Public Health Briefs

Health Status and Access to Health Services among the Urban Homeless

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Abstract: Self-reported health status and access to care were reported for 238 homeless adults in Los Angeles. One-third reported their health as fair or poor; women reported more health problems than men. Half (53 per cent) of the sample reported no regular source of care, and most (81 per cent) were without health insurance. Lack of financial resources and health insurance were reported as important barriers to care. (*Am J Public Health* 1986; 76:561–563.)

Introduction

The number of homeless people in the United States has increased dramatically over the past few years. Current estimates range from 250,000 to 3 million persons.[1,2] In 1984, a federal report estimated that about 33,000 people in Los Angeles County were homeless on a given night.[1]

Recent studies on the health status of homeless persons report that being without a home is associated with excess morbidity and mortality;[3,4] may increase the risk of communicable diseases,[5,6] injuries,[6] hypothermia,[7] and malnutrition;[8] and may exacerbate existing conditions.[3,4] Moreover, the homeless may have special problems with access to the health care system because of their poverty and unemployment.[9,10]

However, access to health services for the homeless has not been adequately studied. This paper reports data on perceived health status, use of medical care services, and perceived barriers to care for a sample of urban homeless adults.

Methods

A homeless person was defined as one who had no stable residence; i.e. a place where one could both sleep and receive mail.* A non-probability sample of 238 homeless adults was interviewed between December 1983, and May 1984. About three-fourths (73 per cent) were sampled from the Skid Row area in the central city of Los Angeles, and the remainder were sampled from a coastal community in the county.

About three-fourths (73 per cent) were systematically sampled from three "lunch lines." The remainder were drawn from a census of two shelters and one parking lot. Otherwise the two samples did not differ when they were compared on five sociodemographic and 16 health variables. Only 7 per cent of the systematic sample were women; therefore women were oversampled in the non-systematic group. The two were combined into a larger sample.

The overall response rate for the study was 63 per cent. There were no differences in the observable characteristics of those who agreed to be interviewed and those who refused when compared on gender, race, estimated age, appearance, and behavior.

Respondents were interviewed with the Basic Shelter Inventory (BSI),[11] an in-depth structured interview which probes history of homelessness, demographic characteristics, health status, health problems, access to health care, and utilization.

Results

General Characteristics

The average age of the respondents was 37, with two-thirds being under age 40. Half of the sample was white, and two-thirds had completed high school. Three-fourths were male, and half the males were veterans. Two-thirds of the sample had been homeless less than 12 months. Most had limited or no income, although a majority were currently employed or had been in the last year (Table 1).

The homeless population was similar to the Los Angeles County adult population when compared on education level, proportion of Whites to non-Whites, and percentage born in the county. In contrast, the homeless sample was younger and included more males. Blacks and Native Americans, and those who had never been married.[11]

Health Status and Access to Health Care

While a majority of the respondents rated their overall health as either good or excellent, 34 per cent rated their health as fair or poor. Lower perceived health was reported by women (48 per cent), non-high school graduates (43 per cent), and those unemployed more than one year (42 per cent). Twenty-one per cent reported a disability that kept them from working and/or going to school.

Less than half of the sample (47 per cent) named a particular person or place to go for medical care. Few (13 per cent) reported having a particular doctor at a regular source of care. Of those who did have a usual source of care, free clinics (35 per cent), county hospital emergency rooms (23 per cent), and the Veterans Hospital (15 per cent) were most frequently cited. Lack of need (39 per cent) and expense or lack of insurance (24 per cent) were the most frequently cited reasons for not having a regular source of care.

Most respondents (81 per cent) reported having no health insurance coverage of any kind; 7 per cent had Medicaid, 4 per cent had Medicare. 5 per cent had private health insurance, and 2 per cent had veterans benefits. In Los Angeles, recipients of County General Assistance are entitled to free care at County

*The definition was designed to include persons with varied shelter resources. It included persons with no shelter (e.g., those living in cars, parks, abandoned buildings) and utilizers of emergency services (e.g., private shelters). It did not include residents of battered womens' shelters or those residing with their friends or families.

