

## **CHAPTER 6**

# **CLIENTS' HEALTH STATUS, SERVICE USE, AND SOURCES OF CARE**

### *Highlights: Homeless Clients*<sup>1</sup>

- 46 percent report having one or more chronic health conditions and 26 percent report having one or more acute infectious conditions. The three most common sets of conditions are: arthritis, rheumatism, or joint problems (chronic health conditions), chest infection, cold, cough, or bronchitis (acute infectious health conditions), and high blood pressure (a chronic health condition). These conditions were reported by 24, 22, and 15 percent of homeless clients, respectively.
- Homeless clients with alcohol, drug, or mental health problems are more likely than those without such problems to report one or more chronic health conditions (53 percent versus 33 percent).
- The majority of homeless clients report receiving an examination or treatment from a doctor or nurse in the last year. 35 percent have been treated or examined by a doctor or nurse in the last month, 26 percent in the last six months, and another 13 percent six months to a year ago.
- 24 percent of homeless clients report they needed to see a doctor in the last year but were not able to do so, and 46 percent report they needed to see a dentist in the last year but were not able to do so.
- 39 percent of homeless clients are supposed to be taking at least one prescribed medication.
- 55 percent of homeless clients do not have any medical insurance; 33 percent receive Medicaid.
- Homeless clients in families are more likely than other homeless clients to report medical insurance coverage (68 versus 41 percent) mostly through Medicaid (61 versus 25 percent).

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<sup>1</sup> Unless noted specifically in the text, all comparisons are statistically significant at  $p = .10$  or better, and all percentages presented by themselves have a 90 percent confidence interval no larger than  $\pm 4$  percentage points. A confidence interval of  $\pm 4$  percentage points means that if the reported percent is 60, 60 is the estimate of the value and the probability is 90 percent that the value falls between 56 and 64 percent. Confidence intervals greater than  $\pm 4$  percentage points will be noted in a footnote as: 90% C.I. =  $\pm X$  percentage points.

### ***Highlights: Currently and Formerly Homeless Clients and Other Service Users Compared***

- Similar proportions of all four groups report one or more acute infectious health problems. However, currently homeless clients are less likely than all other clients to report one or more chronic health conditions (46 versus 60 to 84 percent).
- Similar proportions of currently homeless clients (24 percent) and formerly homeless clients (26 percent) needed to see a doctor/nurse in the last year but were not able to. These proportions were much higher than for other service users, of whom only 1 to 16 percent needed to see a doctor/nurse in the last year but were not able to.
- Currently homeless clients are considerably less likely to report that they are supposed to be taking prescribed medication now than all other clients (39 versus 49 to 67 percent).
- 55 percent of currently homeless clients have no insurance, compared to 32 percent of formerly homeless clients.

## **Introduction**

Surveys of homeless clients almost always identify frequencies of acute and chronic illness and other conditions of poor health that are quite high in relation to the general public (see, for example, Burt and Cohen, 1989; Institute of Medicine, 1988). However, most data on these topics for homeless populations are quite old and come from studies conducted in central cities. NSHAPC offers the opportunity to understand the health status of homeless and other people using homeless assistance programs in 1996 in central cities, suburban and urban fringe areas, and rural areas, thereby extending past knowledge both to a more recent date and to more varied settings.

The survey included an extensive section inquiring about clients' current physical and dental health problems, recent history of and sources of medical and dental care, issues surrounding the use of medications, unmet need for medical and dental care, and health insurance coverage. (Answers to similar questions with respect to a client's children are reported in Chapter 12.) This chapter reports findings related to these questions.

## **Homeless Clients**

### *Medical Conditions*

NSHAPC asked clients whether they have any of 17 different medical conditions (table 6.1 and figure 6.1). These conditions were classified as

- 10 chronic health conditions or sets of conditions:
  - » diabetes
  - » anemia
  - » high blood pressure
  - » heart disease/stroke
  - » liver problems
  - » arthritis/rheumatism/joint problems
  - » cancer
  - » problems walking/lost limb/other handicap
  - » being HIV positive, and
  - » having AIDS
  
- 4 acute infectious conditions or sets of conditions:
  - » chest infection/cold/cough/bronchitis
  - » pneumonia
  - » tuberculosis, and
  - » sexually transmitted diseases other than AIDS
  
- 2 acute non-infectious sets of conditions:
  - » skin disease/skin infection/skin sores/skin ulcers, and
  - » lice/scabies/other similar infestations.

Clients were also asked if they were using drugs intravenously, and if they had any other health conditions.

Close to half (46 percent) reported having at least one chronic condition and just over one-quarter (26 percent) reported having an acute infectious condition. It is important to remember that these data may underestimate the true prevalence of health conditions among NSHAPC clients for several reasons. First, the survey did not ask about many conditions. Second, clients may have been reluctant to report certain conditions. Third, some may not know that they have some conditions like hypertension, especially if they have not recently been examined by a primary health care provider.

The types of medical conditions reported vary considerably. Table 6.1 shows that no more than one-quarter of homeless clients report any single medical condition. Twenty-four percent report having arthritis, rheumatism, or joint problems. The next most common medical conditions are chest infection, cold, cough, or bronchitis (22 percent), high blood pressure (15 percent), and problem walking, lost limb, or other handicap (14 percent). Also, 20 percent of homeless clients report some “other” type of medical condition. Besides these five medical conditions, no more than 8 percent of homeless clients report having any of the other 12 medical conditions about which the survey asked explicitly.

