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Emergency Department Use Among Vermont Homeless Families

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Emergency Department Use Among Vermont Homeless Families



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Background

Committee on Temporary Shelter (COTS) houses homeless individuals and families from the Burlington area. COTS believes that a high proportion of their residents use the Fletcher Allen Health Care Emergency Department (FAHC ED) for their health care more frequently compared to the general population. There are many other primary care services offered in the Burlington area, such as Safe Harbor Clinic, Community Health Center, and private offices, which are more appropriate for non-emergent health concerns and are readily accessible to the homeless population.

By surveying the population of homeless families in Burlington and conducting a focus group with the COTS staff, we hoped to discover the reasons for ED usage, potential barriers to primary health care, and any possible changes that could ameliorate the health care of this population.

Methods

This study was administered through COTS in Burlington, VT. It was targeted at homeless families living in the shelter, and included multiple choice and write-in questions about their use of the ED. Questions were based on background research from previous studies dealing with ED usage by homeless families, and from consulting staff from Safe Harbor Clinic, Community Health Center and COTS. The survey also allowed for multiple ED visits by multiple family members. We consulted a statistician for advice on formatting and question design. Surveys were taken to COTS and given to staff to distribute to families at the shelter during weekly required meetings. We also held focus groups with the staff at COTS to discuss perceived use of the ED by the resident families. We received 12 completed surveys in total, encompassing 35 of 70 people living at the shelter. Given the narrow target population, it was not possible to obtain a larger sample size.

Results

TABLE 1: Sample Demographics

	ADULTS	CHILDREN
Total #	17	18
% Females	64.71	72.22
Average Age	27.40	13.15
% Completed High School	88.24	N/A

TABLE 2: Healthcare-Insurance and Utilization

	ADULTS	CHILDREN
% Insured	100.00	94.44
% with PCP	82.35	94.44

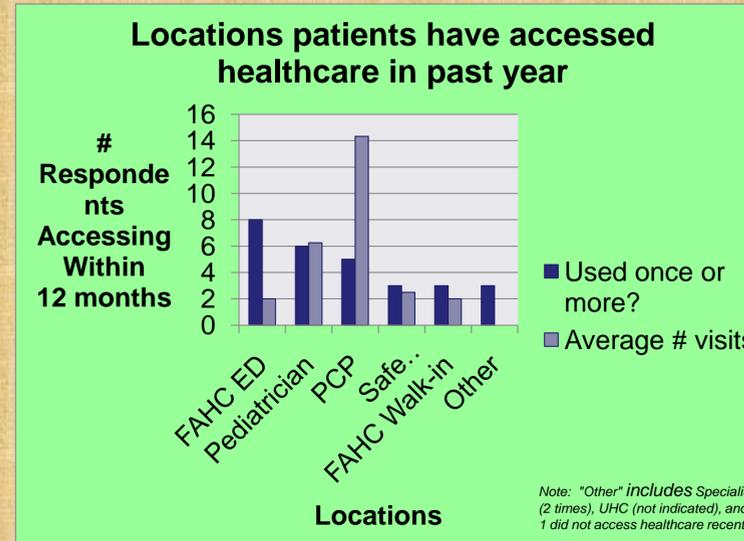


TABLE 3: ED Utilization

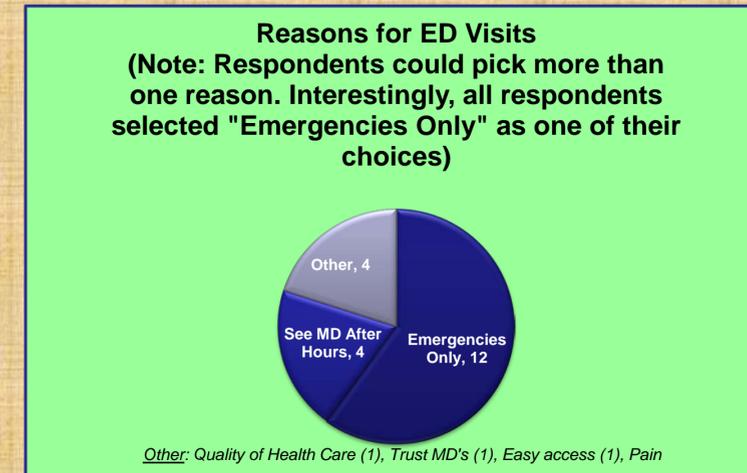
	ADULTS	CHILDREN
# Visits:	5	4
Mean Severity:	2.40	2.75
Example Reasons:	"Smashed fingers"	"Sprained leg"
	"Asthma/Breathing Problems"	"Head injury/laceration"
	"Gave birth"	"Stomach problems"

Note: Severity is on a scale of 1-5, with 1 = mild and 5 = life-threatening

TABLE 4: PCP Utilization

	ADULTS	CHILDREN
# Visits:	8	8
Mean Severity:	2	1.63
Example Reasons:	"Check-Up"	"Check-Up"
	"Flu"	"Asthma"
	"Pneumonia"	"Flu"

Note: Severity is on a scale of 1-5, with 1 = mild and 5 = life-threatening



COTS Staff Opinions: Focus Group

"It is a proximity issue... It's a lot of ease of access. Hours are restricted [at primary care clinics], appointments are limited."

"Lack of planning ahead. Most of our clients are not thinking two weeks down the road. They're thinking survivability and that's the 'now', and that's what the ED is for."

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Discussion

The results of our study shed light on the medical needs of Burlington's homeless family population. We hypothesized that the Burlington homeless population misused the ED because of multiple factors: lack of insurance, primary care, and understanding of proper ED usage. The study showed instead that most families understood that the ED was for emergencies only, had insurance, and had a primary care provider.

A theme that emerged from the focus group was the issue of proximity and transport. COTS offers bus vouchers for primary care visits whereas it offers taxi vouchers for ED visits. This may be influencing more homeless families to go to the ED, which is an issue that could be investigated further.

It is important to note that only 50% of the people residing at COTS completed the survey. A bias may also have arisen from miscommunications between the participants and the survey proctors. The survey was designed to be open-ended, and many participants did not completely fill out the write-in sections of the survey, possibly implying a flaw in the survey design.

Conclusion

Homeless families have different medical needs and behaviors than homeless individuals. They tend to have insurance, a primary care provider, and have medical needs focusing on their dependents. Misuse of the ED by homeless families may be a misconception. However, possible misuse could be due to proximity issues or voucher incentives. Homeless families seem to understand the proper use of the ED, and qualitatively, use the ED only for emergencies.

References

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