

Calgary Drop-In & Rehab Centre

A Picture of the Health of a Homeless Individual



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The Calgary Drop-In & Rehab Centre (Calgary Drop-In) provides services of food, shelter, and clothing, counselling and basic medical attention to all those in need. In operation since 1961, the Calgary Drop-In & Rehab Centre now sleeps 1100 nightly, and provides meals to 3500 people daily. Providing health services to the complex medical problems faced by the homeless are one of the challenges providers struggle with. This presentation is an examination of the breakdown in the continuum of care.

ABSTRACT

Objective: A data collection study was completed to meet the following objectives:

- to obtain a snapshot picture of the current health of Drop-In clients.
- to determine which medical services are used by clients
- to examine gaps in services and providers

The Calgary Drop-In & Rehab Centre, an emergency shelter located in Calgary's downtown core, has approximately 950-1100 individuals using the shelters services on any given night. A noticeable trend has emerged, as the numbers of shelter users have grown; clients have increasingly more complex medical conditions. As a result of these complexities, there is a need to provide appropriate, integrated care. A study was completed in-house asking clients about the length of time they have been homeless; their impressions of their health; where they seek medical services; the types of medical conditions they currently live with; the types of medication they have been prescribed and are currently taking; and how they pay for their medications. A sample of one hundred fifty-one (151) clients were surveyed, approximately 15% of the CDIRC's sheltered population.

METHODOLOGY

Procedure Method:

- Self Reporting Questionnaire of 151 Drop-In clients; about 15% of the population.
- length of time homeless
- impression of health
- where they seek medical attention
- medical conditions they live with
- types of medication prescribed
- how they pay for prescriptions

Demographics of population surveyed

- Gender: 88% male / 12% female

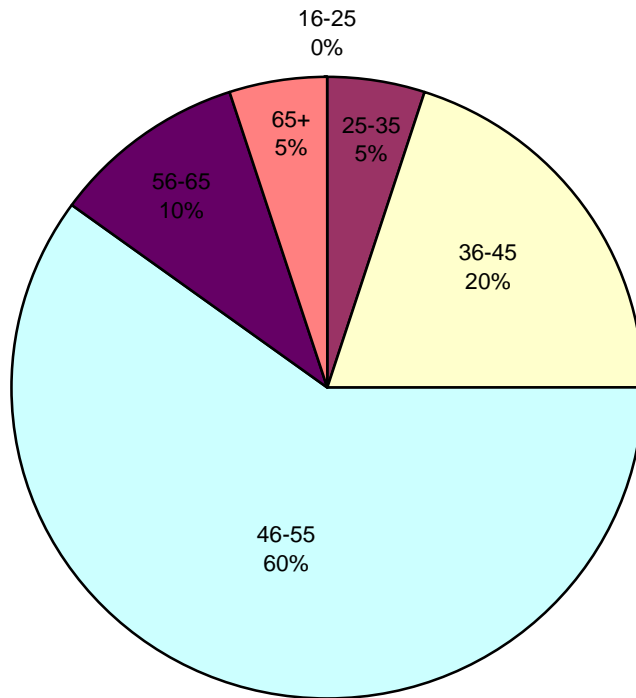
Location of demographic surveyed

- Intox: 75% male / 25% female
- Emergency: 91% male / 9% female
- Transitional: 87% male / 13% female

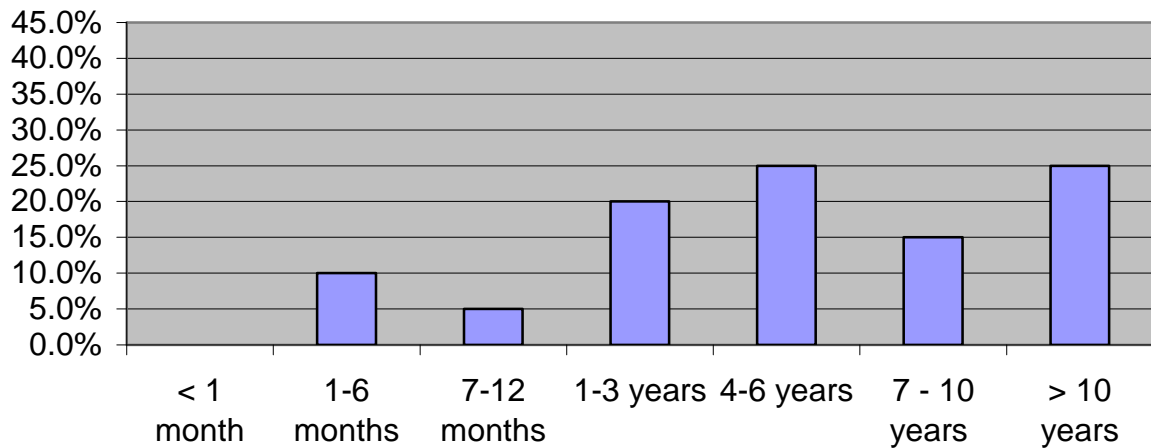
Types of sleeping services offered at the Calgary Drop-In & Rehab Centre:

1. Intox beds: are for individuals under the influence of either drugs or alcohol.
2. Emergency beds: are for sober individuals on a first come, first serve basis.
3. Transitional beds: semi-permanent housing to facilitate the move from shelter to independent living.

