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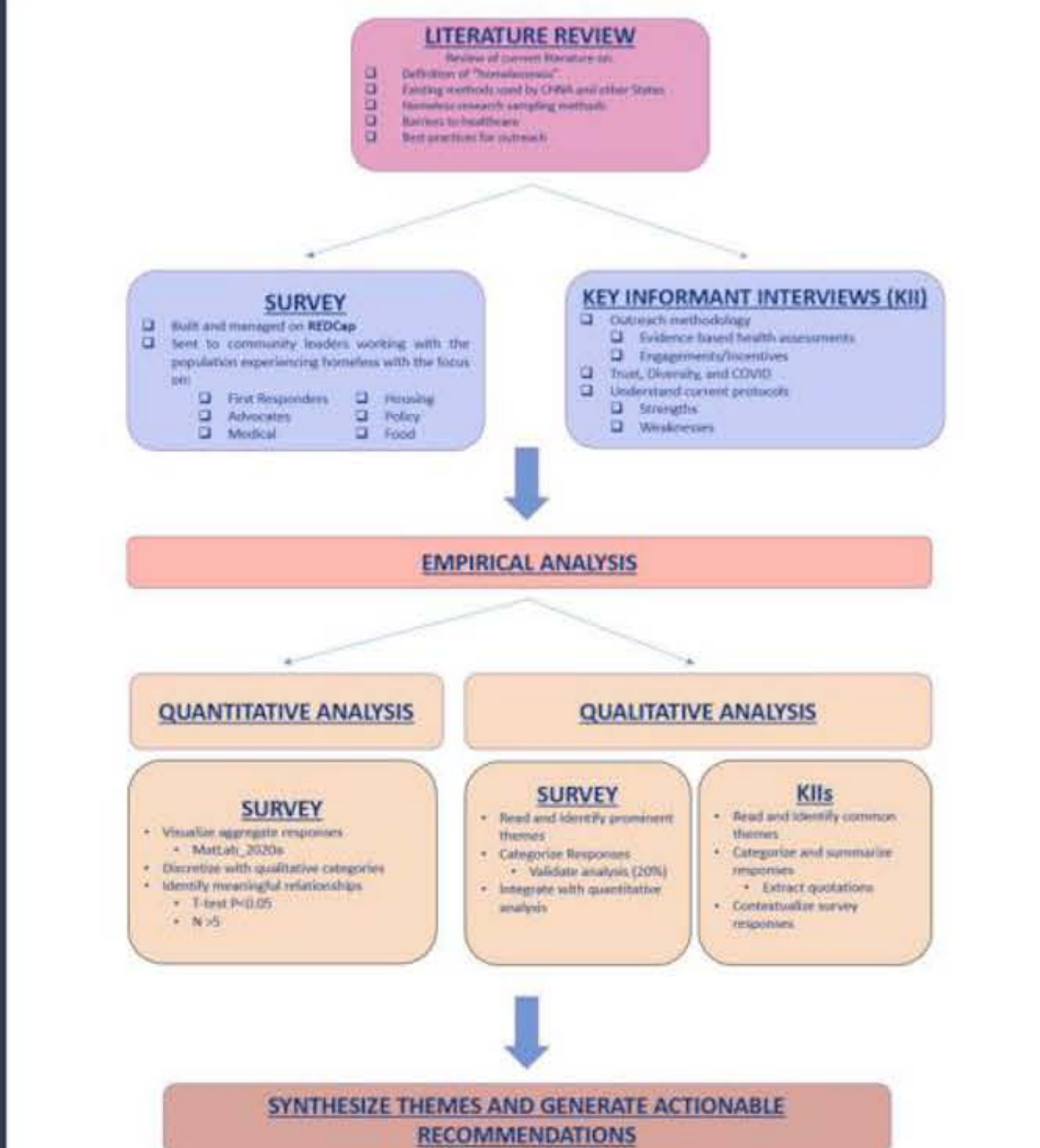
Improving the Accessibility and Efficacy of the UVMMC CHNA to Populations Experiencing Homelessness

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The University of Vermont — LARNER COLLEGE OF MEDICINE

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Objectives, Background, & Introduction

Research Question	Hypothesis	Goals
• What actions can be taken to effectively understand the diversity of needs in the homeless population of Chittenden County?	• The current CHNA incompletely captures how health barriers are disproportionately experienced by the homeless population in Chittenden County.	• Identify best practices and tailor outreach methods to better assess the needs of the homeless population.