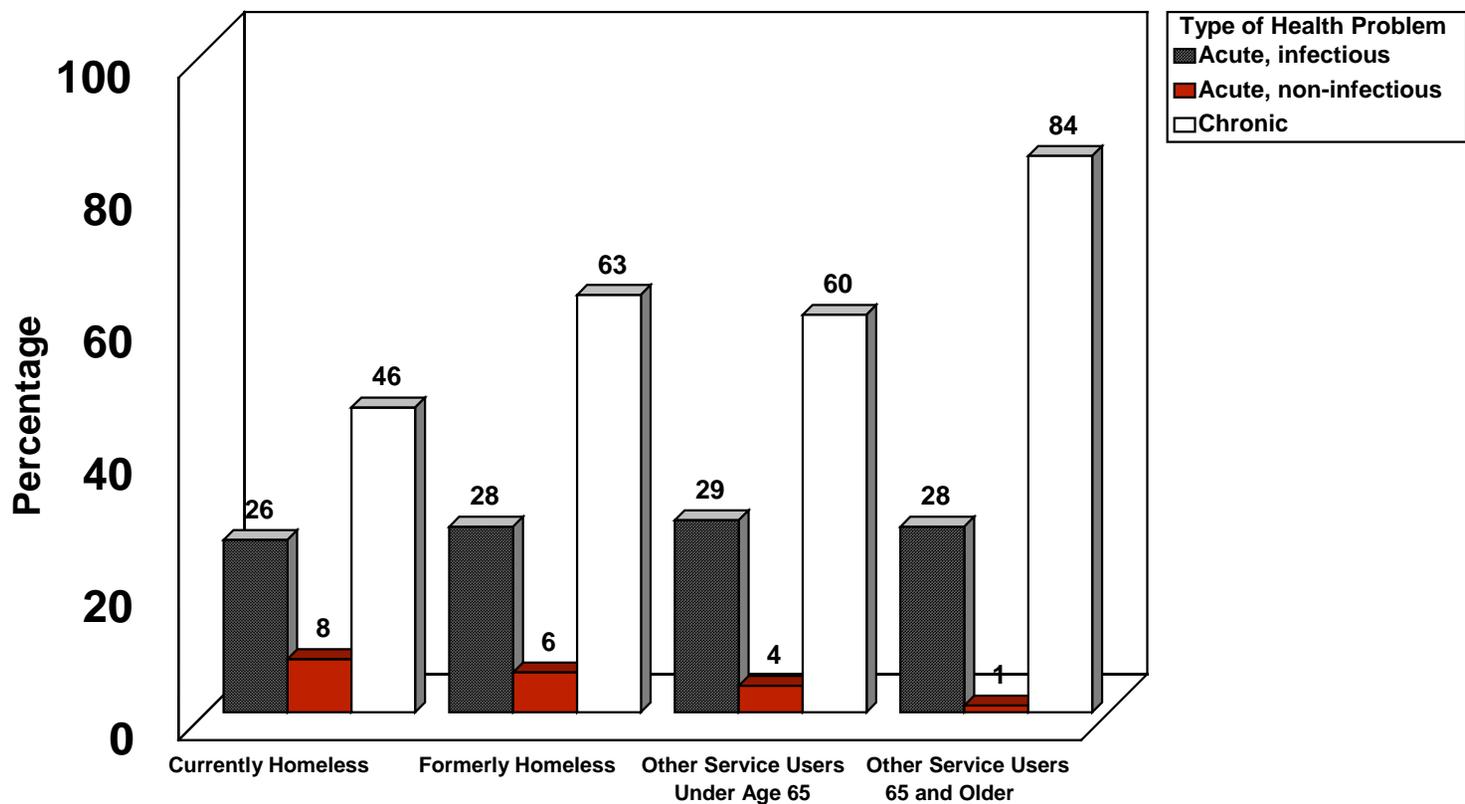
Table 6.1  
Health Conditions, by Homeless Status

	Homeless Status			Other Service Users, by Age Category	
	Currently Homeless Clients (N=2938)	Formerly Homeless Clients (N=677)	Other Service Users (N=518)	Other Service Users Under Age 65 (N=410)	Other Service Users 65 and Older (N=108)
<b>Medical Conditions Reported</b>					
Acute infectious conditions					
Chest infection, cold, cough, bronchitis	22(%)	24(%)	27(%)	27(%)	28(%)
Pneumonia	3	6	5	2	10
Tuberculosis	3	1	*	1	0
Gonorrhea, syphilis, herpes, chlamydia, other STDS (NOT AIDS)	2	2	2	2	0
Acute non-infectious conditions					
Skin disease, skin infection, skin sores, skin ulcers	7	5	3	4	1
Lice, scabies, other similar infestations	1	2	0	0	0
Chronic conditions					
Arthritis, rheumatism, joint problems	24	37	42	33	63
High blood pressure	15	22	33	24	55
Problem walking, lost limb, other handicap	14	22	30	18	60
Anemia (poor blood)	8	12	9	12	2
Problems with liver	7	7	4	5	1
Diabetes (sugar in blood)	5	13	11	9	17
Heart disease	5	8	19	12	36
HIV positive	3	3	1	1	0
Cancer	2	1	4	4	5
Have AIDS	1	1	1	1	0
Other medical problems					
Use drugs intravenously (shoot up)	4	2	*	1	0
Other	20	20	23	18	33
<b>Types of Medical Conditions Reported</b>					
Acute infectious conditions (1 or more)	26	28	29(%)	29	28
Acute non-infectious conditions (1 or more)	8	6	3	4	1
Chronic conditions (1 or more)	46	63	67	60	84

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

\* Denotes a value that is greater than 0 but less than .5.