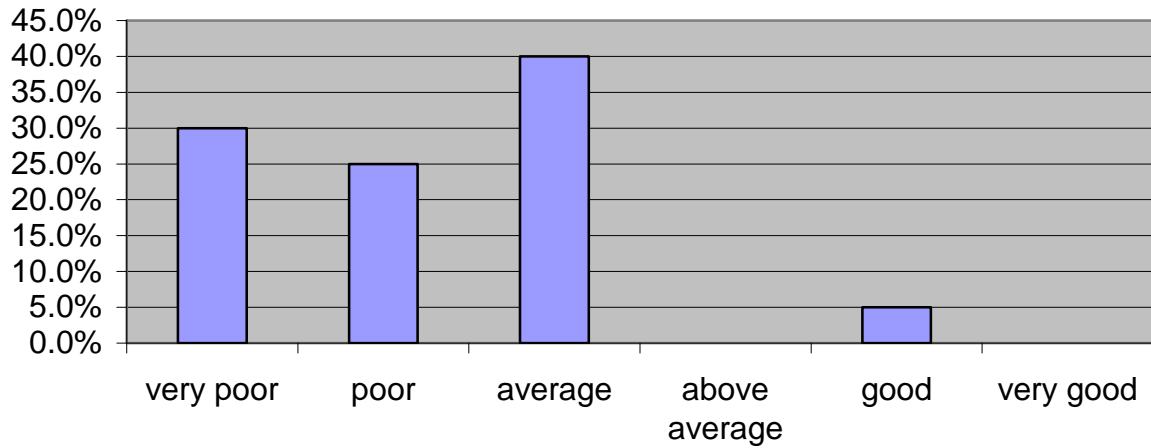
Intox Shelter Clients - Age Range



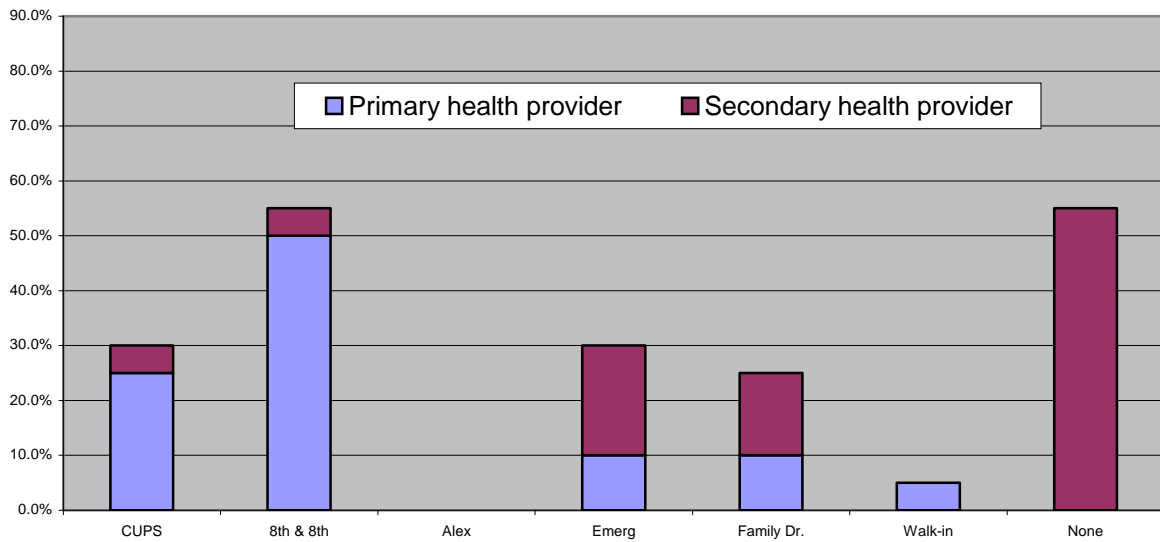
Intox Shelter Clients - Length of Time living on the streets or in a shelter.



