

# Healthcare in Our Community:

## Bridging the Gap in Outpatient Medical Care for Individuals Experiencing Homelessness

Shelterhouse  
Learning Community 14

# Presentation Outline

- Background
- Our social determinants of health and their impact on Cincinnati
- Historical data and community perspectives
- Our proposal
- Project objectives and rationale
- Conclusion and request for support

# Background

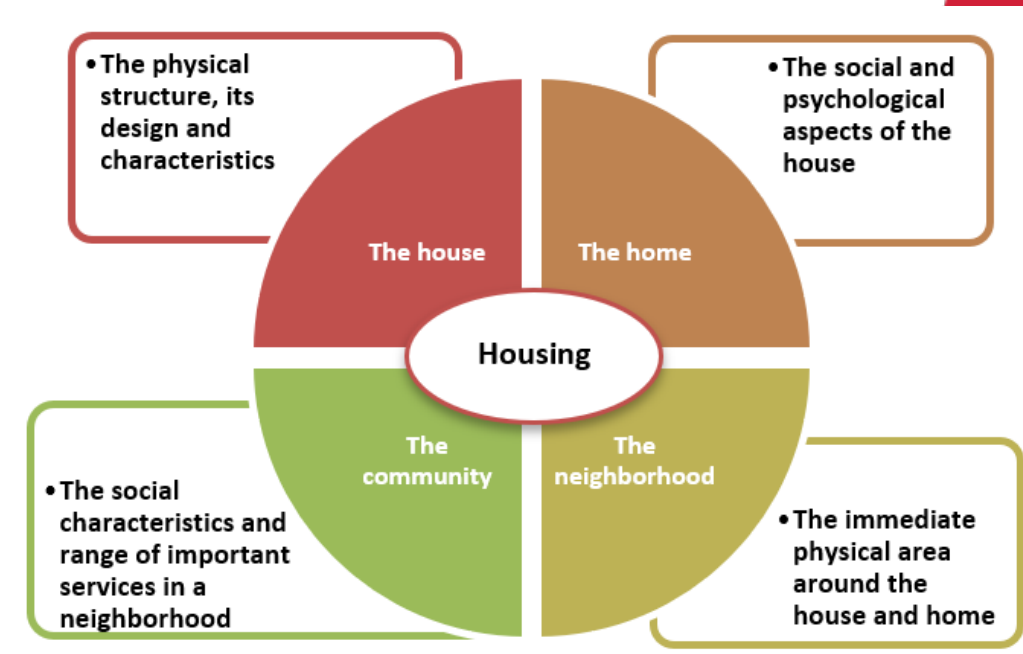
- Organizations like Shelterhouse that serve the unhoused populations of Cincinnati are not trained to provide medical care for clients
  - Creates gap in care for individuals with chronic medical conditions and those being discharged from inpatient care
- Currently one shelter option in Cincinnati for those who require medical care → **Center for Respite Care**
  - High barrier to access (need doctor referral, ability to climb stairs)
  - Long wait times
  - Not a long-term solution
- Trend of hospitals partnering with community organizations to provide necessary respite care for unhoused individuals

# Historical Data and Community Perspectives

- Unhoused populations face **higher rates of emergency department visits, hospitalizations, and readmissions**, along with **less access to primary care** (Gilmer & Buccieri 2020; Fazel et al. 2014)
- **Chronic illnesses** contribute to a **3-4-fold higher mortality rate among people experiencing homelessness** compared to the general population (Zerger et al. 2009)
- Traditional shelters for the unhoused lack the infrastructure to manage the health conditions of their patrons
  - **Even the best shelters in our region require self-sufficiency in terms of personal health management and hygiene**
    - Many patrons are not equipped to manage their own healthcare, especially as an aging population
- Previous studies show that medical respite programs significantly reduce hospital readmissions and inpatient days while improving housing outcomes (Buchanan et al. 2006; Doran et al. 2013)

# Motivation

- **Housing** as a social determinant of health
  - Provides 4 key elements:
    - The house
    - The home
    - The community
    - The neighborhood
  - All four allow for the fostering of healthy people, both mentally and physically
  - Without housing, individuals face worse health outcomes
    - Gap formed by loss of physical house needs to be filled through strengthening of other pillars



# Motivation

- **Healthcare Access and Quality** as a social determinant of health
  - Lack of leads to:
    - Decrease in follow up and outpatient care
    - Preventative care and screenings
    - Increased risk of incidence and poor control of chronic diseases
  - Often due to other underlying issue that needs addressed
    - Lack of transportation
    - Lack of affordable options
    - Lack of health literacy to navigate the space
    - Implicit biases and racial/ethnic disparities
  - Promoting equity in the healthcare scene can foster an environment of healing and well-being





# Our Proposal

- The city of Cincinnati has proposed a **\$5.5 million plan** to purchase a collections facility from the Cincinnati Museum Center and convert it into a **day shelter for the unhoused**
  - This plan has met backlash from community shelters, who argue that enhancing the hours/services of existing organizations would better serve community's needs; ***we stand with these experts on the subject***
- We propose that, if the money will not be rerouted to existing organizations, the city **partner with an organization that is experienced in providing respite care to the homeless** and use a portion of their budget to offer medical services through the day shelter



# Project Objectives

- Address **lack of respite care** availability for individuals experiencing homelessness by augmenting existing plans for a city-owned homeless shelter to **include a respite care component**
- Improve **post-hospitalization** health outcomes for the unhoused population
- **Reduce** readmission rates and length of hospital stay for unhoused patients



# Why This Can Work

- Potential for financial support through a **Medicaid Home & Community-Based Services waiver (HCBS 1915(c))**
  - Requirements:
    - Demonstrate that providing waiver services through the shelter won't cost more than providing these services in an institution
    - Ensure the protection of people's health and welfare
    - Provide adequate and reasonable provider standards to meet the needs of the target population
    - Ensure that services follow an individualized and person-centered plan of care
- **Center for Respite Care** serves as a **successful model** of the care structure we envision
- **Abundance of experienced potential partners in the region** (NeighborHub Health, Center for Respite Care, UC Health and other medical centers)

# Concluding Thoughts

- Combatting health inequality among the unhoused population in Cincinnati is a multifaceted challenge
- **The best way to tackle a multifaceted challenge is to consult experts in the field** (in this case, existing shelters trying to support patrons with both acute and chronic medical conditions)
- **These shelters are telling us that the city's proposed budget for this new day shelter would be better spent augmenting their existing services**
- **If this approach is not feasible**, the next best solution is to **answer their call for expansion of respite care services for unhoused individuals**, especially those who cannot independently manage their healthcare outside of the inpatient setting

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