Addressing the Needs of Homeless Patients In Lehigh Valley Emergency Rooms

Kareem Elsayed MS
USF MCOM- LVHN Campu, kareem.elsayed@lvhn.org

Timothy Batchelor MS
USF MCOM- LVHN Campu, timothy.batchelor@lvhn.org

Cristina Calogero MS
USF MCOM- LVHN Campu, Cristina.Calogero@lvhn.org

Marna R. Greenberg DO, MPH, FACEP
Lehigh Valley Health Network, marna.greenberg@lvhn.org

Published In/Presented At

Elsayed, K., Batchelor, T., Calogero, C., & Greenberg, M. (2015, July 16). *Addressing the Needs of Homeless Patients In Lehigh Valley Emergency Rooms.* Poster presented at The Prologue II Presenation Day University of South Florida, Tampa, FL.

SELECT Scholarly Excellence. Leadership Experiences. Collaborative Training.
Experiences for a lifetime. A network for life.™

Addressing the Needs of Homeless Patients In Lehigh Valley Emergency Rooms

USF HEALTH College of Medicine University of South Florida | Lehigh Valley Health Network

Kareem Elsayed, Timothy Batchelor, Cristina Calogero, Marna Greenberg, M.D.

Introduction:

Social determinants of health have become recognized as some of the most influential factors affecting wellness and few are as important as housing. The impact of housing status cannot be overstated as evidenced by an average life expectancy of 45 years within the homeless population as compared to 78 among the non-homeless[1]. According to the National Health Care for the Homeless Council, 1.5 million Americans experience homelessness each year with 600,000 actively homelessness on any given night[2]. The Lehigh Valley is not immune to these national trends: an estimated 10,500 individuals qualify as homeless based on local shelter census data. These patients often frequent the emergency department (ED), contributing to the $327 million in uncompensated care LVHN provides to the community[3].

Plan:

In light of these realities, a LVHN Street Medicine team was created to provide mobile team care for the homeless population in the Lehigh Valley. These patients are referred from the emergency department via consultations once they indicate that they are homeless. Despite these initial steps, LVHN is currently unable to report actual utilization rates or costs of caring for homeless patients. In order to gain a better understanding of those utilizing the ED for homelessness and those in need of street medicine care, we will survey patients who present to the ED to quantify a prevalence of homelessness in the ED population, thereby beginning to address this health systems and values based patient care issue.

Do:

In order to begin addressing this complex issue, we have devised a simple survey method for prospectively capturing the needed data. In addition to demographic data of age and gender, a brief screening tool comprised of five "Yes or No" questions will be administered to every patient who presents to the ED and meets the following inclusion criteria: patient must be 18 years or older, must speak English, must have capacity to answer the questions, must not be critically ill, and must be willing to participate. These surveys will be administered at all three LVHN ED campuses on a randomized rotating schedule so that all hours of the day and evening will be covered over the course of the summer to reduce selection bias. This study will be completed over the course of the summer and then repeated during the winter months in order to determine seasonal differences. The study will also distinguish between the days of the week and the time of day that the patients are interviewed to determine the needs of homeless patients and when they are likely to present to an ED, thereby anticipating when to consult these patients and revolve the street medicine care around their individual needs.

Study / Results:

After removing those subjects who had taken the survey before there were 1044 participants in the analysis. The overall prevalence of at risk for homelessness was 3% and homelessness was 7%. Summated, this cohort had a prevalence of homelessness or at risk for homelessness of 10%.

SITE	At Risk N (%)	Homelessness N (%)	Total N (%)
17th	9 (8%)	13 (11%)	22 (19%)
CC	10 (2%)	30 (7%)	40 (9%)
MHC	12 (2%)	28 (6%)	40 (8%)

The prevalence (19%) at 17th street was significantly greater than either CC (9%, p=.002) or Muhlenberg (8%, p=.0001). There was no statistically significant difference between CC and MHC (p=.643)

Mean age of the participant was 50.6 years old. The mean age of the participant by site were as follows: 17th street (37.2 years), CC (53.7 years) and MHC (50.9 years). The participants at the 17th street site were significantly younger than those at CC and MHC (p=.02). There was no statistical significant difference between ages of participants at CC and MHC (p=.67).

Of the 1044 participants, 441 (42%) were men and 602 (58%) were women. This difference was statistically significant (.02). Of the 71 participants identified as homeless 33(46%) were men and 38 (53%) were women but this was not a significant difference (p=.50)

Act / Conclusions:

The survey implemented for indicating homelessness proved a success based upon internal markers aimed at reducing bias. The survey also demonstrated that it can be easily incorporated into healthcare providers' initial ED questionnaire so as to provide more screening regularly and ensure that homeless patients are referred to the street medicine program as needed.

The prevalence determines the resources that might be allocated when we determine what intervention would be the best to help this vulnerable population. This preliminary data has already been used and was pivotal in the allocation of $200,000 from the Pool trust foundation to the Street Medicine program. It would appear that resource delivery to the 17th street site would have a priority based on prevalence.

The health care needs of the homeless are impacted by age. For example, patients over 50 are more likely to have chronic disease. The health care needs also vary based upon gender as would be the case with pregnancy and diseases that present differently in each gender. Researching the demographics of this population as thoroughly as this study required aids in determining the interventions that might be most helpful.

With this data, we can note that the LVHN campus location that require the most homelessness attention is 17th street and that there is no significant difference in the demographic markers within the sample we studied.

Literature cited:

1. Wilkins C., & Elliot J. (2010, June) *Background Paper – Chronic Homelessness.* Retrieved from USICH Website: http://usich.gov/resources/uploads/assetlibrary/BkgrdPapChronicHomelessness.pdf

2. *Life on the Streets is Hard* (n.d.) Retrived from NHCHC Website: www.nhchc.org

3. *LVHN 2013 Annual Report – Community Benefit FY 2013.* (2013) Retrieved from LVHN Website http://www.lvhn.org/2013report/downloads/LVHNCommunityBenefits

Acknowledgments

We would like to acknowledge the following for their support in our project:

Dr. Marna Greenberg
Lehigh Valley Street Medicine
Lehigh Valley Hospital Emergency Department

Further information

This study will be repeated during the winter months in order to compare to the results obtained this summer. This continuity will ensure that we can anticipate seasonal changes and their effect on the homeless population.