



## **A Study of Cross-Sector Health Care Services for the Homeless: Community Health Service Capacity Measured and Tested**

**Hee Soun Jang, and Jihoon Jeong**

**University of North Texas**

**Jesus N. Valero**

**University of Utah**

**Research Supported by Robert Wood Johnson Foundation**



1

## **High Demand of a Coordinated Medical Care System**

- Individuals experiencing homelessness are at high risk of preventable diseases but they are less likely to access to health care system
- HUD has been focused on housing related services—leaving other major health and human services to be addressed by local governments and nonprofit organizations
- As a leading homeless serving entity, CoCs (Continuum of Care) aim to create comprehensive medical care system

2

# Research Interests & Motivation

- Examining *collaborative governance* in complex policy issues (Ansell and Gash, 2007; Emerson et.al. 2011; Purdy, 2012)
- Understanding the how local communities respond to the primary healthcare needs of the homeless through the CoCs' collaborative efforts (Jang, Valero, and Jeong, 2020; Valero and Jang 2016)
- Developing comprehensive list of healthcare services for the homeless population

3

# Health Service Needs of the Homeless

	Severally Mentally Ill	Chronic Substance Abuse	HIV/AIDS	Victims of Domestic Violence	Unsheltered Homeless population
National Average	20%	16%	1.86%	16%	35%

4

## Research Questions

- 1) What are the type and extent of healthcare services that CoC networks are providing for individuals experiencing homelessness?
- 2) What factors are associated with variation in community-based healthcare services for the homeless?

5

## Factors contributing to community health services for the homeless

- Homeless **Service Demand** Hypothesis ( $H_1$ ): Homeless service demand is associated with the number of healthcare services provided for the homeless.
- Homeless **Service Resource** Hypothesis ( $H_2$ ): Homeless service resources are associated with the number of healthcare services for the homeless.
- CoC **Network Characteristics** Hypothesis ( $H_3$ ): Continuum of Care (CoC) network characteristics are associated with the number of healthcare services for the homeless.

6

# Data and Method

- Data sources
  - National survey of CoC homeless service networks (N=176, response rate 46%)
  - HUD PIT and funding award data
- Method
  - Descriptive review of survey responses
  - Pearson correlation

7

	Healthcare Service	Percentage of CoCs
<b>Health Services Provided by CoCs for the Homeless</b>	<b>Primary Healthcare</b>	
	Preventive Services	82%
	Wrap-Around Case Management	80%
	Prescription Medicine	72%
	Dental Care	68%
	Outreach Clinic	56%
	Medical or Surgical Care	52%
	Eye Glasses	47%
	Clinic in Shelter	47%
	Mobile Clinic	47%
	<b>Mental Healthcare</b>	
	Mental Healthcare	95%
	<b>Substance Use Services</b>	
	Alcohol/Substance Use Counseling	91%
	Methadone Clinics	33%
	Syringe Exchange	26%
	Suboxone Clinic	26%
	<b>Other Specialty Healthcare Services</b>	
	Supportive Housing	87%
	Emergency Care	52%
	Assisted Living	22%
	Nursing Beds at Shelter	20%
	Hospice Care	18%

8

## Frequency Distribution of Medical Service Provision by CoCs

Number Health Services Provided	Number of CoCs
<b>19-15 services</b>	22 (13%)
<b>14-10 services</b>	78 (46%)
<b>9-6 services</b>	51 (30%)
<b>5 and less services</b>	19 (11%)

9

## Pearson Correlations Community Homeless Health Services (N=170)

		r	Sig.
<b>Homeless Service Resource</b>	HUD Funding Award Amount	.338**	.00
	Total Beds	.308**	.00
<b>Homeless Service Demand</b>	Total Homeless Population (Log)	.343**	.00
	Mentally Ill Homeless (Percent)	.250**	.00
	Homeless with Substance Abuse (Percent)	.334**	.00
	Total Population (Log)	.176*	.02
<b>Network (CoC) Characteristics</b>	Years of CoC in Community	.087	.26
	Number of Member Organizations of CoC	-.063	.41

10

## Findings and Discussions

- Federal policy demands locally developed service networks (CoCs) and CoCs are in responsible of coordinating diverse service needs of the homelessness
- CoCs are responding to at least a minimum baseline of the healthcare needs of adult homeless
- Less resourced networks will be at a disadvantage in terms of capacity, and policymakers should be aware of the challenges unique to small or rural communities with less resources but with a demand for healthcare services

11

**Thank You!**

12