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Lack of Gender Differences in Prevalence of Homelessness in the Emergency Department (Poster)

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Lack of Gender Differences in Prevalence of Homelessness in the Emergency Department

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BACKGROUND/OBJECTIVE

Concordant with the National Institutes of Health policy on the inclusion of women in clinical research and their support of analyses that address potential gender differences, we set out to see if there were differences between men and women in the prevalence of homelessness in the ED.





RESULTS

Four-thousand-ninety-nine subjects met inclusion criteria and 99 surveys were removed because subjects had taken the survey before. This left 4,400 subjects for analysis. The mean age of participants was 50.8 years (SD 20.5) and 2,561 (58.2%) were women. The mean age of those screening positive for homelessness was 40.9 years (SD 15.9); the mean age of men screening positive was 40.8 years (15.9) and women, 40.9 years (SD 15.9). One-hundred-thirty five men out of 1,836 (7.4%) screened positive for homelessness, 173 out of 2,561 (6.8%) women screened positive, and 1 out of 3 (33%) who identified themselves as "other" screened positive. The difference between men and women who screened positive for homelessness was not statistically significant (p=0.472). The proportion of men screening positive for homelessness in the summer months (70, 8.2%) did not vary significantly from women in summer months (85, 7.4%); p=0.498. Likewise, the proportion of men screening positive in the winter months (65, 7.0%) did not vary significantly from women in winter months (88, 6.6%); p=0.737. This was consistent with the overall finding that the proportion of those screening positive for homelessness in Summer (156, 7.5%) did not vary significantly from those in Winter (153, 6.6%). Both men (N=41) and women (N=40)admitted they had slept outside, in an abandoned building, their car, in a shelter, or in a motel due to financial hardship.

METHODS

From May, 2015, through February, 2016, ED patients were approached on systematically scheduled shifts in one of three ED settings to take a five-question screening survey as part of an IRB-approved study. The three study sites were a part of a large northeastern Pennsylvania health network that has over 165,000 annual ED visits. To participate, subjects had to be registered patients in the ED, 18 years or older, speak English, have capacity to answer survey questions, not critically ill, and willing to participate.



In our study, there were no statistically significant differences between men and women who screened positive for homelessness in the ED. There were also no significant differences between the proportion of men and women who present in summer or winter months who screen positive for homelessness. This substantiates that homelessness is a year-round problem and impacts women as frequently as men. It combats stereotypes that this social issue is a problem only for men. This has considerable impact on interventions we might develop to allow for better access for medical treatment of the homeless since women have different health care needs than men. As the ED remains a focal point for care in this population, our role with this new information is yet to be determined; at the very least, raised awareness may help us provide equitable care to this population.

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