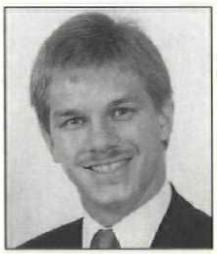
HEALTHCARE FOR THE HOMELESS

A Public Health Agency, a Business, And a Catholic Provider Open a Clinic

BY MOLLY M. ROGERS & JERRY SCHWARTZ, RN



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Hospital emergency departments treat a majority of homeless persons' healthcare problems. Because they delay seeking treatment, homeless persons often have more acute conditions and require hospitalization, which is costly for hospitals and communities alike. Such healthcare delivery inefficiencies are tantamount to fiscal irresponsibility. In many communities, however, hospital emergency departments are the only places that provide healthcare services to homeless persons.

In Dayton, OH, homeless persons now have another option. The area's public health department, a Fortune 500 business, and a Catholic hospital have collaborated to open a healthcare clinic for the homeless.

THE CLINIC IS LAUNCHED

As in many cities across the country, in Dayton homeless persons' healthcare needs were surpassing healthcare service capacities. An equally troubling dilemma existed: How could the city's healthcare providers offer vital services to the growing homeless population while maintaining control over an ever-diminishing pool of resources? Healthcare, one of the vital needs of the homeless, is often not met. A 1990 study by the Partnership, a community coalition to coordinate human service planning and development, found that 40 percent of the clients using its homeless shelters have healthcare problems that need to be addressed. These shelters operated medical clinics one or two days a week in basements or some converted space at a clinic. Volunteer medical personnel staffed the clinics, which did not have state-of-the-art medical equipment. In 1992 the Partnership reported that more than 5,000 individuals used the services of homeless shelters in the Dayton area; a third of these were children.

Dayton's public health department, the Combined Health District (CHD) of Montgomery County, provides healthcare to the coun-

Summary In some communities, hospital emergency departments are the only places that provide healthcare services to homeless persons. In Dayton, OH, homeless persons have another option—the Samaritan: A Healthcare Clinic for the Homeless. The clinic is a collaborative venture involving the area's public health department, a Fortune 500 business, and a Catholic hospital.

In 1991 Dayton's public health department, the Combined Health District (CHD) of Montgomery County, received an anonymous $50,000 donation to provide primary healthcare services to homeless persons. With the goal of generating a number of stakeholders to invest in the community (which would translate into additional volunteers and donations), CHD asked Good Samaritan Hospital, Dayton, if it would become a partner in launching the clinic.

Good Samaritan agreed, seeing this as an opportunity to provide a much-needed community service and to fulfill its mission of providing care to the area's needy citizens. In addition, the project was consistent with the hospital's increased focus on primary care.

Sponsors of the Samaritan: A Healthcare Clinic for the Homeless anticipate three outcomes resulting from this collaborative effort. First, the cost of healthcare for Dayton's citizens should decrease. Second, providing healthcare services to the homeless enhances the possibility of breaking the cycle of homelessness. Finally, it is critical that healthcare for the homeless become a community focus.

ty's poor citizens. CHD found that homeless persons were not using public health clinics. The main reason was that most homeless persons were unaware of the clinics' availability. Those who used clinic services said they often confronted negative staff attitudes. Negative feelings were encountered from the initial system contact, since the homeless often viewed preliminary health data collection as invasive and condemnatory of their life-styles.

Making homeless persons aware of services offered by public health clinics and educating clinic staff members on treating homeless persons in a positive manner would require resources that CHD did not have. In addition, with the number of homeless persons in the county exceeding 5,000 and growing, accomplishing these objectives would overextend CHD's resources.

Fortunately, in 1991 CHD received an anonymous $50,000 donation to provide primary healthcare services to homeless persons. With the goal of generating a number of stakeholders to invest in the community (which would translate into additional volunteers and donations), CHD asked Good Samaritan Hospital, Dayton, if it would become a partner in starting a healthcare clinic for the homeless. Good Samaritan agreed, seeing this as an opportunity to provide a much-needed community service and to fulfill its mission of providing care to the area's needy citizens. In addition, the project was consistent with the hospital's increased focus on primary care.

Good Samaritan determined that initially it would have to shift resources from its more costly tertiary and acute care services to primary and preventive services. Hospital and administrators, saw the "up-front" investment required to provide primary healthcare services in the clinic as minor compared with the costs of providing inpatient tertiary care. In April 1992 the Samaritan: A Healthcare Clinic for the Homeless began operations.

Standard Register Company, a major employer and philanthropic leader in Dayton, became aware of Good Samaritan and CHD's efforts and expressed a desire to become a part of the team. After discussions with administrative representatives from the hospital, Standard Register agreed to fund the primary care portion of the healthcare clinic for a minimum of two years.

The clinic also received a boost from St. Elizabeth Medical Center, Dayton, which gave a one-time $25,000 donation.

After significant efforts (e.g., demand analysis, coordination of services, and financial and budgetary analyses) and cooperation between applicable local, federal, and private agencies, the federal government awarded the clinic a $500,000 grant to expand the breadth of services it could offer. The grant doubled the clinic's budget. Now, of the clinic's $930,000 budget, substance abuse is allocated 29 percent; primary care, 24 percent; mental healthcare, 18 percent; case management, 15 percent; optometric, dental, and podiatric care, 6 percent; outreach, 6 percent; and support services, 2 percent.

Anticipated Outcomes

CHD, Good Samaritan, and Standard Register anticipate three outcomes resulting from their collaborative effort.

First, the cost of healthcare for the citizens of the community should decrease. Providing primary healthcare services for homeless persons in a clinic setting should decrease the utilization of hospital emergency rooms and the number of inpatient admissions related to delays in seeking care. In turn, this decreased utilization should lower the charity care costs that hospitals assume and shift to those who can pay. A reduction in the amount required to be shifted should decrease the amount that the citizens of the community will have to pay for healthcare in the future.

In addition, providing healthcare services to the homeless enhances the possibility of breaking the cycle of homelessness. By taking care of rudimentary healthcare concerns, homeless persons are better prepared to assume jobs or enter training programs that will equip them for productive lives.

Finally, it is critical that healthcare services for the homeless become a community focus. One entity cannot assume all the responsibility. When groups collaborate to face the issue, they share financial and human resources and realize a better approach to fulfilling a growing need.

The Power of Community Collaboration

To adequately and efficiently provide healthcare to homeless persons, communities need to develop creative solutions that distribute the responsibilities equally among hospitals and area agencies. Hospitals can be catalysts in this coalition by serving as providers of care and by identifying community entities willing to become involved. The Dayton model is not necessarily appropriate for all communities; however, it is testimony to the power of community collaboration in addressing the growing concern of how to provide healthcare for homeless persons. The community approach is an effective way to address the healthcare needs of a group of citizens that simply cannot be allowed to continue to slip through the safety net. □