

Coordinating a Medical Home for Homeless Families

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Homelessness in the United States continues to grow at an alarming rate, with an increasing number of this population consisting of families with children. Homeless families face consistent health problems more frequently than the average population and lack continuous access to health care. Increasing access to healthcare by homeless families remains a difficult task particularly because homeless families are a largely marginalized, isolated, and alienated population stigmatized by society. Families living doubled-up with other family members, friends, or acquaintances, often couch surfing and living in overcrowded conditions, often go uncounted by official homeless counts, therefore not only deflating official homeless counts, but also affecting the amount of resources allocated towards alleviating homelessness. Doubled-up families face many of the same barriers for obtaining stable housing and accessing health services as homeless families, and need to be included in official homeless counts to accurately describe the level of homelessness in

the United States.

The need for pediatric health care among homeless families cannot be refuted, as homeless children experience illness 3 to 6 times the rates experienced by poor housed people (Wright, J.D., 1990). Studies of homeless children's health status show that homeless children have higher rates of acute and chronic health problems compared to low-income housed children, among these are delayed immunization, nutrition deficits, ear infections, fever, diarrhea, asthma, accidents, and injuries (Fierman, A.H., Dreyer, B.P., Quinn, L., Shulman, S., Courlandt, C.D., & Guzzo, R., 1991; Parker, R.M., Rescorla, L.A., Finkelstein, J.A., Barnes, N., Holmes, J.H., & Stolley, P.D., 1991; Weinreb, L., Goldberg, R., Basuk, E., & Perloff, J., 1998; Wood, D.L., Valez, R.B., Hayashi, T., & Shen, A., 1990). In-fact, homeless families are twice as likely as middle-income families to report asthma, dental problems, and mental illness (Burt, 1999), and children of homeless families are three times more likely to witness domestic violence than middle-income families (National Center for Health Statistics, 2003).

Despite the desperate need of health care for homeless families, insufficient resources exist for an effective, integrated, comprehensive service for homeless or even low-income families with children. Policies that exist to assist homeless children and families often remain underutilized, difficult to utilize, and inadequately funded to meet the needs of this population. Furthermore, gaps in health coverage, difficulty accessing care, fragmentation among existing resources, and the variability in quality of care all pose as common and significant barriers to health care for homeless children (Healthcare for the Homeless, 1998), resulting in an increase number of ER visits, which is more costly for taxpayers and more likely to incur social, psychological, and financial repercussions for families (Grumbach, K., Keane, D., & Bindman, 1993; Orenstein, J.B., Boenning, D.A., Engh, E.P., & Zimmerman, S.J., 1992). (Healthcare for the Homeless, 1998) Often times, a homeless family must go to multiple service providers in order to meet the different needs of the children and adults in their families. Due to the reasons described above, under funding in state and

federal programs for low income and homeless families fragments the existing services, making access to such services difficult and discouraging.

However, at Children's Hospital and Research Center Oakland, we were fortunate enough to receive a federal grant from the Health Resources and Services Administration to start a clinic (the Encore Medical Clinic) designed to provide a medical home to homeless children while combining outreach and case management services to families who have a plethora of needs. Our case managers help homeless families navigate a fragmented and frustrating social system. In clinic, we inform doctors of the social history for the families we work with, while training resident doctors on how to provide compassionate care to homeless families. Although it becomes complicated to manage care for families who are under-insured or not eligible for medi-CAL because they were not born in the United States, we continue to find ways to cover their medical costs.

Additionally, through a supplemental grant through HRSA, we developed a pediatric oral health program in conjunction with La Clinica de La Raza to provide oral health care to children, sometimes covering the costs of procedures not normally covered by Medi-CAL, while providing oral health education to families and service providers in the community. Feel free to contact us with questions or referrals.

The Encore Medical Clinic provides care to children who are homeless or doubled-up in Alameda County. We provide case management to assist with medi-CAL, referrals to other health services (including oral and mental health), transportation vouchers to get to and from appointments, quick scheduling, food, clothing, and help with social issues. Our experienced case managers conduct outreach at community shelters and drop-in centers and accept referrals from other providers. Our goal is to provide a consistent medical home for the children we work with, while assisting the family through their period

of transition. Contact us at 510-428-3783 or email us at encoreclinic@mail.cho.org.

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