HEALTHCARE FOR THE HOMELESS NETWORK

COMMUNITY NEEDS ASSESSMENT 2016-17

EXCERPT TO INFORM 2018 STRATEGIC PLANNING

Public Health
Seattle & King County

RECOMMENDATIONS

In order to better meet current health care needs, we must:

1. Build our clinical quality and education capacity to help patients and providers manage disease, pain, and medication. This includes increasing clinical outcome data across all sites.
2. Help lead efforts to assure patients can meet basic physiological needs. This includes restroom access and facilities to rest and recover from illness based on acuity of need.
3. Increase the number of patients who have access to low barrier behavioral health services. This includes alignment with the King Co. Heroin and Prescription Opiate Addiction Task Force.

Address factors associated with access and utilization

4. HCHN consumers and former consumers must be more involved in planning and evaluation. Efforts should coordinate with training and professional development opportunities.
5. Support our providers through capacity building training and workforce development strategies. This includes partnering with providers to reduce reporting burden where possible.
6. Sustain existing partnerships and cultivate new ones in South, East, and North King County. This includes a focus on outreach to individuals with mobility and language access barriers.

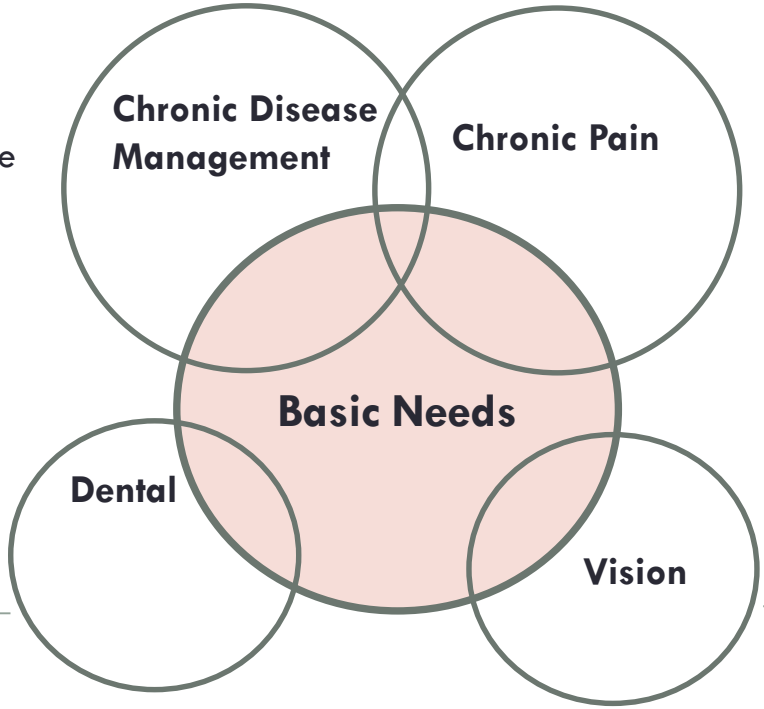
Reduce disparities and differential needs

7. Implement strategies to measure our progress towards reducing documented racial and ethnic health disparities. This includes establishing network-wide learning objectives.
8. Enhance our partnerships with housing providers. This includes supporting Coordinated Entry for All efforts to better integrate health services into their Continuum of Care.
9. Help lead efforts to care for both an aging homeless population and assure access to prenatal care, family planning, and early intervention services.

1. Current Health Care Needs

Disease Burden: overall, individuals described the same costly, complex, and preventable conditions as the general population: diabetes, asthma, hypertension, cardiovascular disease, and cancer.

The major differences are frequency of co-occurring conditions and challenges to stop disease progression.



Physical Pain: stems from rough sleeping, early onset of arthritis and aging, disabilities, untreated or undiagnosed conditions, wounds, and lack of medication access.

Emotional Well-being: additional pain and suffering from chronic stress, trauma, and untreated mental health conditions. Alcohol, smoking, and other substance use were intertwined in reports of pain.

Dental Care: reported needs included emergency surgeries and complex oral health needs due to access issues, chronic disease progression, and challenges with basic oral hygiene.

Vision Care: reported needs included frequent eye glass replacement, vision loss from diabetes, other disease, and traumatic brain injury.

