

Know Your Resources

Kentucky Public Health Leadership Institute Scholars:

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EXECUTIVE SUMMARY:

Representatives of the Kentucky Department of Corrections, Northern Kentucky Independent District Health Department and the Kentucky Department for Public Health joined together to empower individuals that are homeless in the Metro Louisville area. The goal is to provide healthcare resources to enable individuals that are homeless the opportunity to seek and access resources to ensure they maintain a healthy lifestyle.

Many individuals that are homeless become homeless due to health issues, including lack of affordable health care, mental illness and addiction issues. “For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction. One in three Americans, or 86.7 million people, is uninsured.”¹

In Louisville it is common for individuals that are homeless to seek healthcare in the city’s emergency rooms, for issues ranging from a true emergency like a heart attack to a minor concern like a sore throat. For some individuals, they even seek shelter at the emergency room during bad weather. After interviewing some of Louisville’s public health officials and service providers, we learned that emergency rooms in the city are inundated with individuals that are homeless that do not really need emergency care. We plan to inform Louisville’s homeless population of their options for free healthcare services within the city, and how they can utilize these services to maintain a healthy lifestyle. It is our hope that this project will alleviate the impact individuals that are homeless have on the number of unnecessary emergency room visits.

INTRODUCTION/BACKGROUND:

After attending the KPHLI graduation last year, our team was inspired by the *Inside Outside, Outside Inside: It’s Reversible* team’s project; which focused on educating inmates about healthcare resources and continuity of care after release. Since we found that many people who are homeless were previously inmates, our group decided to develop this idea further for inmates returning to the Louisville area that may be homeless. These individuals need to be aware of the healthcare resources in the area like any other community member. Therefore we chose an urban environment with many healthcare resources and a large homeless population to carry out our project.

The driving motivation behind this project is to improve the health of the homeless through healthcare education and outreach. After meeting with various stakeholders and our mentor we decided to produce a video and pamphlet, identifying the free healthcare clinics in Louisville and the necessary steps an individual must take to gain access to their services. We plan to disperse our information media kit to emergency rooms and homeless shelters within the city.

Problem Statement:

Focusing Question: Why are Louisville's emergency rooms being flooded by individuals that are homeless when there are 12 readily accessible free clinics within city limits?

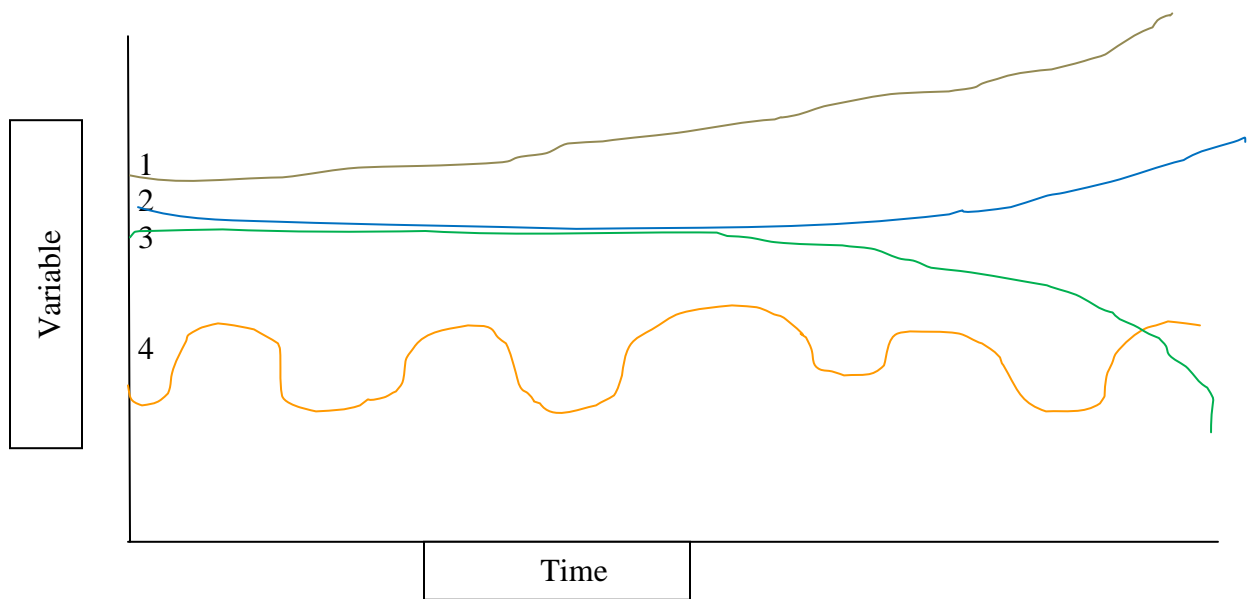
Upon speaking with several stakeholders, we discovered that emergency rooms in Louisville are being used as temporary shelters for some individuals that are homeless. One interview indicated that some individuals have discovered that if they go to the E.R. with certain symptoms they will be given a sack lunch and an observation room for several hours; and sometimes overnight. Additionally, some individuals also choose to do this when the shelters are full or when the individual has been turned down for shelter residence. A recent study has shown that "in 2004-2005 people with mental illness who frequented emergency shelters used \$107,000 in public and other services. The amount was \$109,000 for those in transitional housing." ²

