Research Brief:

Health Status and Health Care Experiences among Homeless Patients in Federally Supported Health Centers: Findings from the 2009 Patient Survey

Overview:
- Homeless individuals who had a usual source of medical care were less likely to visit an emergency room.
- When compared with housed patients also utilizing HRSA community health services, homeless survey respondents had higher reported substance use, higher rates of mental health challenges, and worse overall health status.
- Homeless survey respondents accessing HRSA-funded community health services were more likely to be male and unmarried, and less likely to be employed than their housed counterparts.

Study:
Researchers used data from the Health Resources and Services Administration (HRSA)’s 2009 Health Center Patient Survey, which included data from both homeless and non-homeless individuals. In addition to gathering health information, the survey included questions regarding housing status, allowing for comparisons between housed and homeless survey respondents. Researchers stated that the comparison group of housed individuals closely mirrored the homeless group because the housed individuals were likely to be extremely low-income, uninsured, and/or on Medicaid.

Although the full survey included a total of 4,562 patient interviews, researchers for this study utilized results from 2,638 patients served through the Community Health Center Program and the Health Care for the Homeless Program. Researchers looked at health outcomes and health experiences of homeless patients by examining the impact of homelessness, sociodemographic characteristics, and several variables related to medical care and service utilization, including preventive services. Researchers aimed to isolate the impact of homelessness on health access utilization while controlling for sociodemographic and other health factors.

Findings:
In 2010, Move! served 4.4 percent of the sample population and six percent of the sample under age 70. However, facility-level utilization varied widely, from .05 percent at some facilities to 16 percent at other facilities. For obese patients, Move! utilization was more likely for veterans who were female, not married, a minority, had housing instability, or lived in an urban area. Obese veterans with

NVTAC Insights:
This study provides support for the reality that providers working with homeless and low-income veterans face every day: when confronted with the most pressing and long-term health issues, homeless persons are medically and massively underserved. Although many veterans in your HVRP can receive medical services through the VA, not all of them will be eligible. Because HVRP can serve all veterans except those who are dishonorably discharged, you may enroll some veterans who are not eligible for VA health care services (although they are likely still eligible for VA homeless services like GPD and SSVF). As you make referrals into the community for the veterans in your program, you will want to identify available HRSA granted programs that serve people, including veterans, experiencing homelessness.

Knowing what you have learned from this article, you can anticipate that veterans served in your HVRP program who have chronic or mental illness and do not have a usual source of care may be more likely to experience hospitalization when a health episode occurs. Talking constructively about this possibility with the veteran through the case management process will help you both to prepare and plan ahead to identify alternate and preventive health care resources, as available. This discussion process will help you build a better relationship with the veteran and help the veteran create a plan to stay as safe, health, and stable as possible.

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copayment exemptions due to being low income and veterans with housing stability were less likely to utilize MOVE!.