University of Vermont
ScholarWorks @ UVM

Public Health Projects, 2008-present

Public Health Projects, University of Vermont
College of Medicine

Spring 1-17-2018

Health and Housing Trends of Single Homeless Adults in Chittenden County, Vermont

Alexa Arvidson
UVM Larner College of Medicine

Harshal Athalye
UVM Larner College of Medicine

Pamela Derickson
UVM Larner College of Medicine

Gregory Johnston
UVM Larner College of Medicine

Elizabeth McLeod
UVM Larner College of Medicine

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery

Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Authors

Alexa Arvidson, Harshal Athalye, Pamela Derickson, Gregory Johnston, Elizabeth McLeod, Elizabeth O'Neill, Andrew Pham, Christopher Brzovic, and Virginia Hood

Health and housing trends of single homeless adults in Chittenden County, Vermont: An observational study

Alexa Arvidson, Harshal Athalye, Pamela Derickson, Gregory Johnston, Elizabeth McLeod, Elizabeth O'Neill, Andrew Pham, Christopher Brzovic*, Virginia Hood MBBS MPH
Robert Larner M.D. College of Medicine at the University of Vermont, Burlington, VT
*Champlain Valley Office of Economic Opportunity, Burlington, VT

Background

❖ Homeless individuals are at an increased risk for both physical and mental health morbidities compared to persons with stable housing.[1]

❖ Prior work has demonstrated that many homeless people do not seek or receive proper medical care, in part due to barriers around knowledge and access.[1]

❖ A paucity of information about homeless adults in Chittenden County is available to inform local agencies' prioritization around service delivery.

Objective

❖ To identify housing and health characteristics within this population to inform actions by the Champlain Valley Office of Economic Opportunity.

Methods

❖ Four homeless shelters or centers were selected across Chittenden County (**Figure 1**) for interview conduction.

❖ The Vulnerability Index - Service Prioritization Decision Assistance Tool is a standardized tool to assess the needs of homeless adults across a variety of domains (**Figure 2**). A modified version was administered in person by 1-2 students to volunteer single adults. Verbal consent was obtained for participation. Students recorded the responses.

❖ Two group members compiled survey responses in a secure Microsoft Excel file, and a subset of data was cross-checked by the faculty mentor.

❖ Statistical analysis and data interpretation was conducted utilizing Excel and professional statistical consultation.

1. Health Care and Homelessness, National Coalition for the Homeless, July 2009.

Table 1

Participant characteristics

	Total (N = 56)
Average Age (years)	45.3 (21-83)
Female	21 (37%)
Average time (months) since living in permanent housing	44.6 (0-480)
Persons owning a cell phone	48 (86%)
Persons reporting drug or alcohol use	21 (38%)
Persons reporting inappropriate medication use	5 (9.0%)
Persons reporting use of emergency services	18 (32%)
Place most frequently slept	
Shelters	15 (27%)
Outdoors	19 (34%)
Transitional housing	11 (20%)
Other	11 (20%)

Figure 1

Interview sites

COTS Daystation - day-time drop-in shelter

COTS Waystation - night-time sleep shelter

Here to Help Clinic - monthly free self-care services

Harbor Place Transitional Housing - temporary motel

Figure 2

Vulnerability Index - Service Prioritization Decision Assistance Tool survey domains

History of Housing & Homelessness

Socialization & Daily Functioning

Risks
• Health and legal services

• Income and legal services

Wellness
• Mental health and substance use

Figure 3

Students with a study participant at the October 2017 Here to Help Clinic

Consent for use of this photograph was obtained by all parties. Thanks to the clients and staff of the Champlain Valley Office of Economic Opportunity for their participation and support of this project.

