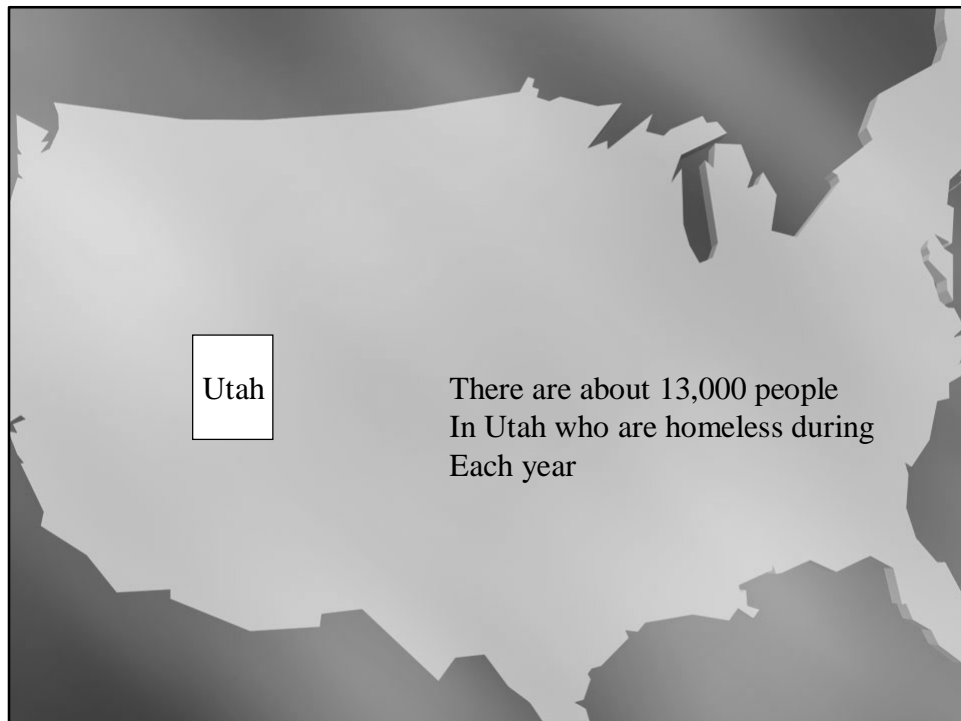


Brief overview of
Collaboratives status
Fourth Street Clinic,
Salt Lake City, Utah

Allan D. Ainsworth, Ph.D.
Executive Director



Who are homeless people?

- There are approximately 2800 to 3000 people who are homeless on any given day in the greater Salt Lake County area, but only about 900 emergency shelter beds
- About 35% of this population are made up of families



Definition of homelessness

- An individual who lacks a fixed, regular and adequate nighttime residence;
- An individual who has a primary nighttime residence which is:
 - publicly or privately operated shelter
 - publicly funded substance treatment center
 - welfare hotels
 - transitional housing
 - a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings

What did we do last year?

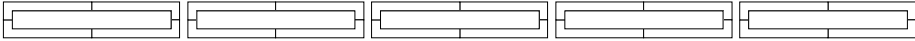
- Fourth Street Clinic served 5,705 patients, and provided 27,562 patient visits in 2005
- We provided a wide range of primary health care services – One stop shopping – including an on-site pharmacy



What did this population look like?

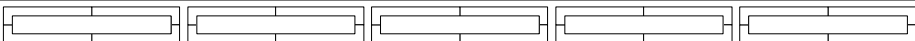
- 60% were White
- 16% were Hispanic
- 7% were African American
- 5% were Native American/American Indian
- 11% did not specify their race/ethnicity





Con't

- 9% had Medicaid
- 1% had Medicare
- 90% were uninsured



Con't

- 5% were 0-4 years old
- 9% were 5-19
- 54% were 20 to 44
- 32% were 45 to 64
- .2% were 65 years or more



Con't

- 98% were below the 2005 federal poverty line



What does it cost to provide health/medical services?

● Cost per user:	Medical =	\$225
(By service)	Mental Health =	\$287
	Enabling =	\$204
	pharmacy =	\$37
Total:	\$344 per user per year	



What does all this have to do with the collaboratives?

- 60 % of Salt Lake's homeless population is from Utah, but can still be described as a very mobile population
- Homeless people spend their entire day trying to find shelter, food, clothing, employment and other services, including health care



Con't

- One day they may be in an emergency shelter, the next day in a hotel/motel, the next day sleeping in their car, and the next day back in shelter, or in substance abuse treatment
- There are not enough emergency shelter beds, and there is not enough affordable housing to accommodate the need

Con't

- Each age group has different needs
- Those 0 to 19 are dependent on their homeless head of household to keep them fed and housed
- A significant number of children from this population are runaways/throwaways (we treat about 350 youth between the ages of 13 and 22 each year who are on their own)

Con't

- Homeless people begin to exhibit chronic diseases (including all the categories included in the collaboratives) and musculoskeletal trauma earlier in life than the housed population
- Because of lack of health care insurance and other barriers this population generally has ignored their chronic conditions

Con't

- Lack of access to health care contributes to this problem
- Lack of ability to purchase necessary medications, and lack of understanding of how to use these meds contributes to their decline in health status
- Undereducation plays a significant role

How does this affect the collaboratives?

- When people are living in emergency shelters, in cars, in abandoned buildings, or in camps, they do not have access to refrigerators - to safe places to store medications - and they often have no means to practice safe hygiene

Con't

- It is difficult to keep appointments if you have limited means of transportation and are staying in locations away from where services are available
- Homeless people often accept temporary work, even though they have medical appointments



Con't

- There is often a fatalistic attitude toward health and wellness, particularly among younger homeless people
 - Recognizing their plight, many homeless people become depressed and suicidal, seeing no way out
 - thus, they sometimes have little incentive to improve their own health status

Con't

- Homeless people, just like the housed population, often deny their medical diagnosis
 - Homeless people often are reluctant to see a mental health worker, stating: "I'm not crazy."
[We have adopted integrated behavioral health in an attempt to mitigate this]
 - they often do not have access to nutritional meals, and find it harder than their housed counterparts to keep their diabetes and other illnesses under control

Criminalization of Homelessness

- Law enforcement often treats homeless people as a criminal element. If they have diabetic-related syringes with them as they are patted down, they are sometimes arrested for having paraphernalia in their possession



Street Value of medication

- Violence is a common theme in the homeless environment. Prescription medications have a street value, and homeless people are often mugged (sometimes by other homeless people) and their medications are taken and sold on the black market
- Homeless people often lose their meds, or are unclear about how to take them



Con't

- Given these conditions, providers become frustrated about their ability to help homeless people improve their health status
- There is a feeling of helplessness on the part of the care provider to give sufficient emotional support and education



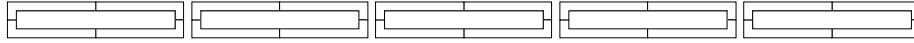
So what do we do about this?

- Permanent affordable housing is a direct answer to many of the problems that both homeless people and their providers face



Is this realistic?

- The United States is the richest country in the world, yet has little incentive to directly address the issues and costs of permanent affordable housing
- Not in my backyard, and gentrification have contributed to the destruction of affordable housing, and the lack of new construction



Con't

- Until our federal and local governments get serious about housing and a livable wage, we will continue to be frustrated, and more and more people will enter the ranks of homelessness, and more and more homeless people will die prematurely of treatable diseases