In order to get into one of Louisville's shelters, a person must have a state issued I.D. card and a recent tuberculosis test; this is a standard for all of the city's shelters. To get an appointment with certain free clinics, an individual that is homeless must present their shelter residence papers to the clinic staff. In many cases, these obstacles are too challenging to overcome for free healthcare services for an individual that is homeless.

We assume that some in the homeless population are aware of these requirements, but the recently homeless or those new to the area are unaware of how to access these services. In many cases, they will not know how to secure a state issued I.D., a tuberculosis test, shelter residence papers or where to access healthcare services.

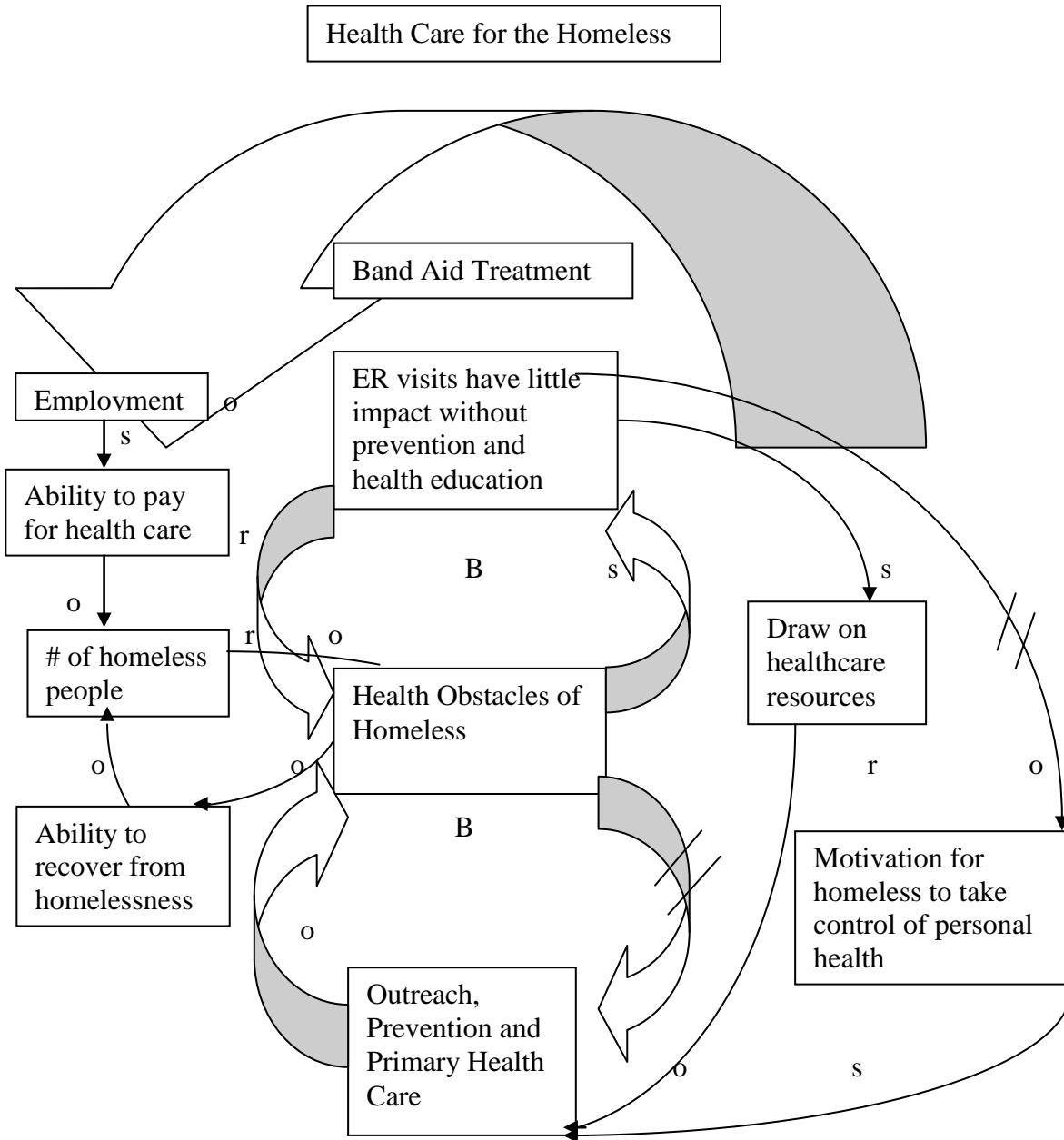
With these additional considerations for individuals that are homeless, we thought it would be important to create and deploy a media kit to overnight shelters, day shelters, public libraries and emergency rooms to enable these organizations to conduct health outreach and education with the materials.