Figure 6.1  
**Reported Health Problems, by Homeless Status**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

### *Treatment Status and Service Use*

The survey asked clients about the last time they received medical care, the number of times they received treatment in the last twelve months, and the places where they received this health care (table 6.2).

The majority of homeless clients report being treated or examined by a doctor or nurse in the last year (figure 6.2). Thirty-five percent report that this took place in the past month, 26 percent in the last six months, and another 13 percent six months to a year ago. However, 25 percent of homeless clients report they have not been seen by doctor or nurse for at least one year, with over half of these reporting they have not had a medical visit for at least two years. An additional 1 percent of homeless clients say they have never seen a doctor or a nurse for medical care. Of the homeless clients receiving medical care in the last year, over half (65 percent) report receiving care on one to three occasions. Thirty-one percent report receiving medical treatment once and 34 percent report receiving it two to three times in the last year. Twenty-five percent of homeless clients report receiving medical treatment four to ten times. A final 11 percent of homeless clients say they received medical care 11 or more times.

Homeless clients report receiving health care from many sources. The survey allowed clients to report more than one source of care, and many did so. Thirty-two percent of homeless clients report receiving medical care in the last year at a hospital emergency room. Hospital outpatient clinics, community health clinics, hospitals as an inpatient, and a private doctor's office were sources of care for 27, 21, 20, and 19 percent of homeless clients, respectively. Eleven percent of homeless clients report receiving care from a doctor or nurse in a homeless shelter, soup kitchen, or other program and 9 percent report receiving care from a Health Care for the Homeless clinic. Other sources of care used by homeless clients were Department of Veterans Affairs hospitals (6 percent), Veterans Affairs outpatient clinics (6 percent), correctional facilities (4 percent), and "other" sources of care (10 percent).

### *Access to Medical Care and Use of Medications*

Given that almost half of homeless clients have some type of chronic health condition and a quarter have at least one acute infectious condition, it is important to consider whether homeless clients use medications, receive medical care when they need it, and access other health-related resources when they are not able to obtain medical attention.

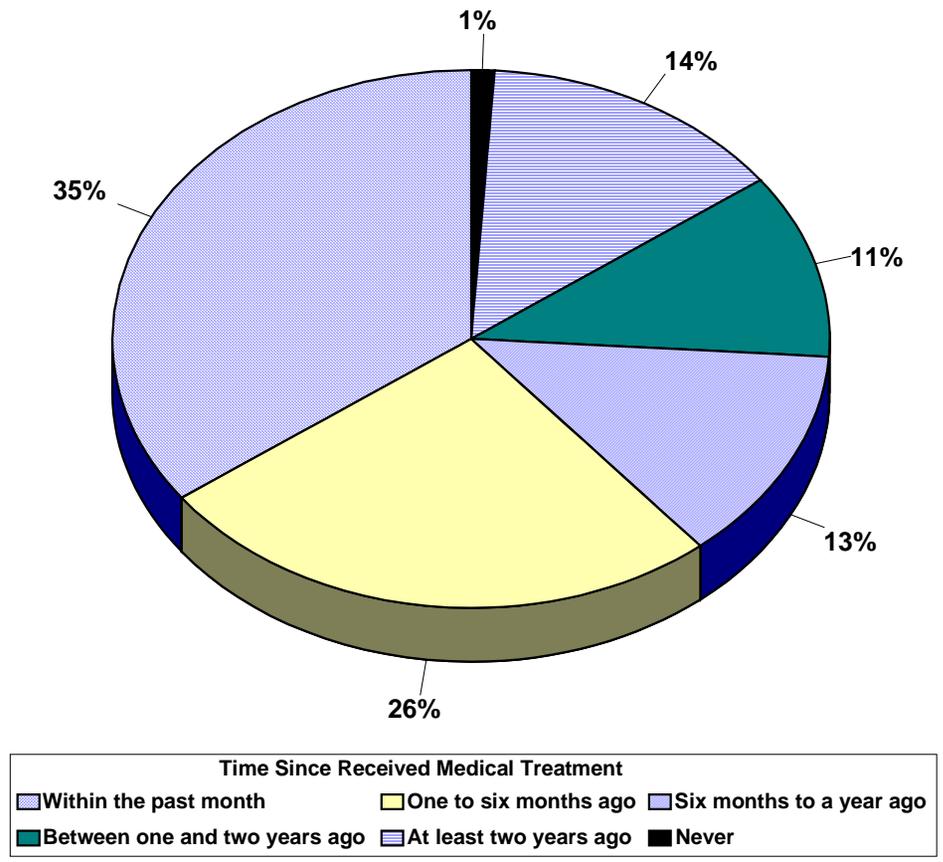
Some homeless clients have difficulty receiving medical treatment. Twenty-four percent report they needed to see a doctor in the last year but were not able to do so (figure 6.3). The survey also asked *all* homeless clients to report what they do when they are sick and cannot see a doctor or nurse; 45 percent report they buy aspirin or other remedies at a drug store under these circumstances, 15 percent get aspirin or other remedies from a shelter, and 13 percent borrow medication from a friend. Also, 17 percent of homeless clients report they do nothing when they cannot see a doctor.