- Under provisions in the Affordable Care Act, tax-exempt hospitals are required to conduct a triennial Community Health Needs Assessment (CHNA)[1] to identify and prioritize the health needs of the community served
- UVMMC is preparing to conduct the 2022 CHNA[2] and is exploring best outreach approaches to marginalized or historically underrepresented populations within Chittenden and Grand Isle counties[3,4]
- Populations experiencing homelessness can be difficult to reach and define[5,6], experience numerous medical comorbidities from a wide range of causes[7], and is a population known to distrust authority and healthcare services due to stigma or the perception that the medical system is not designed for them[8,9]
- As of 2019, Chittenden county had 309 homeless residents[10], which is 29% larger than the homeless population in 2008 (the overall population grew only 7%[11])
- Homelessness is associated with shorter life expectancy[12], greater use of emergency health services[13,14], and less accessibility to primary or preventative healthcare services[15]
- The perspectives of this population are often underrepresented due to lack of resources and engagement[5]
- Similar patterns of emergency healthcare use are seen in rural and impoverished communities[16]
- By determining methods to better include the homeless population, we aim to improve the CHNA's inclusion of other marginalized communities that have mistrust towards and lack of access with health services[17,18]

Methodology

LITERATURE REVIEW
Review of current literature on:
☐ Definition of "homelessness"
☐ Existing methods used by CHNA and other States
☐ Homeless research sampling methods
☐ Barriers to healthcare
☐ Best practices for outreach

SURVEY
☐ Built and managed on REDCap
☐ Sent to community leaders working with the population experiencing homeless with the focus on:
☐ First Responders ☐ Housing
☐ Advocates ☐ Policy
☐ Medical ☐ Food

KEY INFORMANT INTERVIEWS (KII)
☐ Outreach methodology
☐ Evidence-based health assessments
☐ Engagements/Incentives
☐ Trust, Diversity, and COVID
☐ Understand current protocols
☐ Strengths
☐ Weaknesses

EMPIRICAL ANALYSIS

QUANTITATIVE ANALYSIS | QUALITATIVE ANALYSIS

SURVEY
- Visualize aggregate responses:
  MatLab_2020a
- Discretize with qualitative categories
- Identify meaningful themes
- T-test P<0.05
- N >5

SURVEY
- Read and identify prominent themes
- Categorize Responses
- Validate analysis (20%)
- Integrate with quantitative analysis

KIIs
- Read and identify common themes
- Categorize and summarize responses
- Extract quotations
- Contextualize survey responses

