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Emergency department use among a sample of shelter-based runaway and homeless youth

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Background

- Little research on ED use & insurance status among runaway/homeless youth (RHY)
- Large body of literature supports common medical problems of RHY
- Insurance status is largely unexamined, and a moving target
- Gaps in current literature and data
 - Data is often dated
 - Specific for various geographic locations (e.g. international v. domestic)

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Background

- Klein and colleagues (2000)
 - Seen in an ED past 12 mths:
36% (street youth) v. 29% (sheltered youth)
 - Seen in an ED, drugs/ETOH :
25% (street youth) v. 13% (sheltered youth)
 - Source of emergency care= hospital ED

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Background

- Heller and colleagues (in preparation)
 - 42% of respondents report being seen in ED within last 6 months (MN sample, 2009)
- Geber (1997)
 - 57% of respondents utilized county hospital within previous month. (Hennepin Cty)
- Price, S (2012)
 - 37% of respondents reported ED use in previous 12 months
 - Wales, UK

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Research Questions

- What proportion of runaway/homeless youth (RHY) report using ED?
- What proportion of RHY report having insurance?
 - What kind of insurance do they report having?
- Do RHY use the ED en lieu of primary care?
- What conditions bring RHY to the ED?

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Setting



- Urban Peak
 - Mission: Urban Peak helps homeless youth and youth at risk of being homeless overcome real life challenges by providing essential services and a safe community, empowering them to become self-sufficient adults

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Setting

Shelter Services



- Food, clothing, hygiene products
- Case management
- GED classes
- Job skill assessment
- Resume help, vocational

Setting



Urban Peak Shelter Clinic

- Mandatory assessment to stay in shelter
 - TB and STI screening
 - Referral to various counseling services as needed
- Drop in services
 - Illness
 - Consultations


Survey

- 1:1 survey, completed by medical student
 - Read to youth
- 30 items. *Reasons for ED use.*
- \$10 gift card incentive if agree to qualitative interview
 - n = 33 young people participated
 - Approved by COMIRB

Methods

- Univariate frequencies
- Unweighted data
- No comparison statistics




Results

Characteristics of sample, n= 33


Characteristic	n= (%)
Gender	
Male	19 (58)
Female	13 (39)
Transgender	1 (3)
Ethnicity	
Hispanic, yes	4 (13)
Race	
American Indian	0
Asian	1 (3)
Black	7 (21)
Native Hawaiian	1 (3)
White	15 (45)
More than one race ^a	8 (24)
Don't know	1 (3)

^a Five reported "Native American" plus 1-2 other race options; 2 reported "Black" plus another race option; 1 reported Native Hawaiian and "Other"



Results

Characteristic	n (%)
Highest grade completed	
9 th	1 (3)
10 th	3 (9)
11 th	7 (21)
12 th	18 (55)
Some college	4 (12)
GED, yes	7 (21)
Denver borne, yes	10 (30)
Length of time living in Denver	
Less than 6 months	10 (31)
Greater than 6 months	22 (69)
Ever in custody of social services, yes	12 (36)
Currently in custody of social services, yes	0



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Results

Insurance status, type	
Do you have insurance?	
Yes	23 (69.7%)
No	6 (1.8%)
Don't know	4 (1.2%)
Insurance type	
CICP	2 (6%)
Medicaid	14 (42%)
Private insurance	1 (3%)
Self-pay	4 (1.2%)
Don't know	5 (15%)
No charge for care	3 (9%)
Other/Missing	4 (1.3%)

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Results

Emergency Department Use	
Have you been to the ER in the past year?, yes	18 (55%)
Number of times in the ER (range = 0-10)	
0	15 (45%)
1	8 (24%)
2	4 (12%)
4 or more	6 (18%)
Was the ER visit alcohol-related, yes	7 (23%)
Was the ER visit drug-related, yes	11 (35%)
ER visit BOTH ETOH & drug-related, yes	4 (13%)
How long was the stay?	
Several hours	22 (73%)
A full day	4 (13%)
More than a day	4 (13%)

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Results

- 38% reported being transported to the ED by ambulance




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Discussion

Main findings

- 7 in 10 have health insurance
- Over half have MA or CICP
- 55% have been in ED in past year
 - Many multiple times
- 1/4 of those visits were ETOH-related; 1/3 were drug related
- 38% were transported by ambulance



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Discussion

Limitations

- Small sample size, convenience sample
- Original survey items
- Street youth not surveyed

Strengths

- Unique population
- New, current information about health insurance and ED use in this population





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Discussion

Clinical implications

- Insurance, education
- Primary care partnerships
- Appropriate use of ED
- Shelter policy for Transportation

Acknowledgments


LEADS program

- University of Colorado, interdisciplinary track dedicated to addressing the needs of the underserved and disadvantaged, by empowering health sciences students.

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- Med student award to support scholarly work to improve the health of patients overcoming health disparities

Thank you to the participants!

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