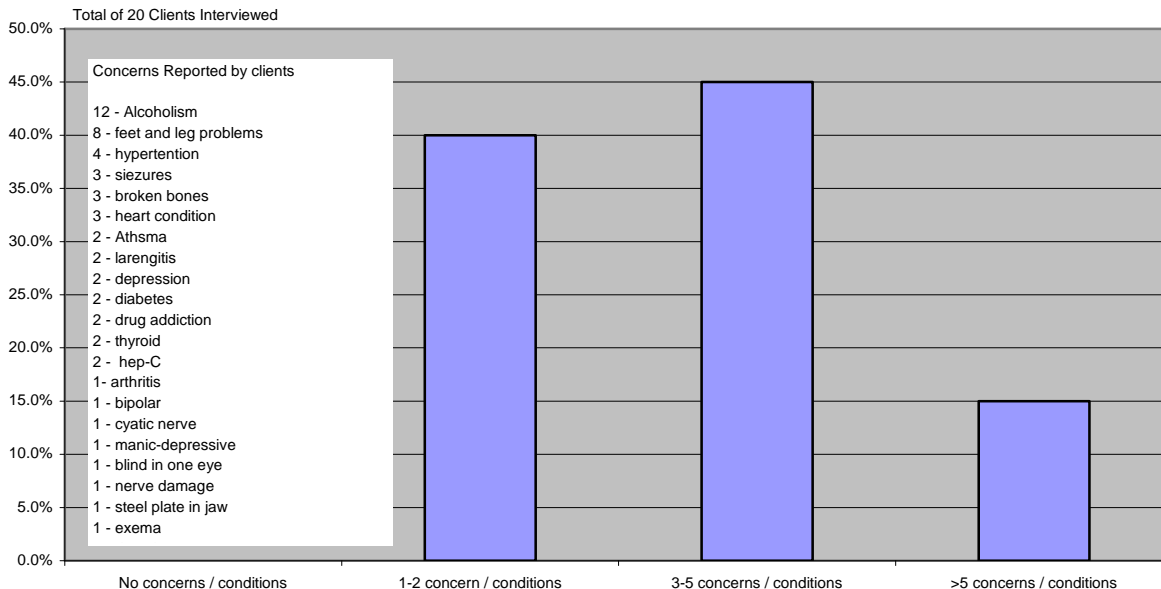
Intox Shelter Clients - Right now, how would you rate your overall health?



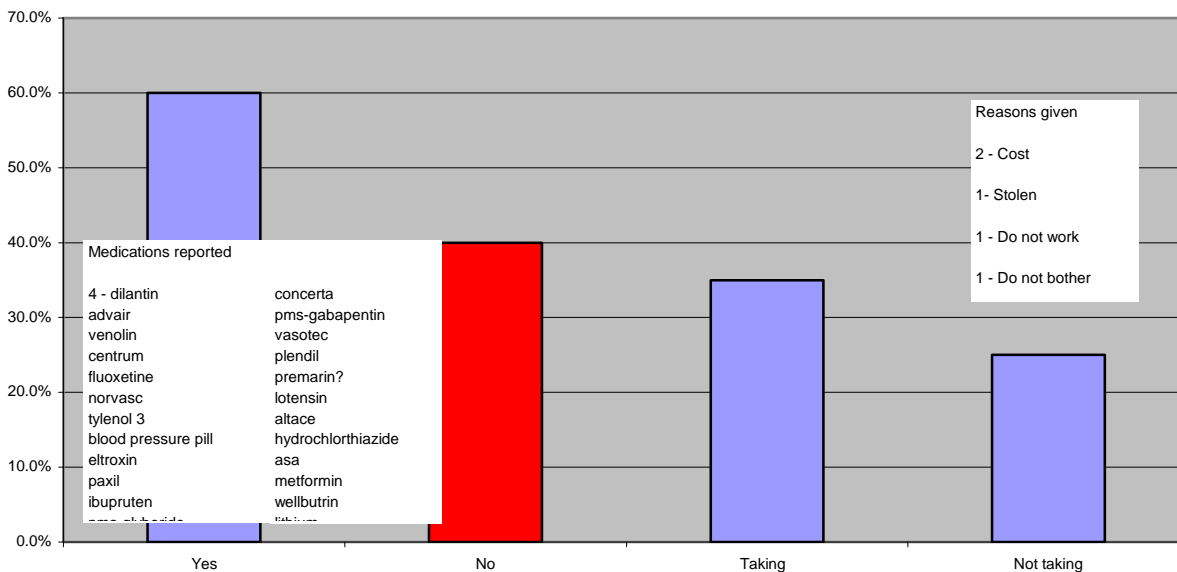
Intox Shelter Clients - Where do you usually go for medical treatment?



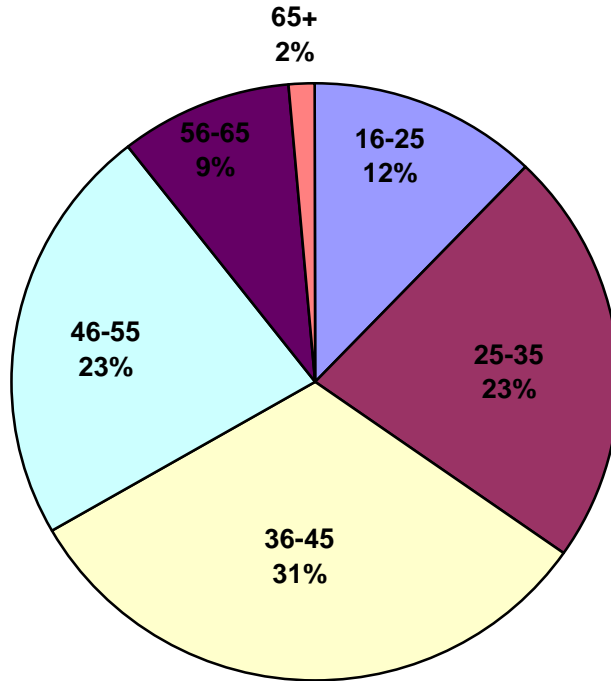
Intox Shelter Clients - Please list any medical conditions or concerns?