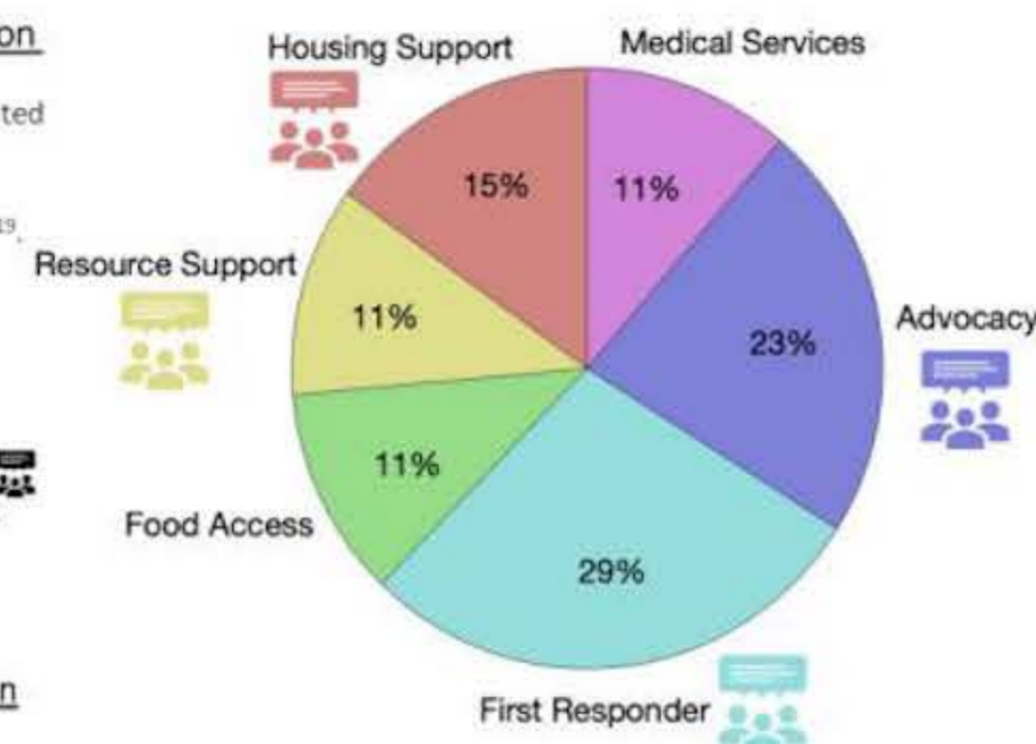SYNTHESIZE THEMES AND GENERATE ACTIONABLE RECOMMENDATIONS

Results

The source of the information

Systematic literature review indicated that including stakeholders with a broad range of service modalities can help to diversify perspectives[19].

Fig 1.1 Organization affiliation of survey respondents. The symbol: 💻 Indicates which organization types were represented in KIIs

Housing Support 15%
Medical Services 11%
Advocacy 23%
First Responder 29%
Food Access 11%
Resource Support 11%

Understanding the population

Table 1 Illustrates key insights provided by our KIIs and will appear in discrete pieces throughout this poster:
Table 1.1

Area of Investigation	Response Summary	Direct from the Source
Defining Homelessness	The HUD definition is widely used but does not comprehensively reflect all who are unhoused or at risk of becoming unhoused. A note of sensitivity was conveyed as one KII remarked that a home doesn't necessarily need to be a house.	"When it comes to accessing resources, we have to go by the HUD definition."-KII₁ "Typically, in our society, security is provided with walls." -KII3

Fig. 1.2 Variability within the population. Survey respondents indicated a high degree of variability for most social characteristics. Health status was noted to be highly variable and diversity further discussed in Table 1.2.
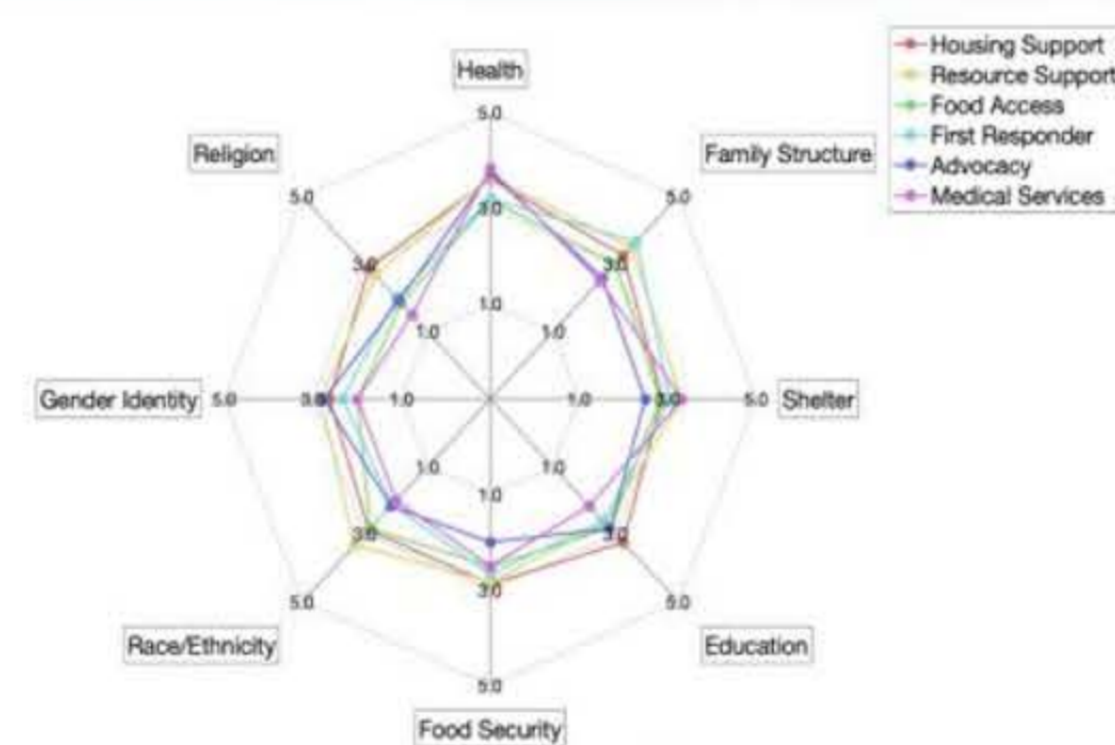