Basic Physiological Needs

- Food, water and refrigeration: limited control over when and what is available
- Showers, laundry, and bathroom access
- Rest and recovery: safe and comfortable places to sleep uninterrupted
- Communicable and transmittable disease concerns (lice, TB, hepatitis A)

Data was collected through group discussion and via optional surveys at Listening Sessions.

"With diabetes, you try to figure out how to test your blood sugar daily and store everything."

"I never get enough sleep. Been woken up 6 to 7 times in a night. I'm always dealing with issues. Constant pain from sleeping all curled up."

"We all have high blood pressure and are (waiting) heart attacks walking around."

*"**My day is organized around basic stuff** – what and when I can eat, where the closest bathroom is where people won't turn me away or watch me suspiciously."*

"I use (drugs) for a lot of reasons. To feel normal. To stay alert."

*"**Living in these conditions, everyone got the flu and passed it around**. You're not able to wash your hands if the church isn't open. It is hard to use a port-a-potty when you're feeling so sick and have nowhere to go but a cold car."*

"I've had my dentures thrown away, my inhaler. It happens a lot in shelters and during sweeps. My buddy had his glasses tossed."

"I get tripped up at every step with my meds, getting them, taking them like I'm supposed to."

*"**There is something wrong with my stent (heart disease**) but I'm not going back in for help. There is nowhere safe or clean to come back to. Disease and stuff spreads like wildfire in shelters."*

"There's a lot I can't chew so I go hungry a lot - even more so - and my gums hurt all the time. People judge you by your teeth and smile."

"It's scary being out here and not being able to really see your surroundings."

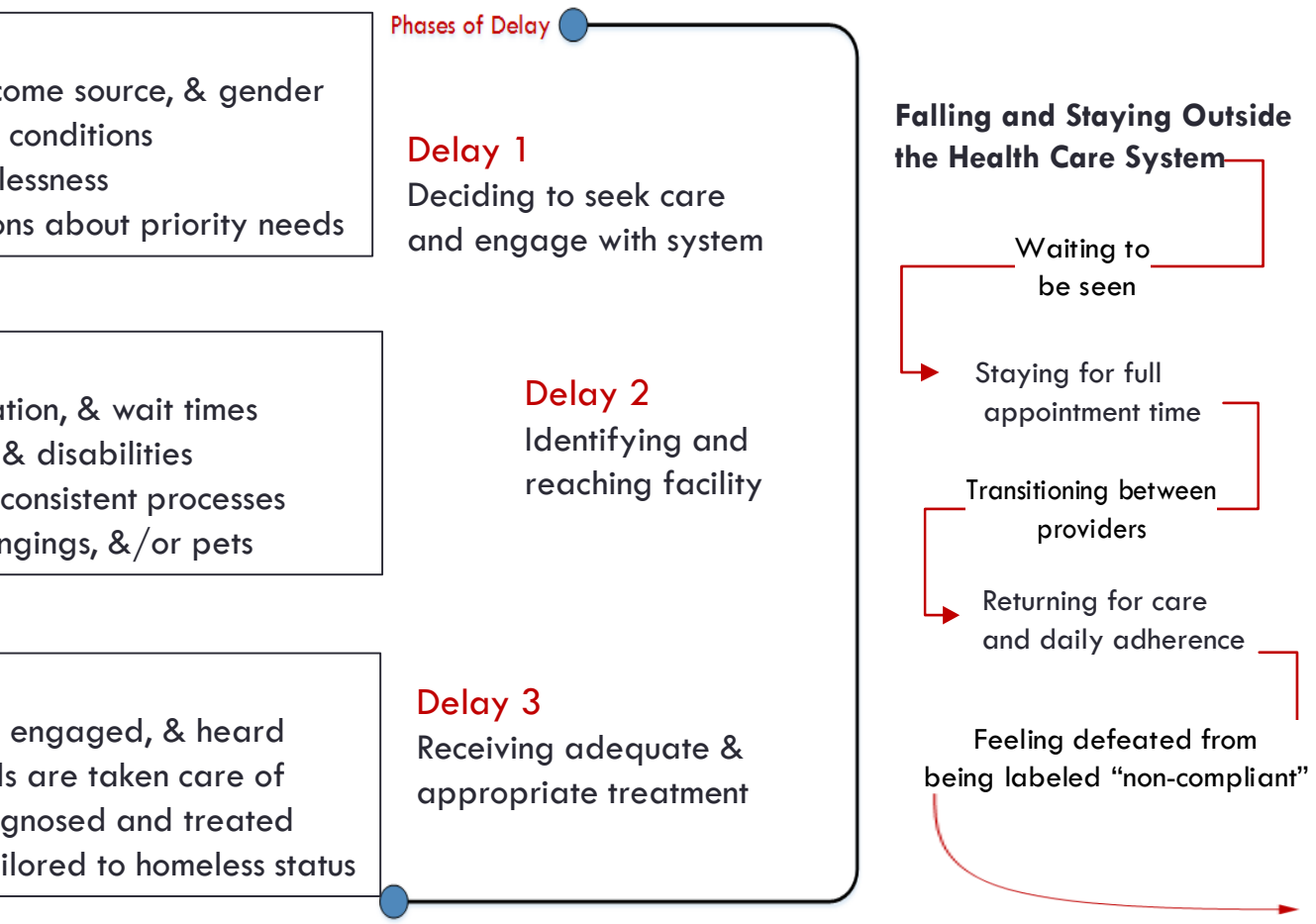
2. Factors Associated with Access and Utilization