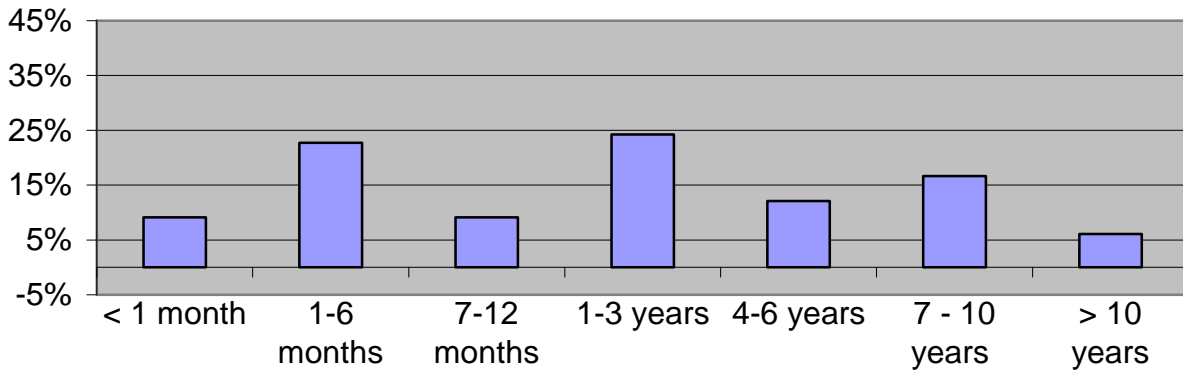
Intox Shelter Clients - Have you ever been prescribed ongoing medications? Are you taking the above regularly?



