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Published In/Presented At

Batchelor, T. Greenberg, M. (2018, March). *Lack of Gender Differences in Prevalence of Homelessness in the LVHN Emergency Department Population*. Poster Presented at: 2018 SELECT Capstone Posters and Presentations Day. Kasych Family Pavilion, Lehigh Valley Health Network, Allentown, PA.

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

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Introduction

- 1.5 million Americans spend at least one night in an emergency shelter or transitional housing
- Over 500,000 people are homeless on a given night
- Homeless population has higher rates of Emergency Department (ED) and hospital use
 - ED is a regularly used point of contact with the healthcare system
- ED providers aware of the characteristics of homeless persons in their community can facilitate access to appropriate healthcare
- Unknown gender difference in the prevalence of homelessness due to a lack of robust literature
 - Assessments have only recently begun incorporating gender demographics
 - 40% of all individuals experiencing homelessness were women
 - Women make up 44% of the nation's sheltered population
 - HUD determined the contribution of women and girls to be as high as 58%
- Traditional data collection has not employed prospective universal screening of a population
 - Rely on self-reporting and impractical shelter data collection
- Data suggests that the female homeless population
 - Has been grossly underestimated
 - Undertreated due to the disproportionate availability of women's services

Results

- 4,395 subjects were screened and analyzed
 - Mean age was 50.8 years (SD 20.5)
 - 2,557 (58.2%) were women
- No difference in the rate of homelessness between male and female participants ($p=0.472$)
 - 135 men out of 1,835 (7.4%)
 - mean age 42.4 years (SD=16.2)
 - 173 women out of 2,557 (6.8%)
 - mean age 43.7 years (SD=16.9)
- Most robust affirmative response
 - Concern about losing housing ("At-Risk for Homelessness" screen)
 - Men (n=118, 6.4%)
 - Women (n=137, 5.4%)
- Strongest determinate of homelessness
 - Living with a friend or family member due to financial hardship (HHS & VA definitions)
 - Men (n=96, 5.2%)
 - Women (n=124, 4.8% female)
- 40 women and 41 men answered most concrete question in the affirmative
 - Sleeping outside or in an abandoned building
- Homelessness and "at-risk" of becoming homeless show strong degree of dependence
- Sub-analysis trends
 - Seasonality did not affect gender proportion
 - Women's concern for losing housing steadily increases between 18-59 years of age
 - Women have rising reports of being evicted from 18-59 years of age
 - Less than men only between 18-29 years of age

	Homeless	Not Homeless	ROW TOTALS
At Risk	119 (18) [572.30]	136 (237) [43.13]	255
Not at Risk	189 (290) [35.25]	3951 (3849) [2.66]	4140
COLUMN TOTALS	308	4087	4395 (Grand Total)

Black = Observed
(Blue) = Expected
(Green) = Chi-Square

P value = < 0.00001
Chi-square statistic = 653.34

Result is significant at $p < 0.05$, variables exhibit a dependent relationship

	Question 1		Question 2		Question 3		Question 4		Question 5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Male	118 (6.4%)	1717 (93.6%)	36 (2.0%)	1799 (98.0%)	96 (5.2%)	1739 (94.8%)	22 (1.2%)	1813 (98.8%)	41 (2.2%)	1794 (97.8%)
Female	137 (5.4%)	2420 (94.6%)	39 (1.5%)	2518 (98.5%)	124 (4.8%)	2433 (95.2%)	44 (1.7%)	2513 (98.3%)	40 (1.6%)	2517 (98.4%)

Question 1: Concerned about losing your housing?
Question 2: Changed residences more than twice?
Question 3: Lived with a friend or family member?
Question 4: Been evicted or served an eviction notice?
Question 5: Slept outside, in an abandoned building, car, or emergency shelter?

Problem Statement

- Assess gender differences in the prevalence of homelessness in 3 emergency departments within the Lehigh Valley Health Network.

Methods

- Administration of prospective survey
 - IRB approved and piloted
 - Three Emergency Departments in the Lehigh Valley Health Network
 - Level 1 Trauma Center with an annual census of 100,000 visits
 - Suburban hospital with an annual census of 45,000 visits
 - Inner city hospital with an annual census of over 20,000 visit
 - Between 5/2015 and 2/2016
 - Allowed for seasonal, time-of-day, day-of-week variations
 - Universal Screening
- Multi-organization definitions of homelessness
 - Housing and Urban Development
 - Health and Human Services
 - Veterans Administration
- Criteria
 - 18 years or older
 - Not be critically ill
 - Speak English
 - Willing to participate
 - Have capacity
- The Questions:
 - Been concerned about losing your housing
 - Changed residences more than twice
 - Lived with a friend or family member you do not normally reside with due to financial hardship
 - Been evicted or served an eviction notice
 - Slept outside, in an abandoned building, your car, in an emergency shelter, or in a motel due to financial hardship
- Affirmative screening responses were compared between gender sub-populations

Discussion

- Homelessness historically associated with males suffering psychiatric or substance abuse problems
- Concern for losing housing and being evicted increases in women ages 18-50 years
 - When women are most likely to be responsible for dependent children
 - HUD demographics indicate women are 1.5 times more likely to be in homeless families with children
 - Female veterans of recent conflicts (in the 18-29 age group) are overrepresented
- Municipal programs have counted women among the 3 fastest growing homeless populations
- If women are not being tallied in traditional modes (i.e. they are not visible on the streets) it could indicate that an even greater prevalence of homeless women exists
- Similar screening in other parts of the United States may find similar gender parity
- Interplay between gender of a homeless subject and domestic violence, substance abuse, and sex trafficking were not assessed but some studies suggest correlation
 - 92% of homeless mothers have been victims of severe physical and/or sexual violence
 - 13% of homeless women reported having been raped in the past 12 months, w 9% reported at least one experience of sexual victimization in the past month
- Current resources that are not gender specific may not meet housing and healthcare needs
- National Health Care for the Homeless Council initiatives
 - Increase access to community resources
 - Improve ED utilization by transitioning homeless individuals to primary care providers
 - Appropriately identifying candidates that would benefit is critical
- Universal screening
 - Minimizes potential to overlook those that are vulnerable
 - Maximizes connecting homeless patients with appropriate resources
 - Improve overutilization of EDs
 - Increase positive healthcare outcomes

Conclusions

- No observable gender difference in the rate of homelessness in this ED population
- Results combat any perception that this social problem primarily affects male populations
- Public health interventions should be cognizant that homelessness is gender indiscriminant
- Deeper understanding of homelessness demographics may allow for better access to appropriate medical treatment

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