Figure 4

Vulnerability index stratified by age group

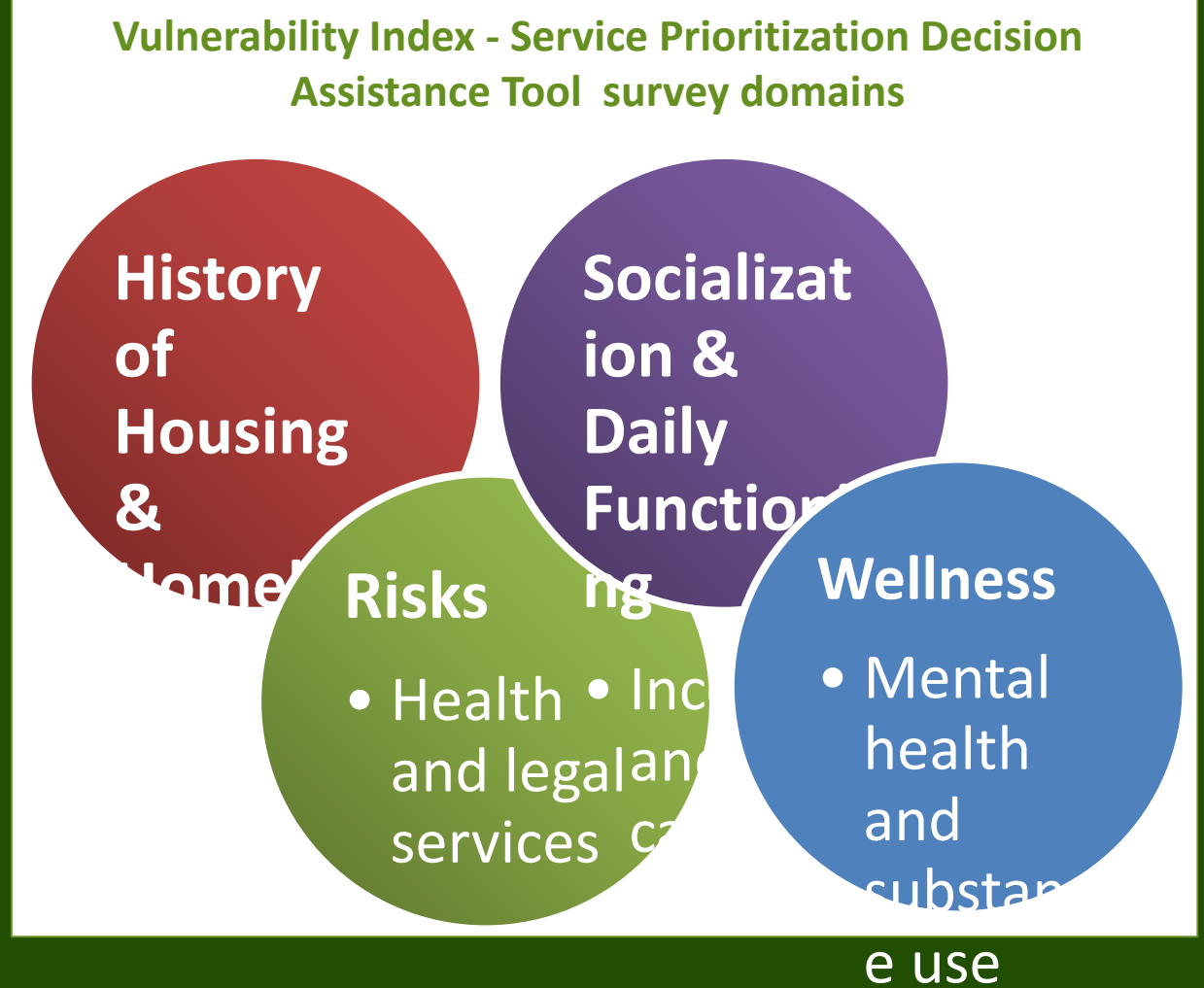