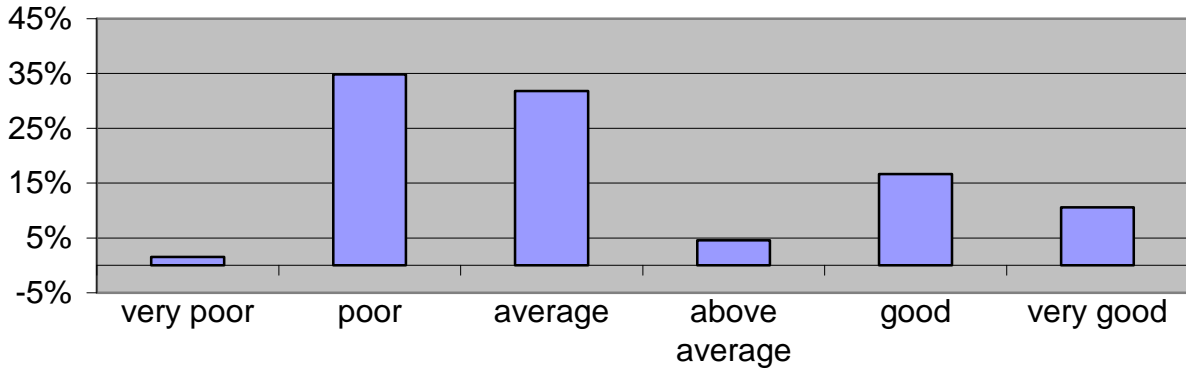
Emergency Shelter Beds - Age Range



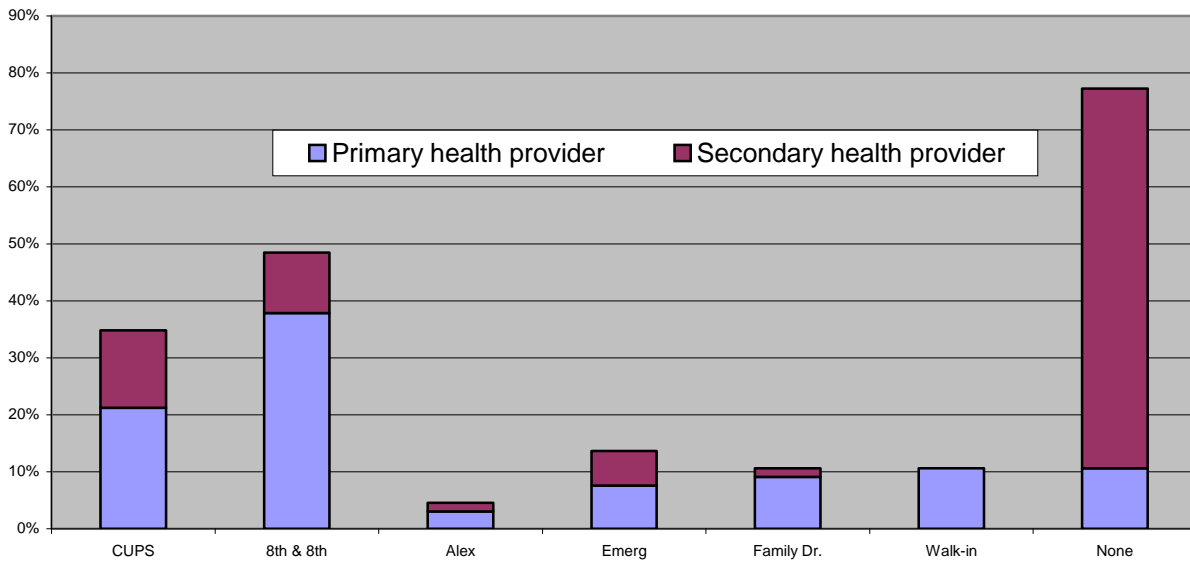
Emergency Shelter Clients - Length of Time living on the streets or in a shelter.



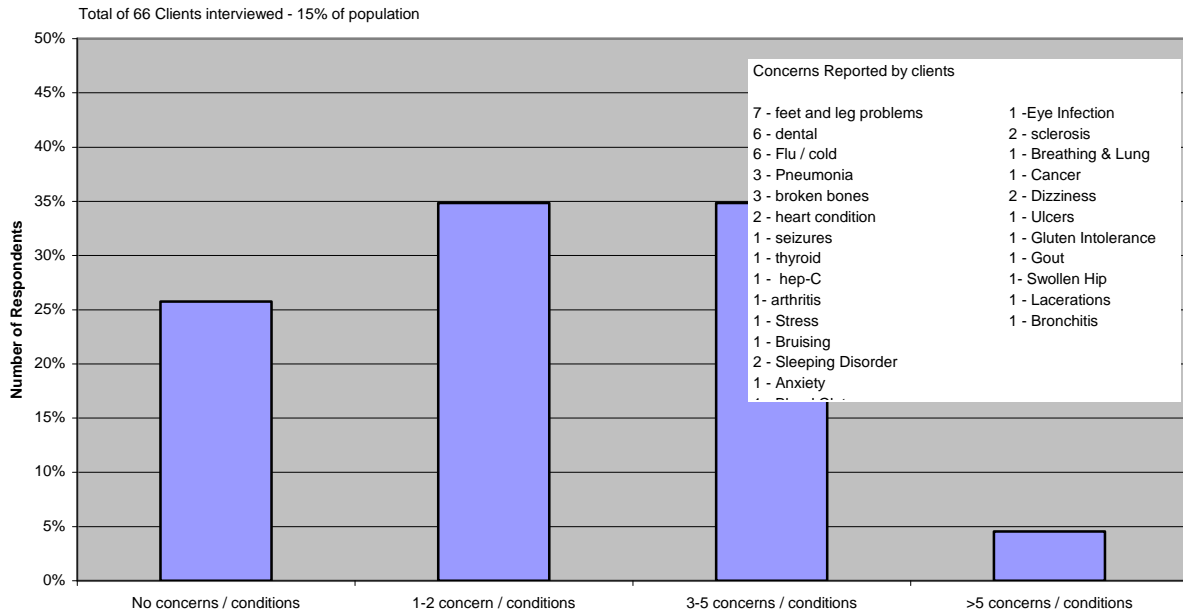
Emergency Shelter Clients - Right now, how would you rate your overall health?



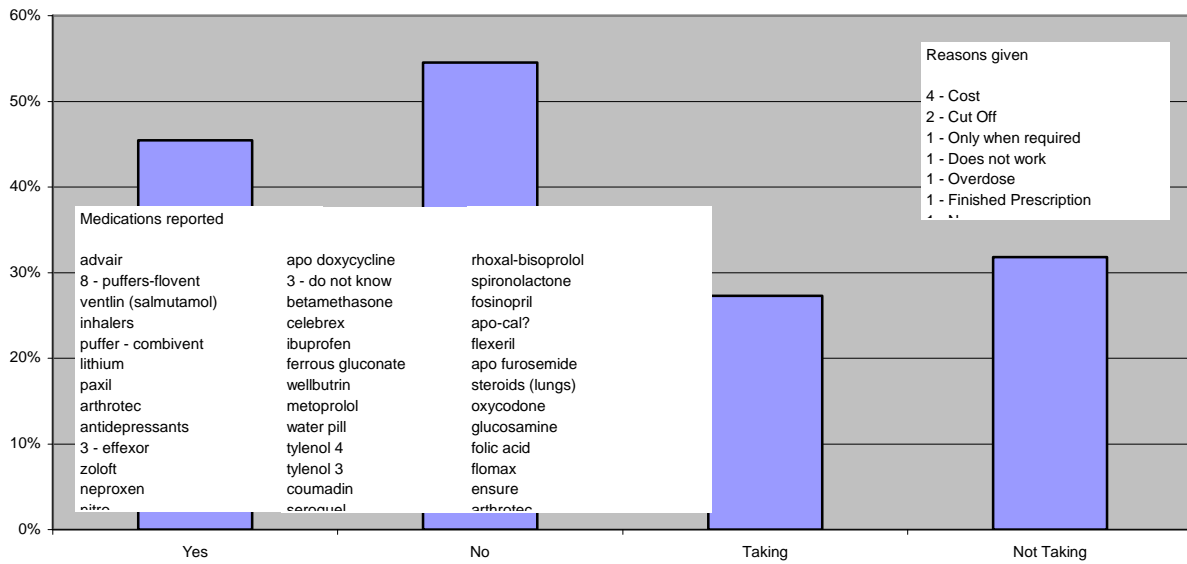
Emergency Shelter Clients - Where do you usually go for medical treatment?