Table 6.2  
**Access to Medical Care, by Homeless Status**

	Homeless Status			Other Service Users, by Age Category	
	Currently Homeless Clients (N=2938)	Formerly Homeless Clients (N=677)	Other Service Users (N=518)	Other Service Users Under Age 65 (N=410)	Other Service Users 65 and Older (N=108)
<b>Last Time Treated or Examined By A Doctor/Nurse for Health Problems Including Routine Check-Ups</b>					
Within the past month	35(%)	40(%)	37(%)	33(%)	45(%)
At least 1 month but less than 6 months ago	26	23	33	31	38
At least 6 months but less than 12 months ago	13	13	10	13	4
At least 1 year but less than 2 years ago	11	9	7	9	2
At least 2 years ago	14	15	12	13	12
Never	1	0	1	1	*
<b>Places Where Received Medical Care In the Last Year (All That Apply)</b>					
A Veterans Administration (VA) hospital where client stayed at least one night	6	2	1	1	1
A hospital where client stayed at least one night	20	20	17	13	28
A hospital emergency room	32	38	29	28	29
A hospital outpatient clinic	27	29	20	19	22
A VA outpatient clinic	6	5	6	5	7
Doctor or nurse in homeless shelter, soup kitchen, or other program	11	8	1	1	2
Health Care for the Homeless Clinic	9	5	*	*	1
A community health clinic	21	30	20	23	13
A private doctor's office (Not in hospital or clinic)	19	32	48	44	59
Correctional facility	4	1	1	1	0
Other	10	7	6	7	5
<b>Times Received Medical Treatment in the Past Year Not Including Return Visits</b>					
1	31	21	24	29	25
2-3	34	31	26	39	11
4-10	25	28	22	19	43
11 or more times	11	20	13	13	21
<b>Supposed to be Taking Prescribed Medication Now</b>					
	39	57	54	49	67
<b>Ability to Take Medication as Directed that Has Been Prescribed by Doctor</b>					
Yes, always taken as directed	29	47	51	46	65
Sometimes run out and do not refill prescription when should	3	5	1	2	0
Sometimes lose medication	1	1	0	0	0
Sometimes forget to take medicine	2	3	*	*	1
Sometimes can't afford medication	5	5	1	1	2
Sometimes store doesn't have medication	1	0	*	*	0
Other	4	3	1	1	1
<b>Needed But Was Not Able to See a Doctor/Nurse in the Last Year</b>					
	24	26	12	16	1
<b>What Client Does if Sick and Cannot See a Doctor/Nurse</b>					
Nothing	17	14	19	13	34
Buy aspirin or other remedies at a drug store	45	52	60	68	40
Borrow medicine from a friend	13	16	7	10	*
Get aspirin or other remedies at a shelter	15	6	2	2	*
Other	24	27	18	15	25

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes a value that is greater than 0 but less than .5.

**Figure 6.2**  
**Last Time Homeless Clients Were Treated by a Doctor or Nurse**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

One of the big difficulties that homeless clients have with respect to maintaining their health is that taking medications according to directions may be quite difficult. Medicines are hard to store, schedules are hard to adhere to, and directions to take medications either with or without food, or at some specific time before or after eating may pose difficulties when meals are unpredictable. The survey inquired as to the incidence of prescribed medication among clients and their ability to take medication as directed.

Thirty-nine percent of homeless clients report that they were supposed to be taking at least one prescribed medication at the time of the interview. Approximately three-fourths of these homeless clients (29 percent of all homeless clients) say they were taking the prescribed medication as directed by the doctor.

### *Dental Care*

Besides medical conditions, the survey also asked clients about dental care and accessibility. Dental care, or the lack of it, is often a top need among homeless clients. NSHAPC clients are no exception. Homeless clients report having a more difficult time receiving dental care than they do physical health care (table 6.3).

Seventy-four percent of homeless clients report that they have not seen a dentist in the last year, and 54 percent have not seen a dentist in at least two years. By far the most common place a homeless client last received dental treatment was at a private dentist's office (56 percent). The next most common place was at a community health clinic (11 percent).