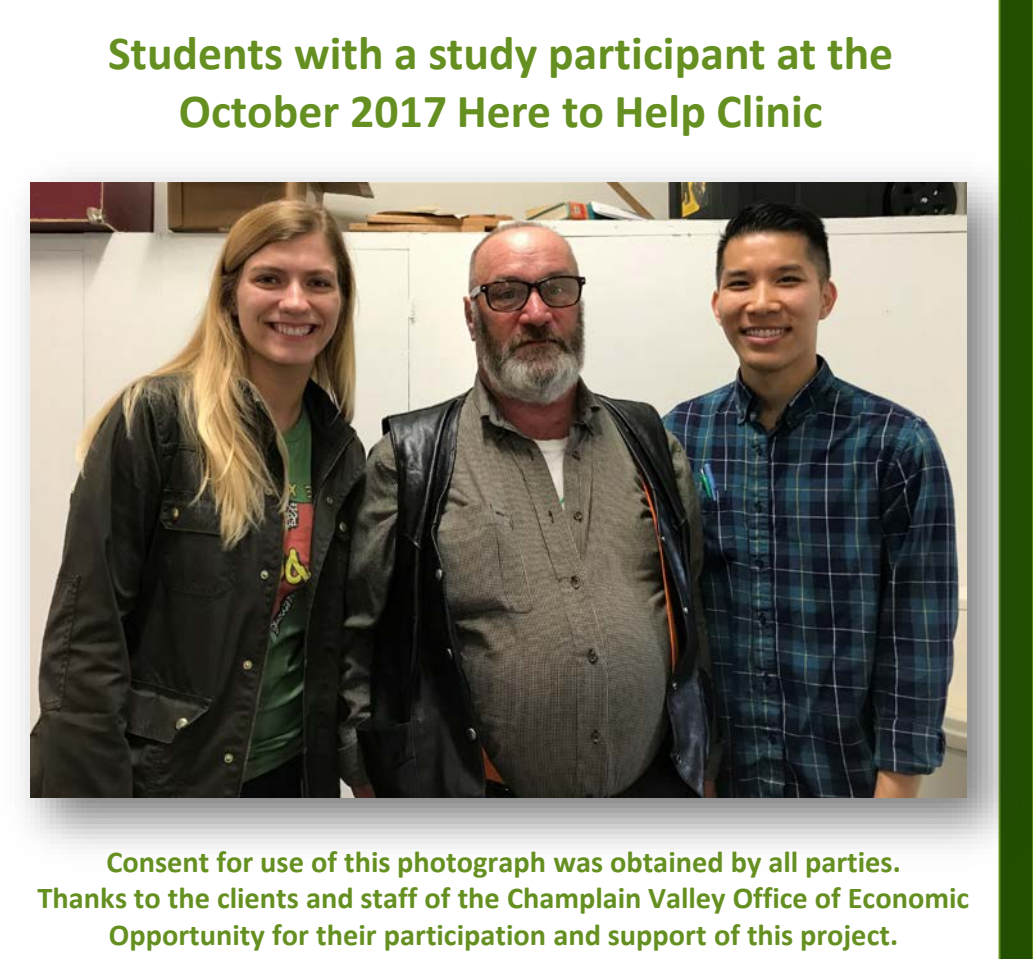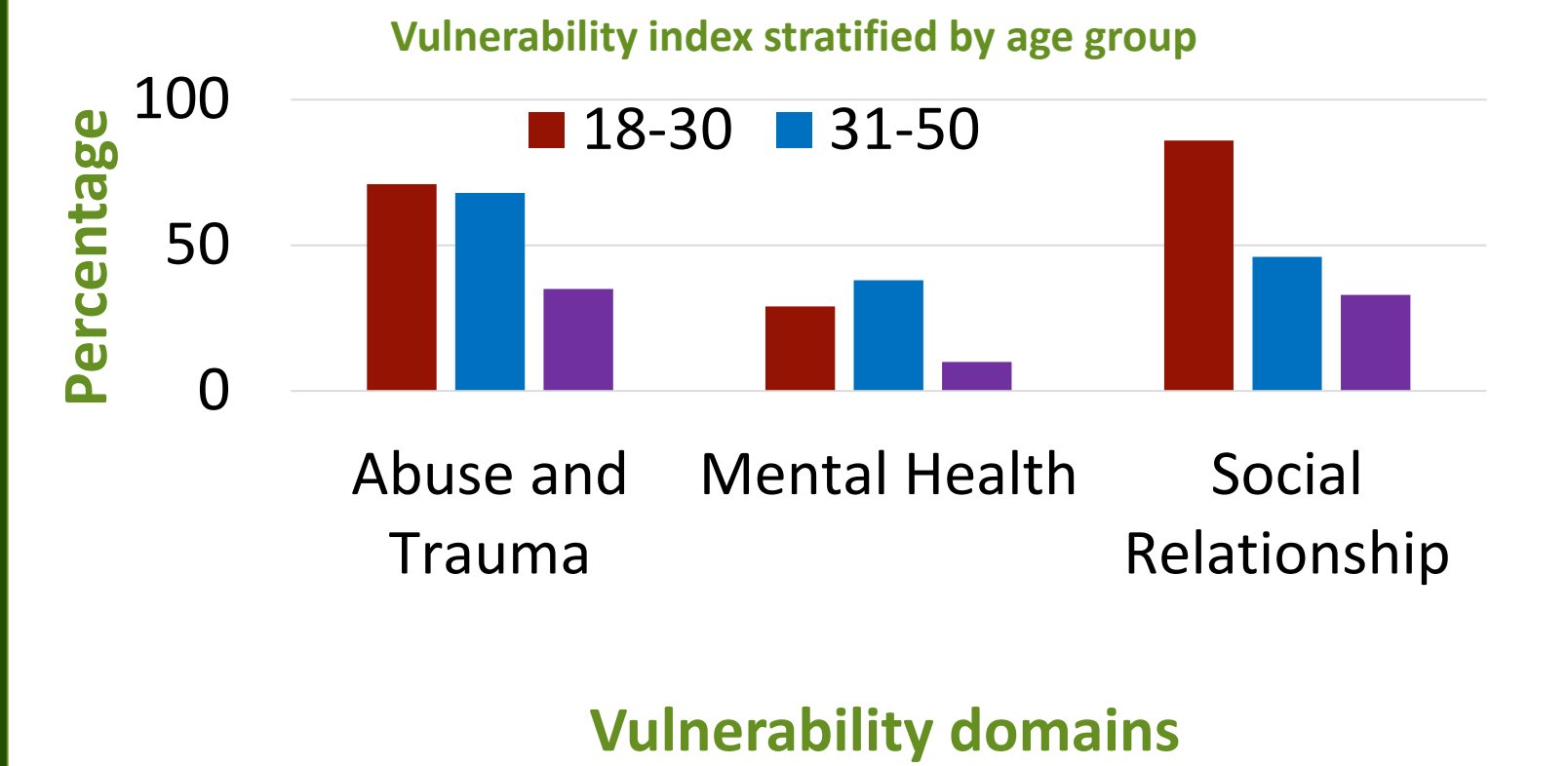## Results

