

# EMERGING CHALLENGES in HOMELESS HEALTH CARE RESEARCH and EDUCATION

## ABSTRACT:

Project HOPE – Homelessness in Pre-doctoral Osteopathic Education - responds to a curricular deficit in the education of medical students in the health care needs of the homeless. Statistics on homelessness are widely underreported, challenging to inform the future direction of programs that are responsive to needs. **New challenges in health care for the homeless (HCH) education have been recognized by Project HOPE: 1) there are insufficient HCH clinical sites with capacity to supervise medical students; 2) instability in housing is poorly understood and it is essential to assess the housing status of individuals across medical service points.** Project HOPE has developed an educational program spanning all years of medical school so that future medical professionals will be attuned to the importance of housing and health in working with all patient populations.

## PROJECT HOPE OBJECTIVES:

- Improve student perceptions and attitudes of individuals experiencing homelessness
- Increase knowledge of medical, psychological, and social issues faced by individuals experiencing homelessness
- Increase interprofessional collaboration in the training of students in the care of the individuals experiencing homelessness
- Disseminate a curriculum designed to care for the homeless nationwide to other medical education institutions—both allopathic and osteopathic, and for Health Care for the Homeless (HCH) facilities.



## CURRICULUM:

### YEAR ONE

- Medicine, Health and Society I: Didactic seminar followed by interaction with homeless persons in small-group settings
- Foundations and Applications of Clinical Reasoning I: Case presentation
- Community Service-Learning

### YEAR TWO

- Principles of Clinical Medicine II: Homeless-specific specialized patient exam

### YEAR THREE

- Internal Medicine I: Web-based module, incorporated into 3-month Internal Medicine Rotation
- Family Medicine 2-month Core Placement\*

### YEAR FOUR

- Medical Informatics: Online health information technology focused on homelessness.
- Rural/Underserved 2-month Core Placement and 1-month Selective Placement\*

*\*Primary care settings in local community and health care for the homeless health centers and national Health Care for the Homeless programs.*

## CHALLENGES & RESOLUTIONS:

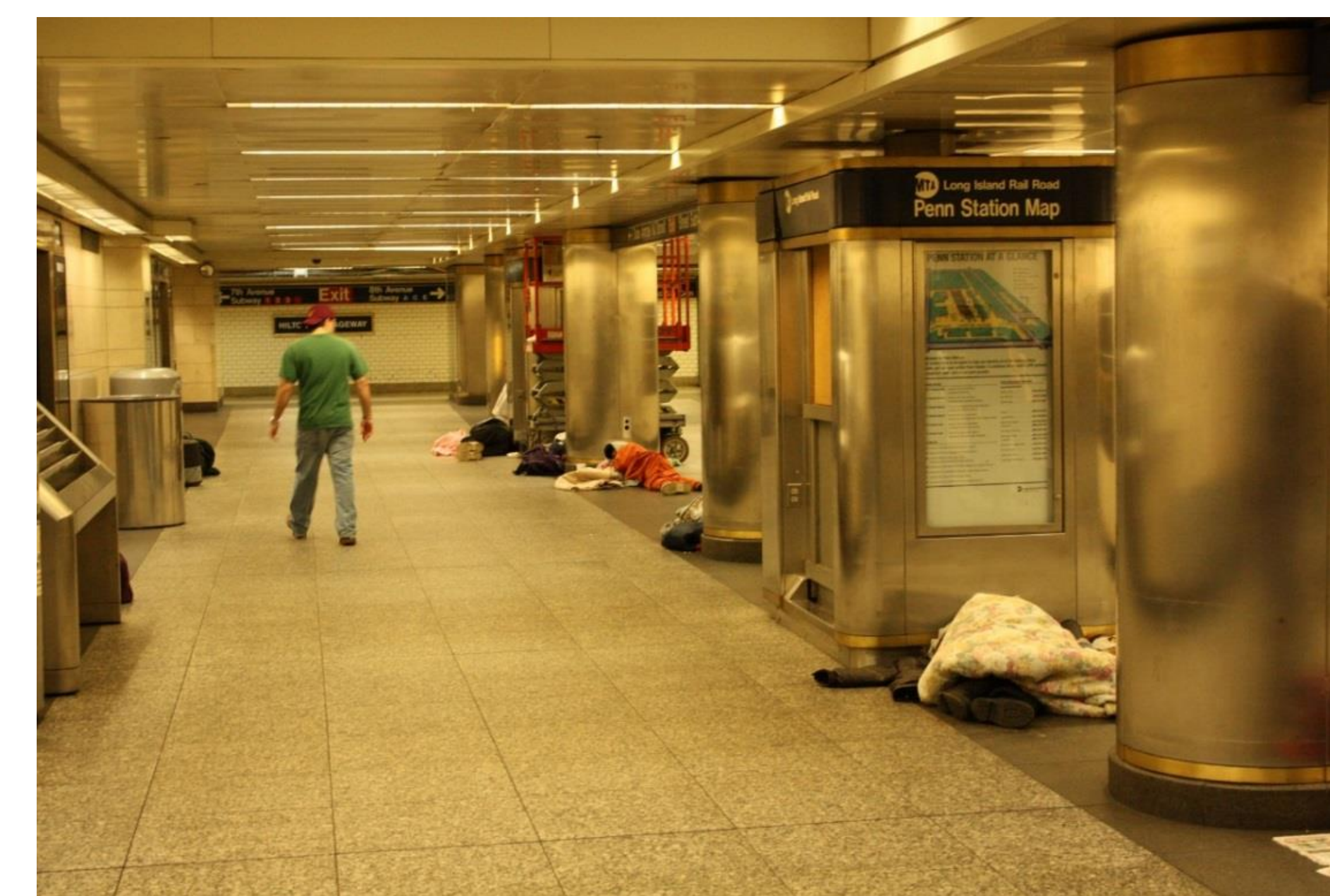
**There are insufficient HCH clinical sites with capacity to supervise medical students.**

**Instability in housing is poorly understood and assessed in general practice.**

- Individuals experiencing homelessness present at various clinical settings, not just HCH.
- Students conduct intake assessments in concert with preceptor/facility to include questions regarding housing status as defined by the federal definition of homelessness.
- Clinical rotation logs now include data on number of homeless-specific encounters per month along with observed symptomatology.

**Many people who are transient in their housing and are not “on the streets” do not self-identify as homeless; they encompass the “hidden homeless.”**

- While limited by self-reporting, through exposure and education, students better understand the implications of housing on health status and treatment planning.



## OUTCOMES & OBSERVATIONS:

- 28-hour homeless health care curriculum is fully integrated into medical school curriculum by making small adjustments to existing curricula.
- Medical students in clinical years asked questions at intake regarding housing, not using the term “homeless”:
  1. **Where did you sleep last night?**
  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?**
- Data from 12,153 self-report logs were completed (3/12 – 4/15); the average percent of homeless seen was 6% across all rotation sites, with the most being seen in emergency medicine, psychiatry, and rural/underserved ambulatory care practices.
- Project HOPE's experience validates the results of a 2009 study examining health status and health care experiences of homeless consumers. The study results showed that there continues to be a need to focus on the health issues present in homeless individuals that contribute to health disparities.

## REFERENCES

Lebrun-Harris, et al., Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey. *Health Serv Res.* 2013 Jun; 48 (3):992-1017.

## ACKNOWLEDGEMENTS

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