Behavior Over Time Graph:



- Brown (Line 1) = Homeless population
- Blue (Line 2) = Available Resources
- Green (Line 3) = Economy
- Orange (Line 4) = Seasonal disease (ex. Flu virus)

Causal Loop Diagram:



10 Essential Public Health Services/National Goals Supported:

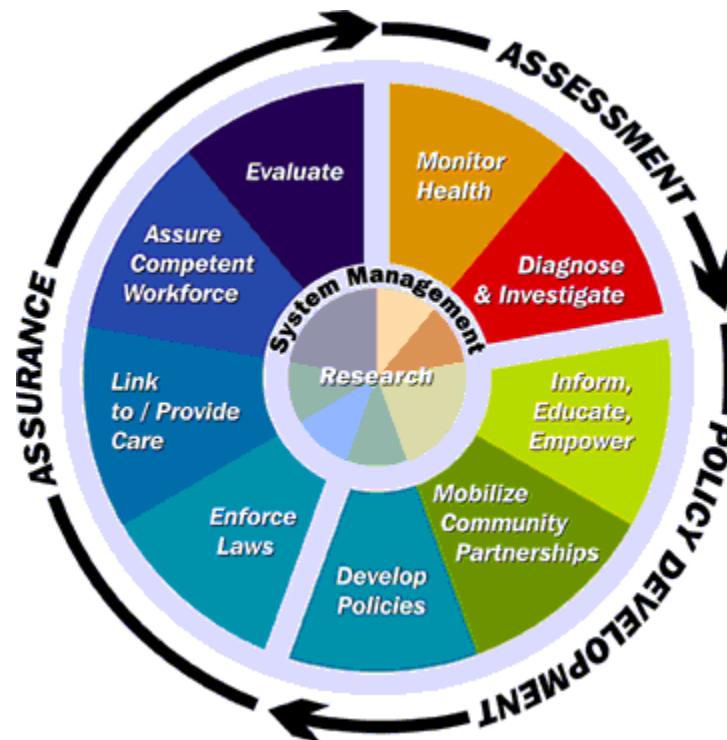


Figure 1: 10 Essential Services and Core Functions of Public Health³

Essential Health Service # 3:

Inform, Educate and Empower People about Health Issues

Individuals that are homeless may not be aware of the process for seeking free healthcare services in the Louisville area. The outreach efforts and media kit will assist Louisville shelters, public libraries and emergency rooms inform individuals about healthcare resources and the process to access services.

Essential Health Service # 4:

Mobilize Community Partnerships and Actions to Identify and Solve Health Problems

Through our partnership with Louisville’s Family Health Center services, particularly the Phoenix Health Center, we have identified significant challenges for individuals seeking care. The Phoenix Health Center staff assisted us in identifying the problems related to the community’s dependence on the emergency room to address minor health issues. Additionally, we clearly identified the obstacles that individuals that are homeless face in accessing healthcare from the area’s free clinics. We believe that the first step to addressing this problem is to conduct outreach and education to ensure Louisville’s homeless population is aware of free healthcare services.

Essential Health Service #5:

Develop policies and plans that support individual and community health efforts

It is our plan that the media kit which we produce and strategically deploy will link Louisville's homeless population to available healthcare services.

Essential Health Service # 7

Link People to Needed Personal Health Services

It is our plan that the media kit which we produce and strategically deploy will link Louisville's homeless population to available healthcare services.

National Performance Standard

Encourage and leverage national, state and local partnerships to build a stronger foundation for public health preparedness.

