this population?
- Does having health insurance impact access to medical care, mental health care, and substance treatment services in this population?
- What is the perception of access to health, mental health, and substance abuse care among the homeless population at this local Day Shelter ?

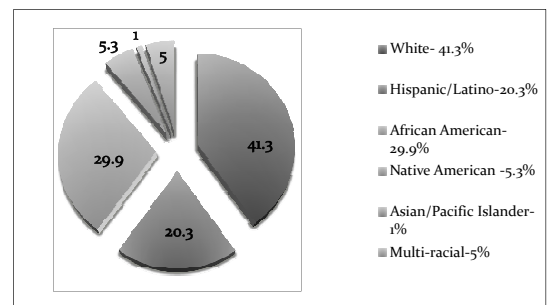
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## Methods

- Literature Review, collaboration on survey development and establishing what CCH wanted to know
  - English Speaking Only
- Self-Report instrument included questions about physical and mental health, access to health care services and use of services
  - Used part of NIDA-Modified ASSIST
  - On site assistance in survey completion for literacy and language translation if needed
- Non-random, convenient sample
- One day only
- Incentive for Survey completion
- IRB approval

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## Demographics (n=300)



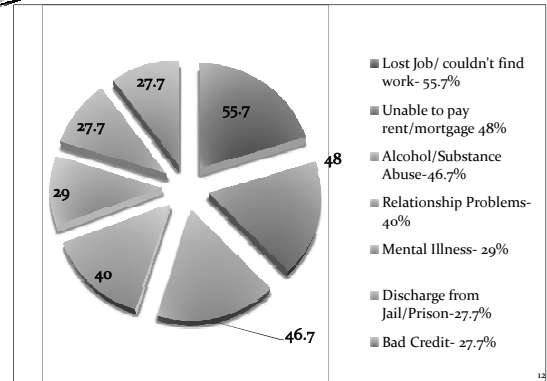
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## Length of homelessness

- Age first homeless
  - Mean 36.7 years old (13.3 SD) Range 3-67 years old
- Number of years homeless
  - Mean 7 years (7.2 SD)
  - Range 1-67 years (11% at one year)

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## Reasons for Homelessness



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### Prevalence of chronic disease

Hypertension	106 (35.3%)
Hepatitis C	53 (17.7%)
Asthma	48 (15.3%)
Diabetes	25 (8.3%)
Emphysema/COPD	26 (8.2%)
Chronic liver disease	15 (5%)
Heart disease	10 (3.3%)
Chronic kidney disease	7 (2.3%)
HIV/AIDS	7 (2.3%)
<i>Pain interfere with work</i>	<i>30% yes</i>

### Mental health and substance abuse disorders

Smoke	205 (68.3%)
Depression	137 (45.7%)
Bipolar disorder	81 (27%)
Schizophrenia	37 (12.3%)
Alcohol use	36.6% daily-weekly
Cannabis	10.3% daily-weekly
Cocaine	10.3% daily-weekly
Opiates (street and prescription)	~10% daily-weekly
Sedatives	9.4% daily-weekly
Prescription drugs	5.7% daily-weekly
Methamphetamine	1.3% daily-weekly

### Perceived health status and access to care

Rating of general health	
Good to excellent	171 (57.6)
Strongly agree or agree that they have access to health care services	123 (52.1%)
<b>Health care insurance</b>	
Medicaid	32 (10.7%)
Medicare	24 (8%)
Other insurance (VA, private)	64 (21.3%)

- ### Variable description
- **Dependent Variable:**
    - **Access to care 1** is defined as having either Medicaid, Medicare or other type of health insurance
    - **Perceived access to care 2** is defined as a positive response when asked "When you need medical care, do you have access to a regular medical provider?"
  - **Independent covariates for this analysis**
    - **Serious health disorders** are defined as having diabetes, asthma or HIV
    - **Chronic health disorders** are defined as having either chronic liver disease, chronic health disease, hepatitis C, chronic heart disease or COPD

- ### Variable description
- **SMI** is defined as having had a diagnosis of depression, bipolar disorder or schizophrenia
    - Self reported and there was some overlapping diagnoses
  - **Substance abuse disorders** are defined as having used alcohol, cocaine, methamphetamine, inhalants, hallucinogens or opiates daily or weekly.

