

Background

Homeless Individuals:

- Barriers and fragmented access to healthcare services
- Disproportionate burden
 - Acute and chronic conditions, premature mortality, use of unscheduled care/emergency department/hospitalizations
- Primary care access and utilization
 - Prevents/manages acute and chronic conditions, decreases reporting of unmet health need, decreases mortality
- Potential barriers
 - Competing priorities/insufficient resources, difficulty meeting subsistence needs, perceptions of discriminatory treatment, perceived stigma and trust issues

Changing Context of Healthcare in the United States:

- Patient Protection & Affordable Care Act (ACA):
 - 1) Increase number of insured
 - 2) Improve quality of care
 - 3) Reduce costs of healthcare

Literature Gap

- Perceptions of access to care of homeless-experienced individuals
- Impact of perceptions on primary care use among homeless-experienced individuals

Purpose

- To explore the perceived facilitators and barriers to having a regular source of primary care services among homeless-experienced individuals within the post-ACA United States in a Medicaid expansion state.



ACKNOWLEDGEMENTS: Golden Lamp Society Kellogg Scholarship, Jonas Center for Nursing and Veterans Healthcare, Heartland Alliance Health, Rush University College of Nursing.



Methods

Design

- Directed Qualitative Content Analysis

Participants

Inclusion Criteria:

- Patient at integrated health service clinic
- ≥ 18 years of age
- Able to communicate in English language
- Decisional capacity to consent to participation-UBACC (Jeste et al., 2007)

Setting/Recruitment/Population

- Integrated health service clinic in Chicago, Illinois, United States
- Homeless-experienced adults present for primary care appointments

Data Collection

Interview Script:

- 1)What kind of problems do you go see a primary care provider for?
- 2)Where do you go when you need to see a primary care provider?
- 3)Why do you go to this place to see a primary care provider?
- 4)What is it like when you go to see a primary care provider? Tell me about your experiences.
- 5)Do you have a medical card? If so, when did you get it? What does the medical card mean for you?

Data Analysis

- Transcribed audio-recording
 - Reviewed for accuracy
- Developed initial codebook
 - Directive Content Analysis Approach
 - Relevant research as a guide for initial code
 - Established/confirmed coding scheme
 - Discrepancies resolved within a triad
 - Final coding scheme applied independently
- Second reviewer Independently coding of a random sample of 25% of the data (5 transcripts)
- Initial reviewer verified code-recode agreement by re-coding 25% of the data (5 transcripts)
- Dedoose™ qualitative cross-platform application



Results

Demographics	n=20	(%)
Gender		
Male	13	65
Female	7	35
Race/ Ethnicity		
African American/ Black	14	70
Caucasian/ White	4	20
Latino/ Hispanic	1	5
Middle Eastern	1	5
Continuous Patient		
Use of care > 1 instance	19	95
Medicaid		
Medicaid enrollee	18	90

- Majority of participants:
 - Male
 - African American/ Black
 - Medicaid enrollees
 - Continuous Patients

- Purposive sample of city-wide homeless demographics

Facilitators

- **Sense of Community:** *“Even when I don’t have an appointment sometimes, to tell you the truth, I just come-up here and sit in the lobby, listening and talking to people”* (P19).
- **Mutual Participant-Provider Respect:** *“[T]hey treat me, you know, with the kind of respect that I feel like anybody deserves to be treated with”* (P15).
- **Financial Assurance:** *“[O]ne thing about them over here at [this clinic]...when you give your card, that’s it, they don’t ask you for no, nothing else”* (P13).
- **Integrated Health Services:** *“They just have a lot of resources...if you depressed, sufferin’ from mental illness, like me, they got some of the best psychiatrists, and therapists. Nutritionists... Ain’t nowhere else you need to go”* (P19).
- **Participant Care Teams:** *“I do have a substance problem, and I talk to my primary care physician, slash counselor, slash friend, and I have another therapist here that I talk to...we have about six, seven people that’s helpin’ us now”* (P4).

Barriers

- **Feeling Unwelcoming or Misunderstood:** *“I haven’t had a regular doctor in years—ten years... ‘cause they just don’t understand me”* (P14).
- **Feeling Judged and Disrespected:** *“Just ‘cause a person has a drug addiction, not to...treat ‘em like they’re some...animal...ideally I would want everyone to be seen and taken serious and not just brushed off”* (P2).
- **Lack of Health Insurance:** *“[I]was getting’ turned away because I didn’t have any medical insurance. I didn’t even realize I was qualified for Medicaid”* (P2).
- **Receiving Care from Multiple Care Sites:** *“o I’d have to take...a bus to the train, take the train, transfer to another train, then transfer to another bus. It’d take me two hours to get there and two hours to get back”* (P14).

Limitations

- One clinic site in an urban area

Conclusions

- When making healthcare changes, consider perspectives of homeless-experiences individuals who are linked with primary care

Future Directions:

- Explore access and use of healthcare among homeless-experienced individuals who are not linked with a regular source of primary care
 - e.g. Mobile clinics or outreach pop-up clinics, short-term shelters, or meal centers
- Clinical perspectives on facilitators and barriers to a regular source of primary care