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Accessing Healthcare in the Era COVID-19 for Youth Experiencing Homelessness

Ray Mak



Community Mentor: Rebecca Adamson from New Beginnings
Family Medicine Rotation Aug-Sept 2020
Lewiston, Maine



Problem Identification

Youth in Androscoggin County

- Youth have been identified as a priority population in Androscoggin County ¹
- Specific concerns include mental health, substance use, access to low-cost and anonymous healthcare without parental permission
- Homelessness exacerbates these problems
- New Beginnings in Lewiston, Maine provides emergency services and connects runaway and homeless youth to resources

Youth Experiencing Homelessness

- Difficult family situations and a history of trauma are significant contributors to youth homelessness ²
- Higher rates of learning disabilities, illiteracy, poor academic achievement
- Lack of education and health literacy exacerbate health outcomes
- COVID-19 pandemic increasing need for healthcare and increasing confusion over health misinformation

Public Health Costs

- People experiencing homelessness are more likely to utilize the emergency department (ED) for reasons including ³:
 - Lack of PCP
 - Greater disease burden
 - Lack of health literacy
 - ED as a source of shelter and food, oftentimes in the winter
 - Existence of programs that subsidize ED visits for uninsured and low-income folks
- Cost of maintaining a person living on the street or in a shelter ranges from \$35,000-\$150,000 per person, including healthcare and law enforcement expenditure ⁴
- It costs only \$13,000 to \$25,000 annually to create a trajectory out of chronic homelessness and into permanent supportive housing
- Increasing housing stability and ending homelessness will help reduce health system costs

Community Perspective

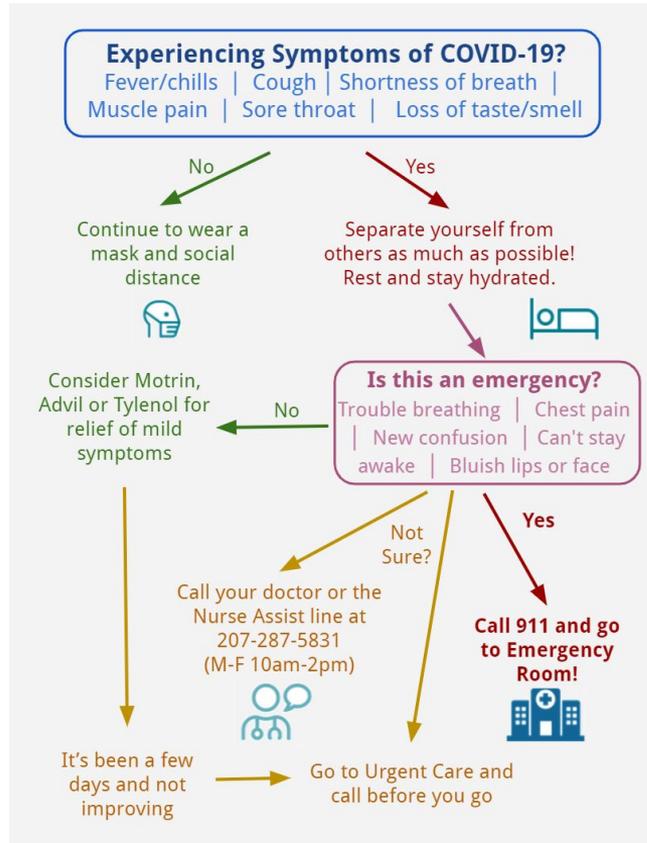
“From working with homeless youth at New Beginnings Free Clinic for the past 4 years, I have seen that many do not have the health care literacy or skills to take care of minor medical problems at home, leading them to seek care for aches, abrasions, blisters, and sprains in the ER. They often have a poor understanding of any chronic health conditions they have and difficulty accessing treatment, and often present with exacerbations of these conditions as well. Many of the New Beginnings youth prefer our free clinic as it is in an environment they are familiar with (the Drop-In center) and with dedicated staff who have demonstrated a willingness to listen and consistency in being there for them. When our clinic is not available to them, most prefer the ER as they have identified it as a source of same day, accessible health care and/or cannot be scheduled at their provider's office due to payment or attendance issues in the past. Many report that the care they receive in the ER is impersonal and feel as though they are being judged for being homeless, for "over-using" the system, for having substance use disorders, and for their perceived gender, gender identity, or sexual orientations. Increased health literacy through tailored education and social support as well as more trauma-informed services in traditional medical practices are both vital components to better health outcomes and healthcare resource utilization for homeless youth. “

-Rebecca Adamson, Case Manager at New Beginnings

Intervention and Methodology

- Collaborate with staff from New Beginnings
- Create handout on logistics of obtaining COVID-19-related healthcare and testing to increase awareness of resources and avoid excessive healthcare costs
- Includes:
 - When and where to seek testing and treatment for COVID-19, including when to stay at home vs go to urgent care vs go to the emergency department
 - Information on financial assistance for healthcare
 - Resources for obtaining insurance
 - Transportation routes to testing sites and local clinics

Results⁵



Urgent Care and Emergency Rooms for COVID-19 Testing/Treatment in Lewiston/Auburn Area

Urgent Care visits are often less expensive and have shorter wait times than the Emergency Room.