### Chronic homelessness and health

	Number of years homeless-				Number and % of sample
	>=1 year	2-4 years	>4-9 years	>10 years	
Serious MH	17 (10%)	36 (30%)	30 (25%)	39 (32%)	136 (45.3%)
Serious Health	8 (14.03%)	18 (32%)	11 (19%)	20 (35%)	68 (22.8%)
Chronic health	15 (13%)	35 (31%)	26 (23%)	37 (33%)	142 (47.3%)
Illegal drug use	29 (16%)	63 (35%)	41 (23%)	48 (27%)	243 (81%)

Cross tabs	DV1= Access to Care Health insurance	p value
Serious Health Problem	31 (14.2% of total)	0.0001
Chronic health problem	13 (5.7% of total)	0.001
Serious mental health	65 (28.7% of total)	0.0001
Illegal substance abuse in past week	76 (32.5% of total)	0.23

### Access to care=health insurance DV

	B	S.E.	Wald	df	Sig.	Odds ratio
Serious health	.995	.352	7.978	1	.005	2.705
SMI	.779	.313	6.198	1	.013	2.178
Chronic health	.597	.312	3.671	1	.055	1.817
Substance Abuse	-.721	.407	3.140	1	.076	.486
Constant	-.787	.430	3.361	1	.067	.455

### Access to care DV2= When you need medical care, have regular access to a PCP

	B	S.E.	Wald	df	Sig.	Exp(B)
Serious mental health	-.707	.291	5.881	1	.015	.493
Serious health	-1.140	.345	10.937	1	.001	.320
Chronic health	-1.124	.291	14.877	1	.000	.325
Illegal drug use in past week	.541	.394	1.883	1	.170	1.718
Constant	.710	.407	3.036	1	.081	2.034

- ### Interpretation
- The majority of people who are chronically homeless have serious health, mental health and substance use problems
    - 81% reported use of illegal drugs but only 32% have access to substance abuse services
    - Those with a diagnosis of a serious health issue of asthma, HIV, or diabetes are 2.7 times less likely to have health insurance
    - Those with a diagnosis of either major depression, bipolar disorder or schizophrenia are 2.1 times less likely to health insurance

- ### Interpretation
- Access to care 2-self report of access to a health care provider when needed
    - 50.5% of respondents report having access to a health care provider when needed and 49.5% do not.
    - Those with a diagnosis of a serious health issue of asthma, HIV, or diabetes are a third less likely to have access to a health care provider
    - Those with a diagnosis of either major depression, bipolar disorder or schizophrenia are half as likely to have access to a provider when it is needed.

- ### Limitations
- Convenience sample of persons who were English speaking who sought refuge at a day center.
    - It was a sunny, warm day which could have led to fewer people seeking refuge than if the weather was not as nice.
  - Observationally, there were a number of individuals who had symptoms of a serious mental health who were not able or willing to complete the survey
  - People who did not understand a question may have felt too embarrassed to ask for help
  - Underreporting expected from stigma, fear of repercussions

## Conclusions

- The homeless population at this day shelter describe significant substance disorders, chronic health issues and chronic mental illnesses, especially depression in this sample
  - Around 50% feel they have access to health care services
- There is a need to work collaboratively with multiple agencies in this community to identify PCP's and mental health providers for those who are not insured to increase access
- Need to work collaboratively in this community with multiple agencies to engage homeless individuals in Harm Reduction and substance treatment

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## Conclusions

- Work with state legislators on policy to reduce the lack of access to mental health and substance abuse care in the community
- Replicate the survey at the women's day shelters and with those who are not English speaking

## •Questions?

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