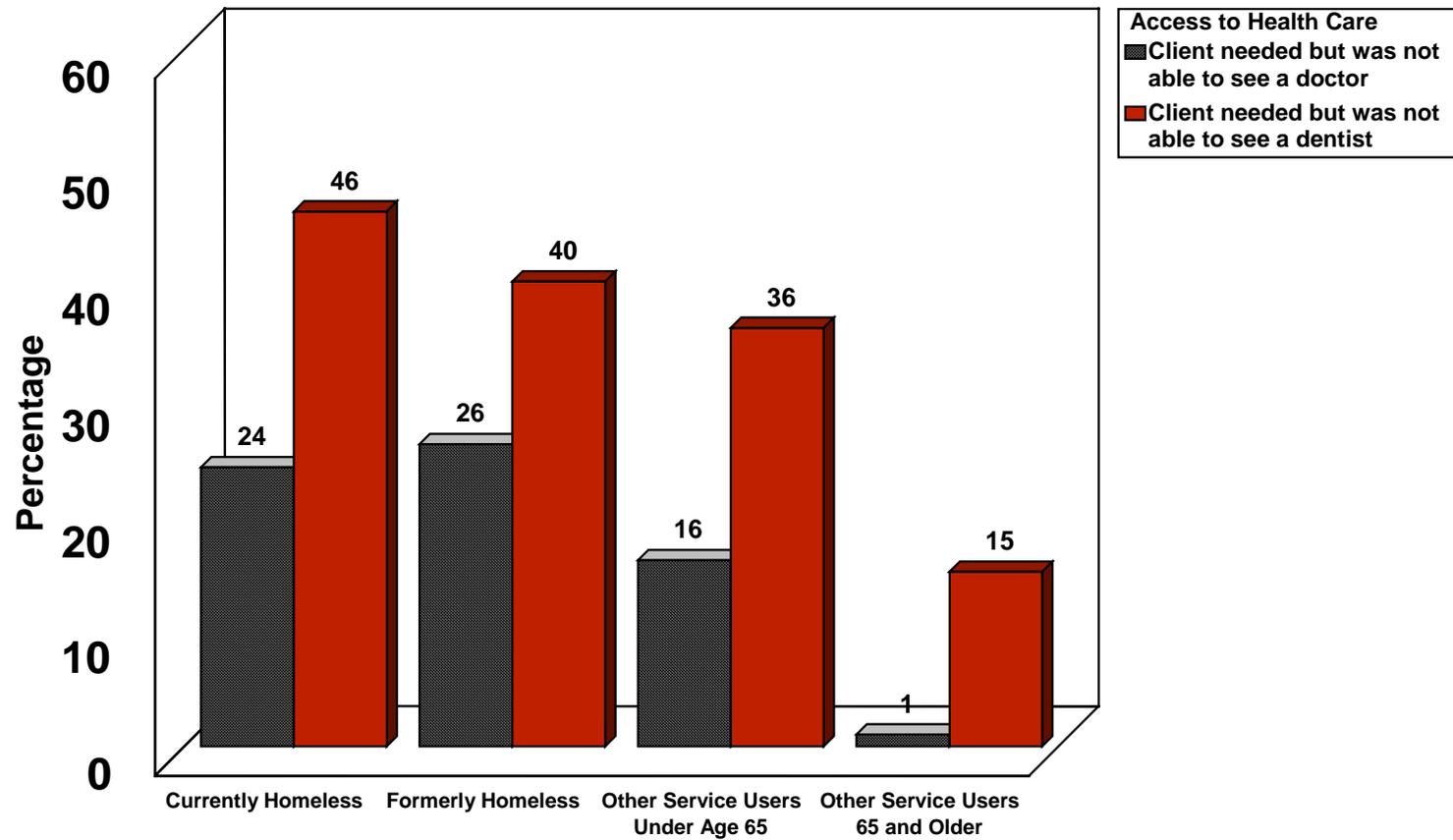
As with health care, the survey also asked clients to report whether they needed to see a dentist in the last year but were not able to do so. Forty-six percent of homeless clients say this happened to them—this proportion is much higher than the 24 percent who report not being able to see a doctor or nurse in the last year (figure 6.3).

### *Medical Insurance*

Because having medical insurance is one factor in assuring that clients get medical care, the survey asked clients whether they had any of several types of medical insurance. Figure 6.4 shows the percent of homeless clients receiving one of four types of health insurance as well as the percent who report no health insurance.

Fifty-five percent of homeless clients report that they do not have any medical insurance, making them far less likely to have health insurance than people in the country as a whole (in 1996, 17 percent of the national population was without health insurance). Thirty percent of homeless clients receive Medicaid, 7 percent receive VA medical care, and 4 percent have private insurance. Finally, 10 percent said they had some other type of medical insurance.

Figure 6.3  
Clients Needing But Not Able to See a Doctor or Dentist in the Past Year, by Homeless