Series of individual and systemic factors that can make accessing care "feel like an obstacle course."

Individual Level
- Demographics: race, age, income source, & gender
- Physical & behavioral health conditions
- Length & frequency of homelessness
- Differing beliefs & perceptions about priority needs

Accessibility of Locations
- Physical distance, transportation, & wait times
- Accommodations: language & disabilities
- Ease of navigation: clear & consistent processes
- Ability to bring family, belongings, &/or pets

Quality of Care
- Feeling of being welcomed, engaged, & heard
- Self-identified priority needs are taken care of
- Conditions are correctly diagnosed and treated
- Follow-up instructions are tailored to homeless status



Conceptual framework for this visual adapted from:
Thaddeus S., Maine D. (1994). Too far to walk: maternal mortality in context. Soc Sci Med, 38 (8): 1091-1110.

"A lot of mornings I'm just too sick to even go a few blocks. My meds haven't kicked in and I'm still wiped out."

"You all need to keep the resource lists simple and up to date. It's easy to give up after all the run around and dead ends."

"I didn't know 'til I talked to a buddy where I live that I could get stuff covered if I came here during specific times."

"You move around a lot being homeless, lose paperwork and things, and you have to get care at a new clinic. They may not cover or offer the same things. You end up with a gap in care."

"I didn't want to tell them I was homeless. They won't approve stuff (surgeries) if you do."

"One experience of being turned away was enough. You can tell when people are judging you, just want you to go away."

3. Disparities and Differential Needs

Race and Place were major themes. Both connected to gender, age, and family composition.

Race

Quality of Care: accounts of feeling unwelcomed, not cared for appropriately, language access issues, and ultimately carrying a higher burden of disease.

Similar Experiences in Housing, Employment & Criminal Justice Systems: interconnected experiences of poor treatment and being targeted due to both poverty and race. The combined impact makes it harder to exit homelessness and maintain stability.

Overall, the documented racial and ethnic health disparities in the general population continue to be magnified for homeless individuals and families.

Place

Regional: physical distance between comparatively fewer homeless-specific service providers is a challenge outside greater Seattle.

Physical Mobility & Cognitive Impairments: many subpopulations describe differential needs including those with disabilities, families with small children, pregnant women, and a growing aging population.

Actual Sleeping Place: reported needs varied significantly based on whether individuals were unsheltered and how frequently they had to move.

"They treat me like that because I'm homeless, I'm Black, I'm young, and transgender."

"My teeth are like this cause of meth use. That's the first thing people see and judge. Can't get a job or housing with my mouth & (criminal) charges."

" All of my travel money goes to getting back and forth to Seattle for appointments. The Eastside is where I'm from and most comfortable. They don't make it easy to stay."

"I have seven kids I'm trying to keep together. That's a full time job on its own. Being homeless is like a second job with all the running around we have to do."

"I don't remember everything now. I missed too many appointments and think I gotta wait another three months to make another one."

"We've had someone die in our parking lot, an old woman with edema. Young people sleep on someone's couch but you find elderly people here."

" Everyone wants us to move away from the streets and parks. Out of sight. Out of mind."