Table. 1.2

Diversity	• Black individuals represent 2.5% of the general population in Chittenden County yet account for 15% of the population experiencing homelessness[20]. • There may also be a disproportionately small representation of New Americans within the population experiencing homelessness.	"The homeless community draws from every different segment of society at large... but it's a collection of folks who either, through bad luck or because they couldn't maintain relationships, [...] became homeless." -KII₃

Fig 1.3 Survey respondent identification of causal reasons for total population fluctuations over time. The pandemic further highlights this fluctuation (Table 1.3)
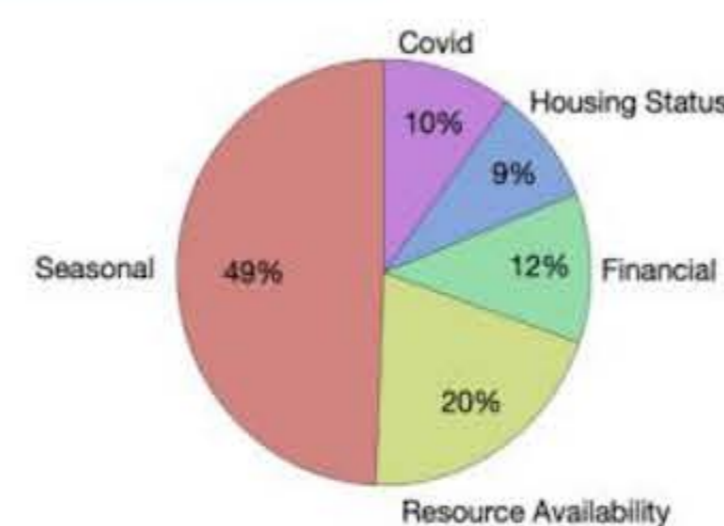

Covid 10%
Housing Status 9%
Financial 12%
Resource Availability 20%
Seasonal 49%

Table. 1.3

The COVID-19 Pandemic	The pandemic has caused a surge in the number of people defined as experiencing homelessness. This has enabled a more accurate count of the total homeless or housing insecure population, which is much larger than previously identified. • Imminent crisis for service providers once the state halts pandemic funding for the hotel and motel programs.	"It was just this huge expansion of the population that we're used to serving. ... [During] normal times, we have something like, about 270-280 households who are literally homeless in our system. And now we have on our ... list, almost 700, households." -KII₂

Results

Outreach Methodology

Systematic literature review revealed a lack of validated assessment tools
- Need for appropriate and inclusive language[21,22].

Fig 1.4 Method strengths and weaknesses. Respondents identified the pros and cons of locally utilized outreach and engagement methods Figure 1.4.