Through our partnership with Louisville's Family Health Center services, particularly the Phoenix Health Center, we seek to leverage their federally funded services with state and local resources. This partnership at all levels of government will support increased resources for the homeless population in the area.

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

- Connect individuals that are homeless with available healthcare resources
- Create and deploy a media kit for shelters, public libraries and emergency rooms
- Media kit includes educational/informational video and resource pamphlet
- Address the common obstacles that must be overcome by individuals that are homeless in seeking healthcare services
- Success will be measured through reduced non-emergency emergency room visits, increased use of the free healthcare services, positive feedback from key stakeholders

METHODOLOGY:

The group attempted to model our project after the "How Healthy Can You Go" video from the 2009-2010 KPHLI Scholars Alicia Bloyd, Cynthia Gray and Tanya Young, winners of the 2010 Balderson Award. Their video focused on continuity of healthcare services for returning offenders. We chose to create a similar video for individuals that are homeless, informing them about the process to access healthcare resources.

The process began through research to determine the greatest challenge individuals that are homeless face. The National Coalition for the Homeless confirmed our assumptions that expensive healthcare costs are perpetuating a vicious cycle of homelessness for much of the homeless population.³We also researched the obstacles in finding free or low cost healthcare services as a homeless person.

The identified challenges led to discussions with key stakeholders and development of our causal loop diagram. The diagram began to take form as a “shifting the burden” diagram; we were then able to pinpoint key factors in a vicious cycle of expensive healthcare costs and the impact of homelessness.

Louisville, KY was soon identified as a specific city where an ongoing cycle of recurrent non-emergency emergency room visits occur. Our group was then able to work with the stakeholders to determine what gaps we could address to reduce the expensive use of emergency room care by the homeless.

Through the help of Phoenix Health Care, cooperating shelters, public libraries and emergency rooms, information about Louisville’s free healthcare services and steps to access them were distributed.

RESULTS:

An informative video concerning Louisville’s free healthcare resources and steps to access them was created, as well as a complementary pamphlet. The media kit was strategically distributed in Louisville to shelters, public libraries and emergency rooms. These facilities now have a tool to use in healthcare outreach and education with this population.

CONCLUSIONS:

The plight of the homeless may seem hopeless to those individuals who find themselves living on the streets. For many, they fell into homelessness because they became unhealthy, in some form or fashion, and were unable to work and pay their bills. Our outreach efforts may be a very small step, but it is progress in helping these individuals access the resources that they need to get “back up on their feet” again.

The expectations of our project are to help the homeless population of Louisville move efficiently through the process of accessing free healthcare clinics. Many do not know where to begin, and it is our hope that the project’s health resource media kit will make a positive impact for Louisville’s homeless population.

We would like to see a future KPHLI team use our work as a stepping stone to create a project that will inform the homeless population in rural Kentucky of free healthcare providers and shelters in their area.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Brigid Adams Morgan

The feedback instruments utilized through the KPHLI process provided significant insight into how my colleagues viewed my role in projects within my agency. KPHLI also made the need to establish additional partnerships between the Department of Corrections and public health agencies to address offender reentry services. Working on our change master project and developing plans to address some gaps in the public health system for vulnerable populations has been an eye opening experience.

Roni Grigsby

KPHLI has given me the chance to evaluate my leadership skills and to afford the opportunity to develop them further. I have learned quite a bit about systems thinking and how it can be beneficial in some areas of my career. Also I enjoyed the opportunity to network and meet colleagues in the public health field that I may not have met otherwise.

Sarah Reeves

When I started this year in KPHLI, I did not know what to expect. I am not a titled leader in my agency so I was very unsure if there would be any benefits for me or my agency in participating in this program. Now that the year is over, I can look back and say that there have definitely been benefits for my agency and myself as well. Over this past year I have been able to examine both my weaknesses and my strengths and grow/learn from that. I have learned new ways to deal with challenges and I have been able to broaden my skills as a team player.

I've enjoyed my time in KPHLI working with my team as well as meeting many new people that I would not have met otherwise. The project has been a much more of a challenge than I expected and our project has opened my eyes to see that change takes time even though the change needs to happen now. I have learned that our project may not give us the result that we want right away but it will eventually and it can give future KPHLI teams a stepping stone to build off of. To me that is a great thing.

I am now aware that people view me as a leader even though I do not have the title to go with it. KPHLI has shown me that I don't need that "title" to be a great leader, just the drive to change things for the better.

REFERENCES

1. National Coalition for the Homeless Web site.
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