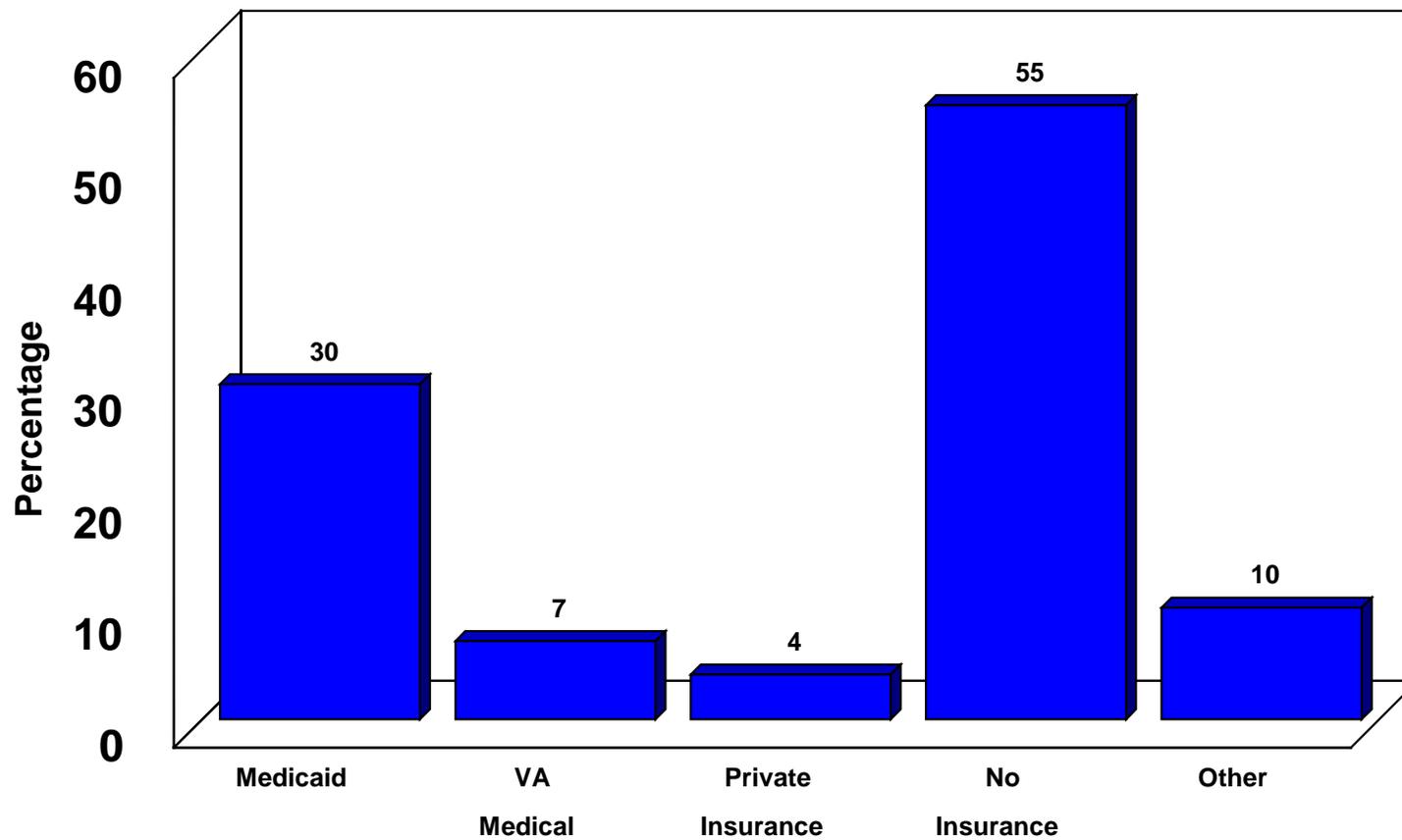
Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Table 6.3  
**Access to Dental Care, by Homeless Status**

	Homeless Status			Other Service Users, by Age Category	
	Currently Homeless Clients (N=2938)	Formerly Homeless Clients (N=677)	Other Service Users (N=518)	Other Service Users Under Age 65 (N=410)	Other Service Users 65 and Older (N=108)
<b>Last Time Treated by a Dentist</b>					
Within the past month	6(%)	3(%)	5(%)	6(%)	2(%)
At least 1 month but less than 6 months ago	11	10	13	13	12
At least 6 months but less than 12 months ago	10	15	11	14	4
At least 1 year but less than 2 years ago	17	19	13	14	9
At least 2 years ago	54	52	55	49	72
Never	3	1	3	4	1
<b>Place Where Last Treated by Dentist</b>					
A VA hospital as an inpatient	2	1	*	*	0
Any other hospital as an inpatient	2	1	0	0	0
A hospital emergency room	1	1	*	*	0
A hospital outpatient clinic	7	9	4	5	1
A VA outpatient clinic	3	2	1	*	1
A dentist in a shelter, soup kitchen, or other program	3	3	2	2	*
Health Care for the Homeless Clinic	2	1	*	*	1
A community health clinic	11	11	7	8	3
A private dentist's office (not in hospital or clinic)	56	63	81	77	91
Dental school	2	2	*	*	0
Other	9	5	2	2	2
<b>Needed But Not Able To See Dentist In the Last Year</b>					
	46	40	30	36	15
<b>Type of Medical Insurance Client Currently Receives (all that apply)</b>					
Medicaid	30	53	43	42	45
VA Medical Care	7	6	3	2	8
Private Insurance	4	5	13	8	23
No Insurance	55	32	31	42	3
Other	10	11	28	10	74

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes a value that is greater than 0 but less than .5.

Figure 6.4  
**Medical Insurance Coverage of Homeless Clients**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

### *Differences by Family Status*

There are important differences in many health-related measures by clients' family status (Appendix table 6.A1). While homeless clients in families are as likely as single homeless clients to have acute infectious and chronic health conditions, they are more likely to have received health and dental care recently and to have received care from private doctors and community health clinics. These differences may be related to their greater likelihood of having medical insurance: 68 percent of homeless clients in families report having medical insurance coverage compared to only 41 percent of single homeless clients.

Medical Conditions. While the same share of clients in the two family status groups have one or more current medical conditions, the two groups report different types of conditions. Homeless clients in families are more likely to report having anemia (21 percent versus 6 percent), while single homeless clients are more to report having high blood pressure (16 percent versus 9 percent) or arthritis, rheumatism, or joint problems (25 percent versus 18 percent). Some of these differences may be due to age differences between the two groups.

Treatment Status and Service Use. Homeless clients in families are also more likely than single homeless clients to have recently received health treatment and accessed it more frequently. Eighty percent of homeless clients in families received medical treatment in the past year compared to 73 percent of single homeless clients. Of those clients who received medical care in the last year, 80 percent of homeless clients in families report receiving it 2 or more times compared to 67 percent of single clients (Appendix table 6.A2).

The health services used over the past year also varies by family status. Homeless clients in families are more likely than single homeless clients to have received medical care in the last year at a community health clinic (34 percent to 19 percent) or private doctor's office (37 percent to 16 percent).

