

Assessment of Barriers Leading to Underutilization of Queensgate Shelterhouse Clinic

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Introduction

Importance: Homeless populations are predisposed to a number of health conditions and often face barriers to accessing healthcare including; severe chronic mental illness (29% of Cincinnati's homeless population [1]), physical disability, lack of reliable transportation, and higher rates of physical illness, mental illness, substance abuse, and early mortality [2,3].

Objective: 70% of reported homeless individuals in Cincinnati are served at Shelterhouse, a low-barrier male homeless shelter located in Queensgate, Cincinnati [1]. Shelterhouse offers its residents a free primary clinic that is anecdotally underutilized. Our project aimed to obtain a more complete understanding of the barriers associated with accessing healthcare from the clinic.

Participants: The primary study participants were the residents at the Queensgate Shelterhouse, who are experiencing temporary or chronic homelessness.

Community Impact: An additional target of the project was to educate Shelterhouse residents of the appropriate utilization and services provided by the clinic, EMS and primary care options in the area.

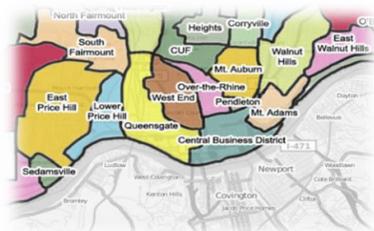


Figure 1. The Greater Cincinnati area served by Queensgate Shelterhouse.

Methods

Assessment

Surveys were administered to gather data on the perceptions and experiences of various Shelterhouse stakeholders with respect to the local clinic. We developed two different surveys, one distributed to Shelterhouse employees and the other distributed to 51 Shelterhouse residents. The surveys consisted of a variety of types of questions including open-ended, yes/no, and Linkert rating scale questions that focused on the usage and experiences with the clinic as well as other healthcare services. Questions were formulated based on eight major factors that largely affect the overall access to healthcare amongst the homeless population (Figure 2). The questions asked to the Shelterhouse employees focused on perceptions of residents' usage of the clinic and the clinic staff. Using the information collected from the surveys, the main concerns of the Shelterhouse residents were determined.

Methods cont'd

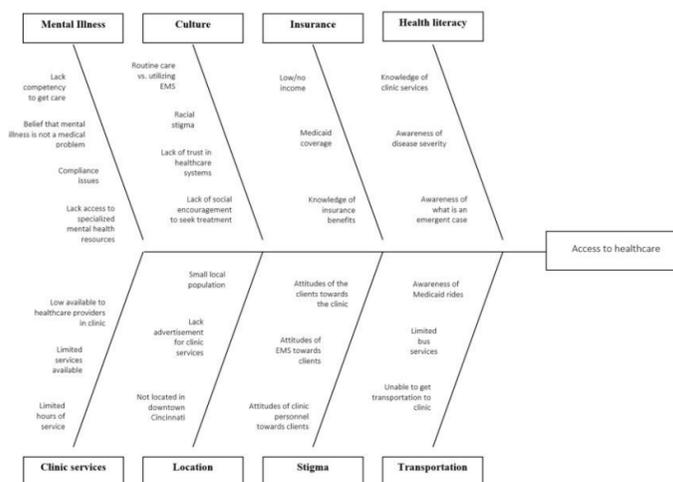


Figure 2. Factors that affect the overall access to healthcare amongst homeless populations.

Implementation

A "Health Education" dinner at Queensgate Shelterhouse aimed to educate residents on the services provided by the clinic and when it is appropriate to contact emergency services or utilize the clinic or primary care options in the area. We produced and distributed informational pamphlets to sixty-seven residents while we discussed over dinner some of the many barriers initially identified in our survey.



Results

- All clients interviewed were male, 17.7% were 22-30 years old, 33.3% were 31-50 years old, and 49% were 51-65+ years old. 56.9% of respondents identified as African American.
- Responses to the duration of homelessness ranged from 4 days to 19 years. Overall, over 90% of those surveyed indicated that they were aware of the free clinic available at Shelterhouse.
- 57% of those who were surveyed had utilized the free clinic at least one time. Of those who had used the clinic, 52% strongly agreed they had a positive experience at the clinic (4/4). 62% strongly agreed they were treated with respect by the office staff (4/4) and 61% strongly agreed that the clinic medical staff treated them with respect (4/4).
- On our survey, the majority of clients reported that they do not prefer to utilize the clinic over other healthcare options (63% reported either 1 or 2 out of 4 for the statement "I prefer the clinic over alternative healthcare options"). When speaking to the residents, many stated that they would prefer their own doctor to having to use the free clinic.

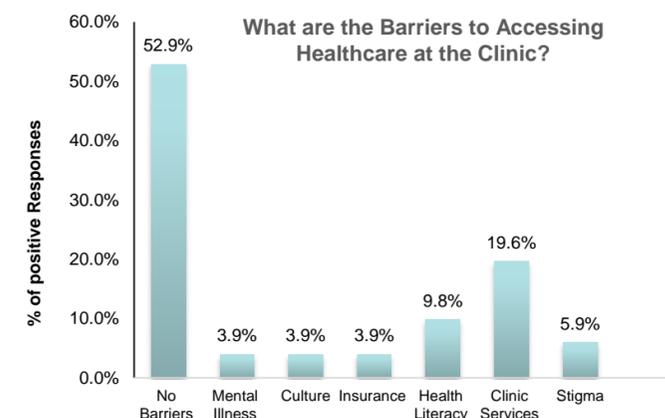


Figure 3. Barriers to accessing healthcare at the clinic, as reported by Shelterhouse residents through survey data collection.

Discussion

- Our results did not indicate any significant concerns in the functioning of the clinic.
- The most commonly reported reason for underutilization of the Shelterhouse clinic was the lack of necessity and the limitations of clinic services.
- Since the population of Shelterhouse is transient, it requires repeated education on healthcare services in order to have long-term effectiveness. We are working to collaborate with the Initiative on Poverty Justice & Health to continue monthly education programs.

Future Directions

Moving forward, our goal is to create a follow up survey in order to identify if the educational programs are in fact creating better relationships with the clinic and increasing the education surrounding it. As Shelterhouse Clinic is a free primary care facility available to residents the Greater Cincinnati community, we would also like to assess the barriers to the underutilization of the clinic by non-Shelterhouse residents.

Acknowledgements & References

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