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 the female homeless population
  – Has been grossly underestimated
  – Underrepresented due to the disproportionate availability of women’s services

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
• Multi-organization definitions of homelessness
  – Housing and Urban Development
  – Health and Human Services
  – Veterans Administration
• Criteria
  – 18 years or older
  – Not critically ill
  – Speak English
  – Willing to participate
  – Have capacity
• The Questions:
  1. Been concerned about losing your housing
  2. Changed residences more than twice
  3. Lived with a friend or family member you do not normally reside with due to financial hardship
  4. Been evicted or served an eviction notice
  5. 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

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%) had homelessness
  – 173 women out of 2,557 (6.8%) had homelessness
• Most robust affirmative response
  – Concern about losing housing (“At-Risk for Homelessness” screen)
    • Men (n=118, 6.4%)
    • Women (n=137, 5.4%)

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 1.2 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 8% 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 indiscernible
• Deeper understanding of homelessness demographics may allow for better access to appropriate medical treatment

References:


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