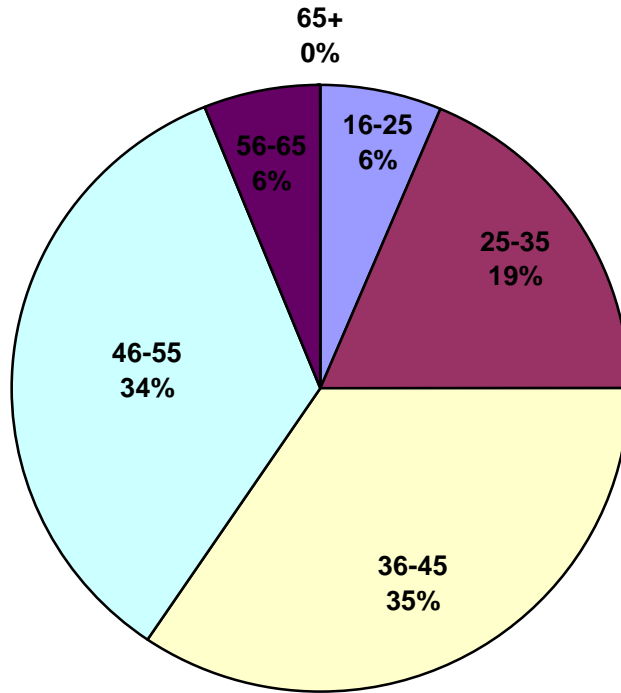
Emergency Shelter Clients - Please list any medical conditions or concerns?



Emergency Shelter Clients - Have you ever been prescribed ongoing medications? Are you taking the above regularly?