❖ 56 single adults were interviewed between September-November of 2017 (**Figure 3**). Participant characteristics are displayed in **Table 1**.

❖ Extended periods or multiple episodes of homelessness were experienced most by those who reported sleeping outdoors (89%); this group also reported the highest use of emergency services (47%).

❖ Nearly all participants owned a cell phone (86%) without difference among age groups.

❖ The highest incidence of abuse/trauma as a contributing factor for homelessness was reported most in the 18-30 age group (71%) and least in the 51+ age group (35%) (**Figure 4**).

❖ The 31-50 age group reported the highest incidence of mental health issues that would make it difficult for them to live independently (38%) (**Figure 4**).

❖ Nearly half of participants attributed their homelessness to broken social relationships; the highest incidence (86%) was in the 18-30 age group (**Figure 4**).

Conclusions and next steps

❖ Single homeless adults in Chittenden County self-reported a variety of health and social issues, including substance abuse, increased emergency department use, and increased abuse, trauma, and deteriorated social relationships, yet most had a safe place to store medications and had access to cell phones.

❖ Prior work has demonstrated high emergency services use among the homeless as well as its association with poor overall health and housing instability; our study showed that those who slept outdoors most often utilized emergency services to the greatest extent.

❖ Our results indicating high incidence of abuse and trauma among young people align well with prior studies showing that relationship instability and childhood trauma play key roles in the process of becoming homeless.

❖ Our findings represent participants' perceptions of their homelessness and vulnerability domains and thus may misrepresent the real values of variables such as substance abuse, mental health, and other disabilities.

❖ Future research is needed to evaluate how to optimize health care in vulnerable populations like the homeless, especially with the use of cell phones and other forms of information technology.