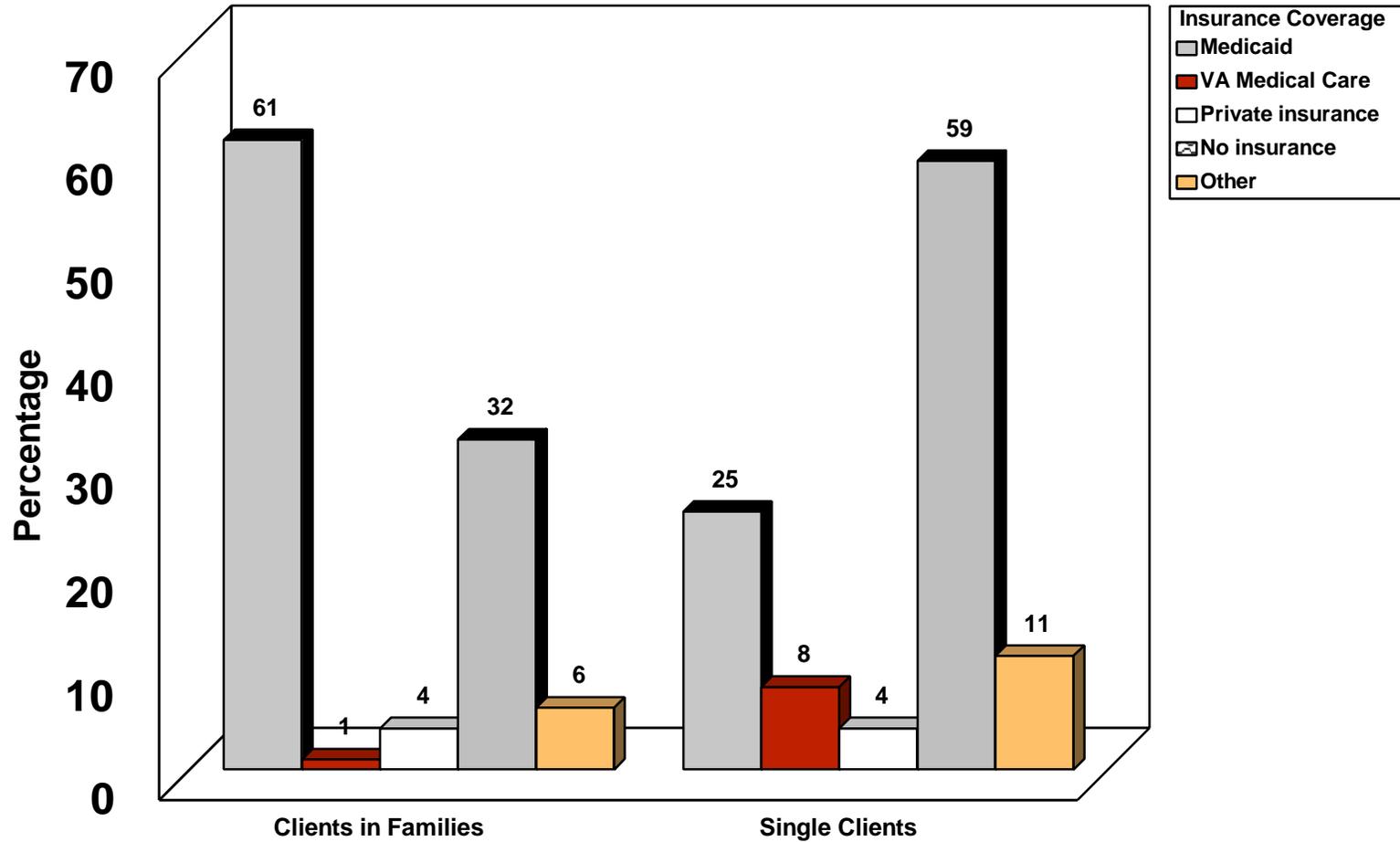
Access to Medical Care and Use of Medications. Homeless clients in families are more likely than single homeless clients to seek over-the-counter medication if they are sick and cannot see a doctor or nurse (Appendix table 6.A2). Sixty-one percent of these clients report they buy aspirin or other remedies at a drug store compared to 43 percent of single homeless clients.

Dental Care. In addition to health care treatment, homeless clients in families are also more likely than single homeless clients to have received dental care in the last two years (Appendix table 6.A2). Fifty-six percent of homeless clients in families have been treated by a dentist in the last two years compared to 42 percent of single homeless clients.

Medical Insurance. As figure 6.5 shows, only 32 percent of homeless clients in families report having no insurance compared to 59 percent of single homeless clients. A substantial portion of this differential can be attributed to Medicaid. Sixty-one percent of homeless clients in families under 18 have Medicaid compared to 25 percent of single homeless clients. Eligibility for Medicaid usually accompanies an individual's participation in government programs which

Figure 6.5

### Medical Insurance Coverage of Homeless Clients, by Family Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

provide benefits such as AFDC and SSI. The differential participation in these programs (63 percent of homeless clients in families versus 14 percent of singles) as described in Chapter 5, helps explain differential access to Medicaid. Since homeless clients in families are more likely to report recent health and dental treatment, it is not surprising that they are also more likely to report having health insurance.

### *Differences by Alcohol, Drug, or Mental Health Problems in the Past Month*

Having an alcohol, drug, or mental health (ADM) problem in the past month may also affect a homeless client's current physical and dental health problems, recent history of medical and dental care and sources for that care.

Medical Conditions. Homeless clients with ADM problems in the past month are more likely than those without such problems to report acute infectious or chronic health problems (31 and 53 percent versus 17 and 33 percent, respectively—figure 6.6). However, within these broad groupings the types of medical conditions experienced by the two groups do not differ.