Urgent Care clinics can provide same-day care for cuts, sprains, strains, fever, and illnesses.

Reserve the Emergency Room for life-threatening conditions.

Most people with COVID-19 do not need to go to the Emergency Room.

Call the Urgent Care or Emergency Room ahead of time to let them know that you are coming if you have symptoms of COVID-19.

Ask your case manager about Free Care if you have concerns about ability to pay!

St Mary's Urgent Care
 791 Turner St, Auburn, ME 04210
 (207) 330-3900
 Open every day 8AM – 8PM
 No insurance: \$66 for office visit*
 COVID-19 test covered by state
 Accept MaineCare, Free Care available

Central Maine Medical Center Emergency Room
 300 Main St, Lewiston, ME 04240
 (207) 795-2200
 Open 24/7
 No insurance: \$119-379 for visit depending on level of care*
 Accept MaineCare, Free Care available

Maine Urgent Care
 685 Sabattus St, Lewiston, ME 04240
 (207) 795-5050
 Open every day 8AM-8PM
 No insurance: \$157 for office visit only*
 \$110 for COVID-19 test
 Accept MaineCare, Free Care NOT available

St Mary's Emergency Room
 91 Campus Ave, Lewiston, ME 04240
 (207) 777-8100
 Open 24/7
 No insurance: \$177-\$1,541 for visit depending on level of care*
 Accept MaineCare, Free Care available

Scan me for bus routes and times or use Google Maps

*Listed cost is only to be seen by a provider and does not include the cost of any lab work, procedures, or medications

Limitations and Evaluation

- Handout was only specific for COVID-19 testing and treatment
- Future projects can broaden this information to a wider range of common problems for which at-risk youth tend to seek emergency services for
- Language and details were simplified to ensure understanding of material for a population with high rates of learning disability and illiteracy
- Feels difficult and inappropriate to tell a population of youth experiencing homelessness to stay at home if they feel sick
- A proposed method of evaluating effectiveness would be to administer a survey to target audience to gauge helpfulness and gather feedback for improvement
- The proposed survey would also include questions that determined if handout information has influenced decision-making and if the target audience sought other, lower-costing, avenues of care when they would have otherwise gone to the emergency department

Future Recommendations

- Gather more qualitative data on healthcare utilization in the Lewiston/Auburn area for at-risk youth including urgent care and emergency department visits
- Interview at-risk youth and compile first-hand perspective on how providers can create a safe space and better support them with trauma-informed care
- Start a series of workshops to improve health literacy for youth at New Beginnings
- Assess health literacy of at-risk youth through more quantitative and qualitative measures such as the Single Item Literacy Screener (SILS)⁶ and/or Test of Functional Health Literacy in Adults (TOFHLA)⁷

References

1. Androscoggin County 2019 Maine Shared Community Health Needs Assessment Report. <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/county-reports/2019/Androscoggin-Report-Web.pdf>
2. Kulik DM, Gaetz S, Crowe C, Ford-Jones EL. Homeless youth's overwhelming health burden: A review of the literature. *Paediatr Child Health*. 2011;16(6):e43-e47. <https://doi.org/10.1093/pch/16.6.e43>
3. Housing and Homelessness as a Public Health Issue. American Public Health Association. (2017) <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue>
4. Henwood, B. F., Wenzel, S., Mangano, P. F., Hombs, M., Padgett, D., Byrne, T., ... Uretsky, M. (2015). The grand challenge of ending homelessness (Grand Challenges for Social Work Initiative Working Paper No. 9). Cleveland, OH: American Academy of Social Work and Social Welfare. <https://aaswsw.org/wp-content/uploads/2015/12/WP9-with-cover.pdf>
5. What to Do If You Are Sick. (2020).Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
6. Morris, N.S., MacLean, C.D., Chew, L.D. *et al*. The Single Item Literacy Screener: Evaluation of a brief instrument to identify limited reading ability. *BMC Fam Pract* 7, 21 (2006). <https://doi.org/10.1186/1471-2296-7-21>
7. Parker RM, Baker DW, Williams MV, Nurss JR. The test of functional health literacy in adults: a new instrument for measuring patients' literacy skills. *J Gen Intern Med*. 1995;10(10):537-541. <https://doi.org/10.1007/BF02640361>