Surveys
+ Direct information from population of interest
+ Quantitative
+ Straightforward
- Honest response rate
- Question relevance
- Lack of personal relationship

Interviews
+ Direct information from population of interest
+ Facilitates personal relationship
+ Space for individual expression
+ Demonstrates commitment
- Honest response rate
- Safety

Focus Groups
+ Broad range of perspectives presented
+ Ensure respect
- Information is not directly from the population of interest

Databases
+ Accessible
+ Monitor changes over long time periods
- Accuracy
- Lack of personal relationship

Table. 1.4

Outreach Methodology	One-on-one, in-person outreach was cited as a crucial component of effective outreach methodology to incorporate into existing systems. • Emphasis was put on: • Minimizing physical distance to resources • Meeting people where they are Pro: Trust and established relationships were cited to promote engagement. Con: Stigma was cited as a main barrier to effective outreach	"I mean, you have to take off your jacket, your doctor's jacket, and leave it at home wherever that is, and in civilian clothes just talk to people." -KII₃

Overcoming the barriers

Survey respondents identified key barriers to healthcare. Transportation was among the top three barriers to care. The importance of incentives was discussed by key informants Table 1.5
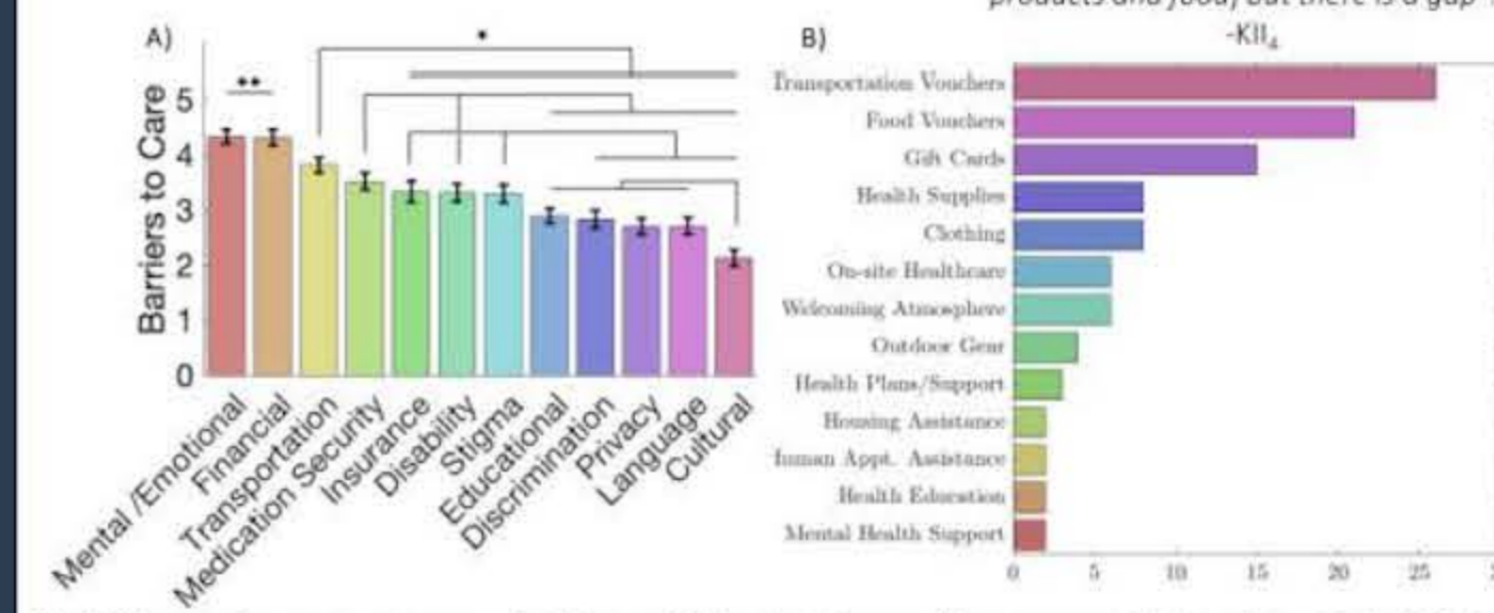