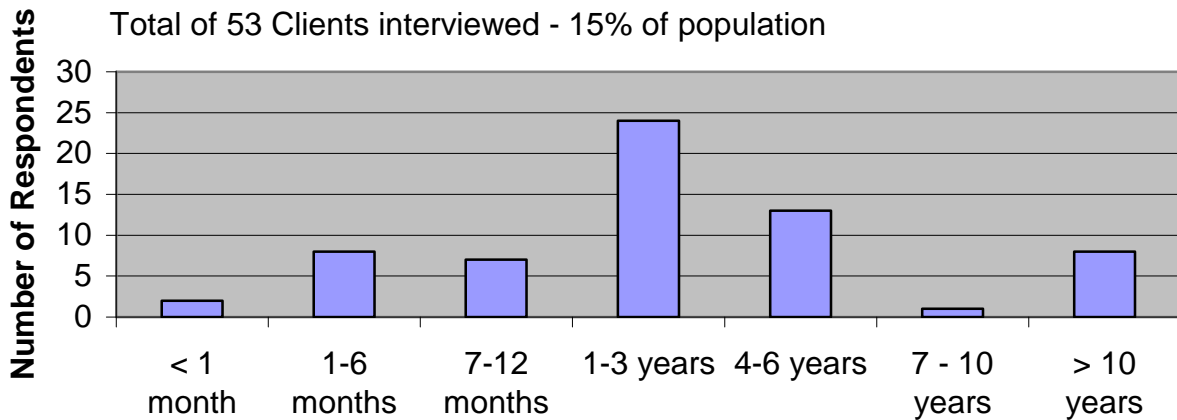


Transitional Shelter Clients - Age Range



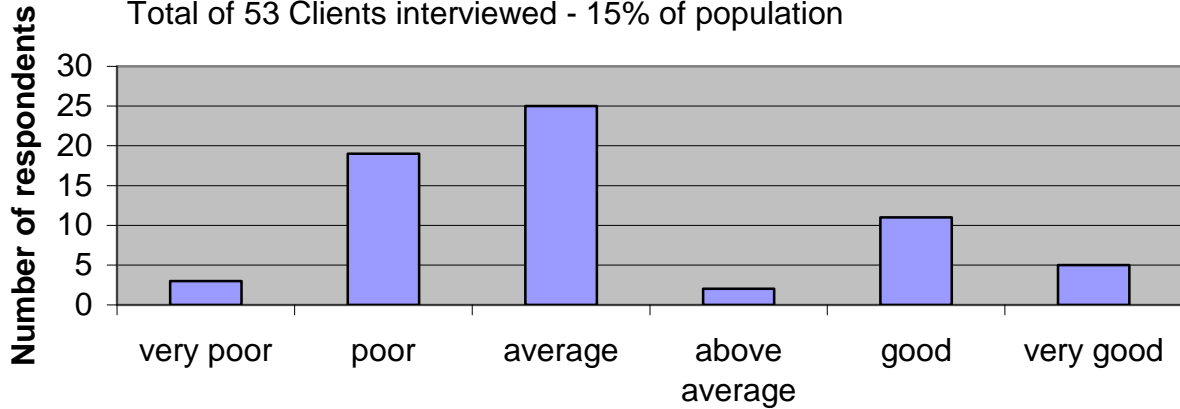
Transitional Shelter Clients - Length of Time living on the streets or in a shelter.

Total of 53 Clients interviewed - 15% of population

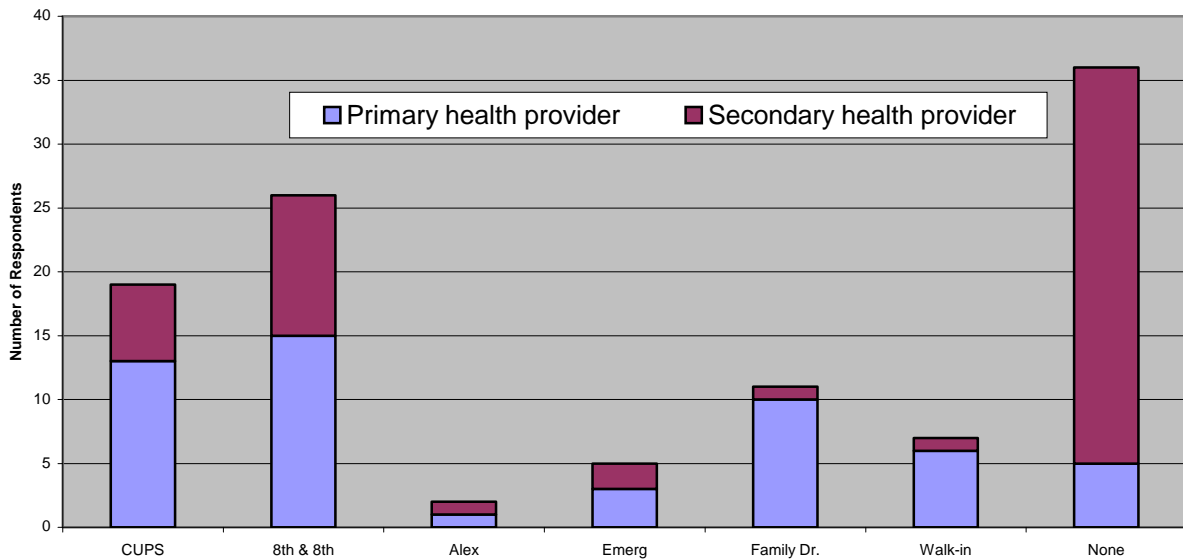


Transitional Shelter Clients - Right now, how would you rate your overall health?