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TABLE 1—Overview of the Sample of Urban Homeless

Characteristics	Total % (N)	Male % (N)	Female % (N)
Age			
<40 Years	63.7	63.2	65.3
40 to 59 Years	30.4	30.2	30.9
60 Years or Older	5.9	6.6	3.6
	(237)	(182)	(55)
Education			
High School Not Completed	35.0	32.8	42.6
High School Completed	25.7	26.8	22.2
Some Postsecondary Education	38.4	40.1	35.2
	(237)	(183)	(54)
Race or Ethnicity (Self-Identification)			
White	50.8	51.4	49.1
Black	30.3	31.7	25.5
Hispanic	10.9	9.8	14.5
Native American	5.5	3.8	10.9
Other	2.5	3.3	—
	(238)	(169)	(54)
Veteran Status			
Veteran	37.2	47.3	5.6
Non-veteran	62.8	52.7	94.4
	(223)	(169)	(54)
Length of Homelessness (Current Episode)			
12 Months or Less	64.0	59.0	54.0
More Than 12 Months	36.0	41.0	22.0
	(191)	(143)	(50)
Usual Monthly Income (Current Calendar Year)			
No Income	26.9	28.0	22.9
$1 to $300	40.6	42.1	35.4
$301 to $500	19.3	17.1	27.1
$501 or More	13.2	12.8	14.6
	(212)	(164)	(48)
Receives Public Assistance (i.e., any government transfer payment)			
Yes	25.4	23.8	30.9
No	74.6	76.2	69.1
	(236)	(181)	(55)
Length of Unemployment			
Currently Employed	14.9	13.7	16.7
52 Weeks or Less	41.3	41.1	42.6
53 Weeks or More	44.1	45.1	40.8
	(229)	(175)	(54)

NOTE: Parentheses indicate number of respondents on which percentages are based.

health facilities. However, only 11 per cent of the respondents were General Assistance recipients.

Health Problems and Barriers to Care

Many respondents reported an injury (11 per cent) or an acute illness (29 per cent) in the previous two months, with women more likely than men to do so (55 vs 36 per cent). Of those with recent illness or injury, less than half (44 per cent) had contacted a doctor, usually at free clinics (38 per cent), county hospital emergency rooms (28 per cent), or community hospitals (18 per cent).

About half of those who did not seek medical care indicated that their problems were not serious enough. Others decided not to seek help from doctors either because they could not afford it (23 per cent) or because they had no transportation (6 per cent).

About 38 per cent of the homeless respondents reported having at least one chronic health problem. Women reported more chronic health problems (63 per cent) than men (32 per cent). Of those with chronic health problems, about half had not contacted a doctor in the previous 12 months about that problem, the majority stating that either the problem was not serious enough (30 per cent), or that the problem could not be treated (25 per cent). Lack of money (10 per cent), insurance (3 per cent), or knowledge about how or where to find a doctor (8 per cent) were other reasons given.

One-fifth of the sample had been hospitalized for physical health problems in the previous 12 months, 39 per cent of these more than once. For the most recent hospitalization, most were admitted to county hospitals (70 per cent) and stayed a median of seven nights (mean = 27).

Discussion

Although one cannot generalize from these results, they suggest, as do other surveys of the homeless, that homeless people have many health problems, face barriers to needed medical care, and exhibit a costly utilization pattern making fewer outpatient visits and greater use of inpatient care.[10,12,13] The homeless adults in our study were three times more likely to report fair or poor health status, 50 per cent more likely to report physical health disability, and twice as likely to have been hospitalized when compared to national estimates.[14,15] In contrast to their greater health problems, the homeless were nine times more likely to have no health insurance coverage, and five times more likely to report no regular source of care.[14]

In spite of their greater health needs, persons without a regular residence are often unable to obtain Medicaid or other

forms of governmental assistance;[10,16] they must turn to public hospitals or free clinics or simply refrain from seeking help. The large numbers of homeless people in our society are a challenge to public health which has not been met.

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CDC AIDS Reports Collection Updated through September 1985

The National Technical Information Service, a self-supporting agency of the US Department of Commerce, has announced that 21 new reports on AIDS which appeared in the *Morbidity and Mortality Weekly Review* between February and September 1985, have been added to the previous complete collection of MMWR AIDS reports. The collection now contains 70 full reports on AIDS dating from June 5, 1981, when MMWR first published information on Kaposi's sarcoma and *Pneumocystis carinii* pneumonia occurring in five young homosexual men.

Regular update surveys covering the United States, Europe, Africa, and the Caribbean Islands provide extensive statistical data. Through June 30, 1985, 18 European countries had reported 1,226 cases of AIDS resulting in 626 deaths (a case-fatality rate of 51 percent).

As of April 30, 1985, 10,000 US cases had been reported and 49 per cent of the patients are known to have died.

Estimates for 1985 show a US rate of 48.4 AIDS cases per million population compared with the highest European rates of 9.7 in Switzerland, 9.4 in Denmark (74 per cent of African origin), and 7.0 in France.

Two case histories of occupational transmission of AIDS to a male and to a female health worker and case histories of heterosexual transmission are also described.

Order PB86–116688/KCU, *Reports on AIDS Published in the Morbidity and Mortality Weekly Report, June 1981 through September 1985*, $7.50, plus $3 shipping and handling, from NTIS, Springfield, VA 22161, (703) 487–4650.