Fig. 1.5 Aggregate survey responses for A) impactful barriers to care. B) recommended incentives. Scale: 0-No Impact; 5-Significant Impact. **significant from all other categories; *significant from indicated categories

A) Barriers to Care — Mental /Emotional, Financial, Transportation, Medication Security, Insurance, Disability, Stigma, Educational, Discrimination, Privacy, Language, Cultural

B) Transportation Vouchers, Food Vouchers, Gift Cards, Health Supplies, Clothing, On-site Healthcare, Welcoming Atmosphere, Outdoor Gear, Health Plans/Support, Housing Assistance, Inman Appt. Assistance, Health Education, Mental Health Support

"I think the bus pass would be one of the best incentives... The community does a good job making sure people have access to [necessities like clothes, hygiene products and food] but there is a gap". -KII₄

Table. 1.5

Incentives	Useful incentives were defined as those that align with an individual's lifestyle and personal needs and are offered by someone trusted. Incentives alone are not always enough to engage : Many people equally value reassurance of their anonymity	"I think the most important thing that anybody can do, anybody who wants to bring services to the homeless community can do, is to have a personal relationship." -KII₃

Discussion

This project aims to improve upon the CHNA's current outreach methods with a specific focus on understanding the diversity of needs for the population experiencing homelessness in Chittenden and Grand Isle counties. In working with key informants and through empiric analysis of our survey, several trends were identified:

- When identifying the health needs of this population, there was an emphasis on gathering input from community leaders who are actively working with the homeless population. We asked about 1) the composition of the homeless population 2) outreach methodology and 3) the current barriers to care and possible interventions.

- A great diversity of existing health needs was identified indicating the importance of an accurate health needs assessment. Community leaders also highlighted seasonal fluctuations in population volume. However, the largest increase in population volume was observed with the COVID-19 pandemic. Raising concerns about funding services to accommodate the post-pandemic population upon resolution of emergency programs.

- When collecting information from the homeless population, there was consensus among survey responses, key informants and the literature indicating the importance of in-person interviews and direct outreach that utilized validated questionnaires. This creates a trusting and non-judgmental environment, facilitated through conducting in-person interviews tailored to an individual's experiences and needs.

- Transportation was one of the highest ranked barriers to care, alongside mental health and financial needs. There are on-going efforts to address the financial and mental health needs for this population. All informants agreed that incentives would improve engagement with the CHNA and healthcare in general. Thus providing transportation vouchers as an incentive could improve engagement with the CHNA.

Limitations

| Validation and Limited Use of Assessment Tools |
| Setting of Chittenden County |
| Non-Randomized Survey Distribution |
| Open-Answer Survey Responses |
| Division of Analysis and Validation |

Future Directions

Validated Tools:
- There is currently no standardized, validated health needs assessment in wide use, so there exists potential for extreme discrepancy between reported health needs of this population compared to actual need.

Barriers Addressed:
- Transportation represents a major barrier to healthcare access for this population.
- Other barriers such as shelter, food, and finances are commonly addressed through other services.
- Expert survey respondents highlight transportation assistance as an effective and achievable goal.

Outreach Best Practices:
- Personal interaction, privacy, and a welcoming atmosphere were cited by many as one of the most crucial aspects to engage this population.

Reproducibility:
- The methods we have outlined here may be reproducible and applicable to studies of outreach methods to other marginalized populations.

Sampling Recommendations:
- Develop effective and validated health assessments for this population.
- Further examine effect of seasonal fluctuations on this population's needs and how to address resource allocation seasonally.

CHNA Recommendations:
- Implement transportation-related incentives such as bus passes to increase participation.
- Utilize local service organizations, who have already established trusting relationships.
- Suggestions to improve CHNA validity such as: inclusivity of survey wording and question order.

Resources and Acknowledgments

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Scan here for the complete list of citations for this poster

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