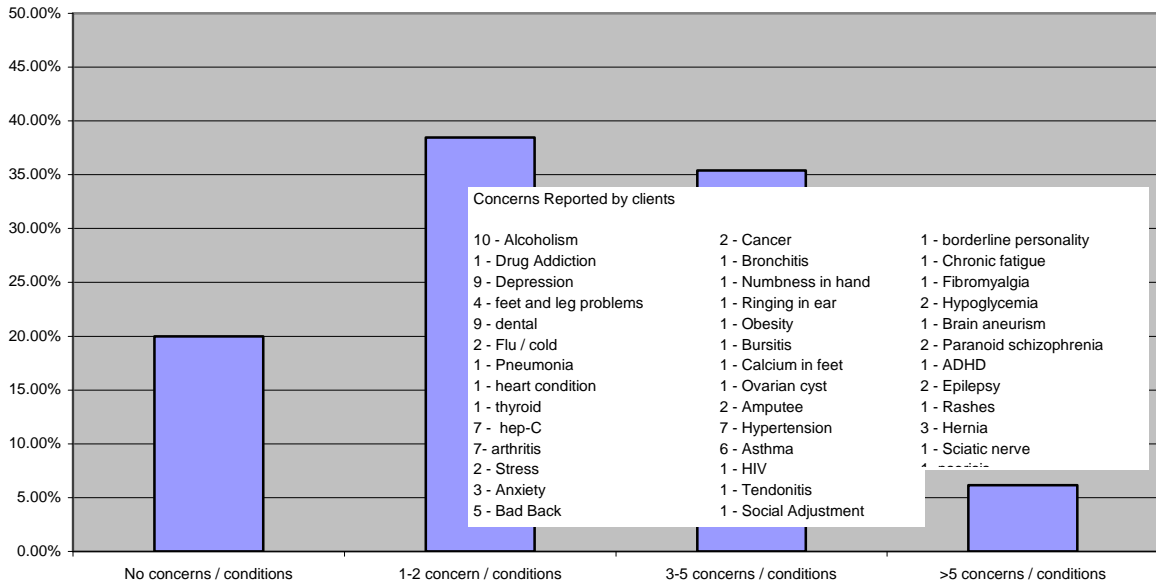
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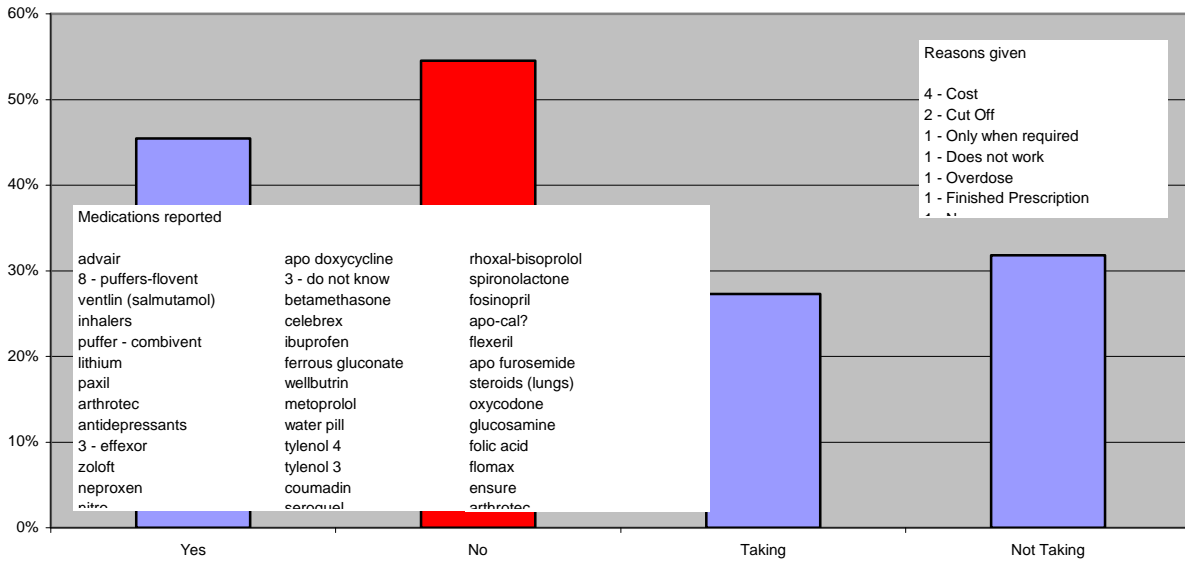
Transitional Shelter Clients - Where do you usually go for medical treatment?



Transitional Shelter Clients - Please list any conditions or concerns?



Emergency Shelter Clients - Have you ever been prescribed ongoing medications? Are you taking the above regularly?



Observations

- Female respondents perceived their health as very poor to average as compared to the male respondents whose perceptions ranged from very poor to very good.
- Respondents living in Intox and Transitional housing were older and longer on the streets than those living in emergency shelter beds.
- Respondents living in emergency shelter beds have a perceived health from poor to very good, however the longer the respondent lived on the streets a decline of perceived health was reported.
- No matter where a respondent resided in the shelter system, they reported their health as Average, even if they reported more than 2 medical conditions or concerns.
- The primary service provider was 8th & 8th Medical Centre, followed by CUPS. Almost 60% of respondents stated that they will not go to another medical service provider as a secondary service provider.
- 71% of the respondents did not have a family doctor
- Majority of respondents paid for their medications either by cash or through Social Services.

Our Conclusions

- Homelessness affects the health and well-being of an individual. The longer they are on the streets, there appears to be an inconsistency between the observed health of the individual and the individual's personal perception of their own level of health
- As one's housing becomes more stable, their perceptions of their health become more realistic and their overall health and well-being appear to improve.
- There is a need for a continuum of care for the homeless population.
- An integrated care model would benefit this population's diverse medical needs including addictions and mental health.

Discussion

Survival is this population's primary struggle.

The medical needs of the homeless do not meet the criteria of any one medical service provider, therefore an integrated care model would benefit this population's diverse medical needs including addictions and mental health.

Most homeless people suffer from one or more chronic conditions, yet our delivery systems are focused on the episodic treatment of chief complaints at a given moment in time. Readily accessible, consistent, and continuous care from a known, trusted clinician is not always available for many people experience homelessness. For an agency that offers services to more than 1100 individuals a night, an on-site medical clinic would be of great benefit to meet their medical needs.

* Survey and data all conducted November 2005 by Calgary Drop-In Staff.