Identifying Demographics and Biopsychosocial Characteristics Among Emergency Youth Shelter Residents.

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INTRODUCTION

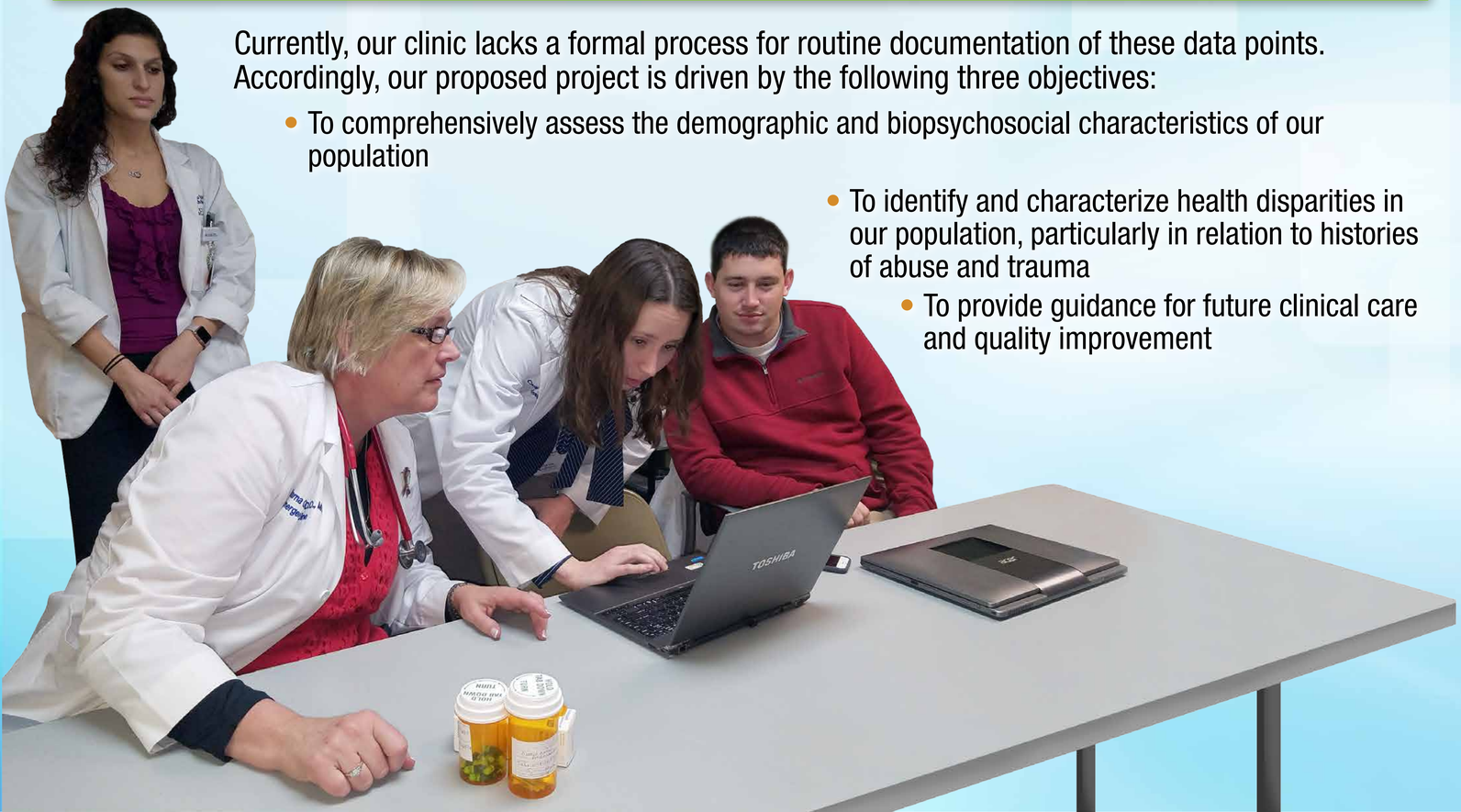
Delivering healthcare to the homeless presents a unique challenge to the medical community. Street medicine programs bring medical and social resources to patients in their environments to address the population's unmet needs. Homeless youth comprise a significant subset of this group, with at least 1.6 million young Americans facing housing insecurity annually.[1] In the spring of 2015, medical students in the northeastern US established a student street medicine clinic at a local youth shelter to perform entrance physical examinations for shelter residents and address acute health concerns.

It is generally known that homeless adolescents experience disparate health outcomes, with higher rates of psychiatric illness, substance use, sexually transmitted infections, and childhood abuse and trauma than their housed peers.[2] However, studies of disparities within this population have been limited, particularly in reference to race, ethnicity, and sexual orientation. Further, to our knowledge, no such examination or general demographic assessment has been conducted in our community.

OBJECTIVES

Currently, our clinic lacks a formal process for routine documentation of these data points. Accordingly, our proposed project is driven by the following three objectives:

- To comprehensively assess the demographic and biopsychosocial characteristics of our population
- To identify and characterize health disparities in our population, particularly in relation to histories of abuse and trauma
- To provide guidance for future clinical care and quality improvement



PROPOSED METHODS

Our sample will consist of each emergency shelter resident evaluated by the clinic. Each participant will have documented consent to receive medical care. A standardized EMR template will be created and used to guide patient-clinician encounters and enable reliable data collection. Variables of interest fall into the following six categories: Demographics, Shelter/Housing History, Medical History, Psychosocial History, Sexual History, and Child Abuse/Trauma History. We will then be positioned to develop quality improvement projects based on analysis for descriptive statistics and disparities by age, gender, race/ethnicity, sexual orientation, and additional biopsychosocial variables.

CONCLUSIONS

In summary, we believe that this thorough assessment will enable the creation of a comprehensive demographic and biopsychosocial profile of our patient population. This will serve as a foundation for identifying the needs of this community and advocating for appropriate interventions. Finally, we expect that this will facilitate future quality improvement (QI) efforts to enhance our clinic processes and contribute to the general fund of knowledge on this vulnerable population.

References:

1. Council on Community Pediatrics. Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics* 2013; 131(6): 1206-1210.
2. Edidin JP, Ganim Z, Hunter SJ, Karnik NS. The mental and physical health of homeless youth: a literature review. *Child Psychiatry Hum Dev* 2012; 43(3): 354-375.

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