

Prevalence of Homelessness or At-Risk for Homelessness in the ED Setting

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Prevalence of Homelessness or At-Risk for Homelessness in the ED Setting

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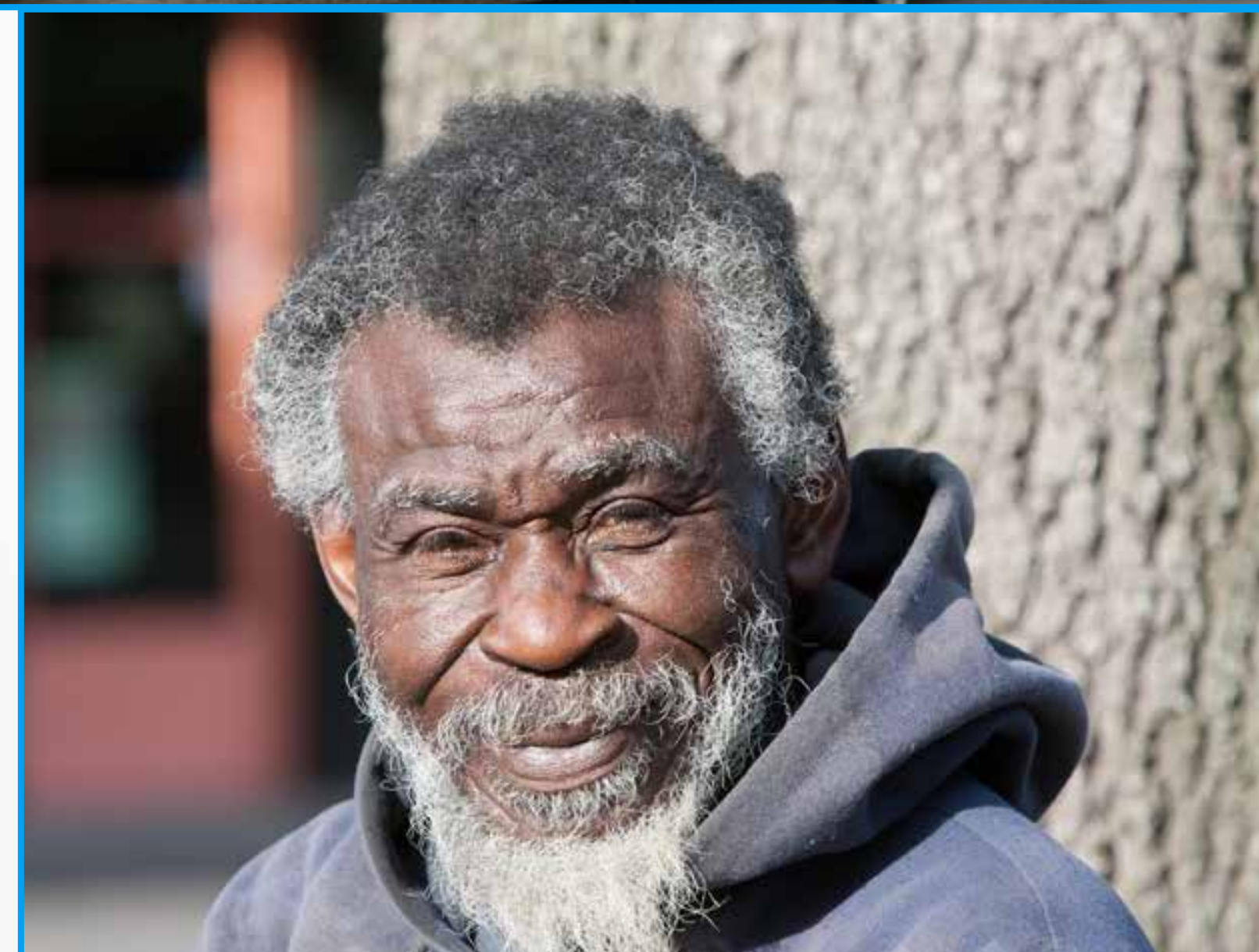
BACKGROUND/OBJECTIVE

The homeless population accesses the Emergency Department (ED) for health care. The costs of caring for patients who are homeless have not been established due to the challenges in documenting homelessness and housing instability. We set out to determine the prevalence of homelessness or at-risk for homelessness in the ED population.



METHODS

After IRB approval, and using a five-question screening tool derived from the U.S. Department of Housing and Urban Development (HUD), Health and Human Services (HHS) and Veterans Administration (VA) definitions for homelessness, we surveyed all patients meeting inclusion/exclusion criteria on scheduled shifts in one of three network EDs in northeastern Pennsylvania that are less than 10 miles apart. By character, one was a Level 1 Trauma Center with an annual census of 100,000, one was a suburban hospital with an annual census of 45,000, and one was an inner city hospital with an annual census of over 20,000 visits per year. Two survey periods during the year were selected to represent seasonal variations. To be included, participants had to be a registered patient in the ED, 18 years or older, must speak English, have capacity to answer survey questions, not be critically ill and be willing to participate.



RESULTS

Four-thousand-four-hundred subjects were analyzed after application of inclusion and exclusion criteria. The mean age of participants was 50.8 (SD 20.5) and 2,561 (58.2%) were women. The mean age of those who screened positive for homelessness or at-risk for homelessness was 40.9 (SD 15.9). Overall, 136 (3.1%) participants screened positive for at-risk for homelessness and 309 (7.0%) screened positive for homelessness. One-hundred-sixty-two subjects screened positive on weekends and 283 on weekdays; the difference was not statistically significant ($p=0.30$). The proportion of those screening positive for homelessness or at-risk for homelessness varied by site: 145 (7.5%) at the trauma center, 151 (9%) at the suburban site and 149 (18.7%) at the center city site. There was no statistical significance to the difference between the trauma center and the suburban site ($p=.088$), but there was statistical significance between both the suburban and trauma center sites when compared to the center city site (both $p<0.0001$). The proportion of those screening positive for homelessness in the summer months (156, 7.5%) did not vary significantly from those in the winter months (153, 6.6%), $p=0.237$, but it did favor summer months if those who were at-risk for homelessness were included (230, 11.1%, summer, versus 215, 9.2%, winter; $p=0.045$).

CONCLUSIONS

In our study, the overall prevalence of homelessness or at-risk for homelessness was over 10 percent. This prevalence in the ED population does not seem to vary between weekdays and weekends. Additionally, summer months seem to have a prevalence that is as concerning as winter months. The prevalence does, however, seem to vary by institutional characteristics even in the same geographic region. From a health systems perspective, understanding the patterns of prevalence of homelessness or at-risk for homelessness is a step toward considering possible interventions to assist this vulnerable population.

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