Treatment Status and Service Use. Although the two groups report different rates of acute infectious and chronic health conditions, similar proportions of homeless clients with and without ADM problems in the past month indicate receiving medical treatment within the last year (75 percent and 71 percent, respectively). The places where the two groups received their care differ, with homeless clients experiencing ADM problems being more likely than those not experiencing these problems to have received care in a hospital emergency room (37 percent versus 24 percent).

Access to Medical Care and Use of Medications. In addition to higher levels of emergency room use, homeless clients with past month ADM problems also are more likely to report they are supposed to be taking medication now. Forty-seven percent of those clients with past month problems report that they are supposed to be taking medication now compared to 23 percent of homeless clients without these problems.

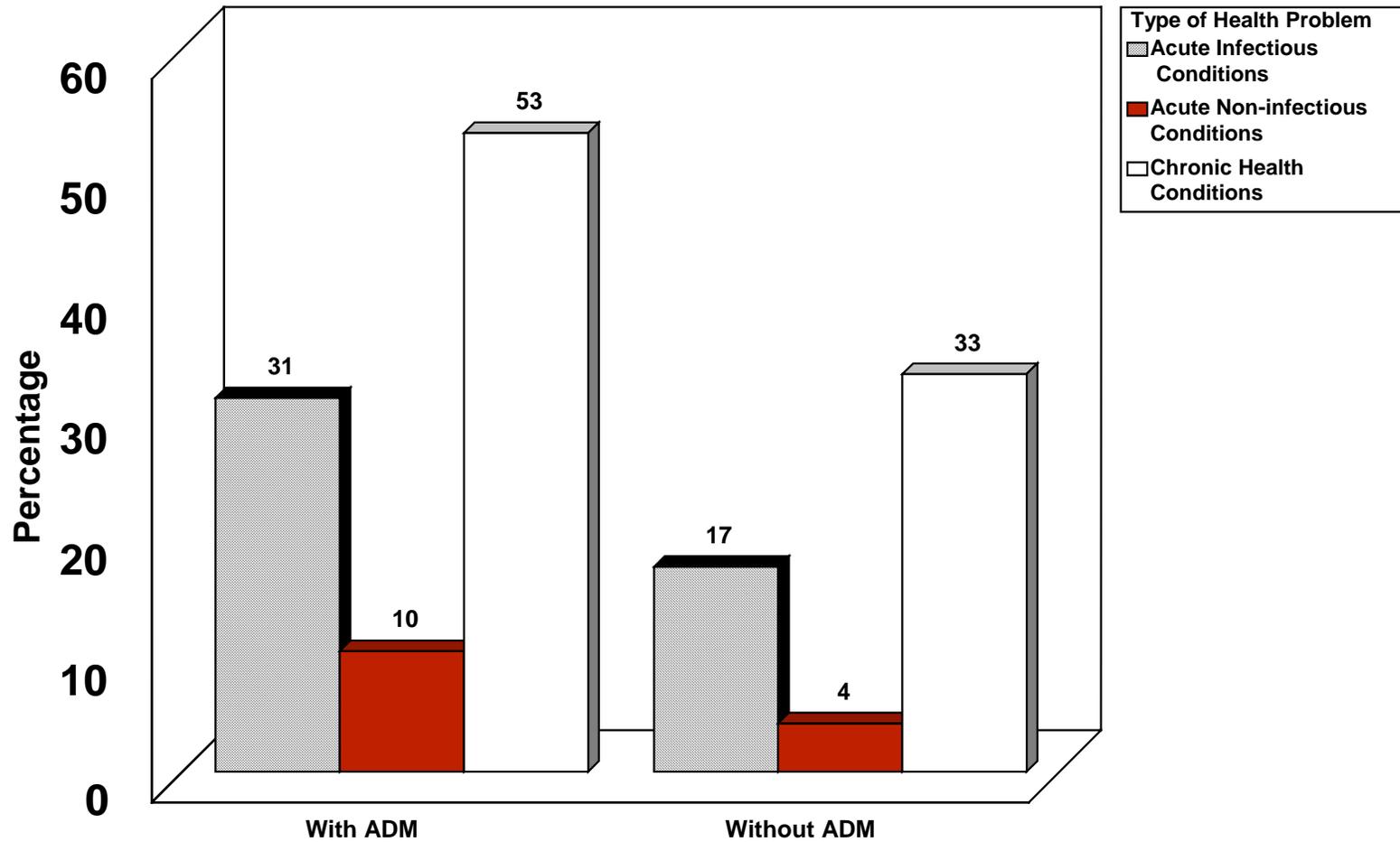
Dental Care. Homeless clients also report differences in their ability to access dental care treatment depending on whether they have past month ADM problems. Fifty-two percent of homeless clients with a past month ADM problem needed to see a dentist in the last year but were not able to, compared to 35 percent of homeless clients without these problems.

### *Differences by Race/Ethnicity*

The race/ethnicity of homeless clients affects their current physical and dental health status, recent history of and sources for medical and dental care, unmet need for medical and dental care, and health insurance coverage.

Figure 6.6

## Homeless Clients' Reported Health Problems, by ADM Status



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Treatment Status and Service Use. Time of treatment and use of different medical services also varies by race/ethnicity. White non-Hispanic homeless clients were more likely than homeless clients in other racial groups to receive medical care in the last year in a private doctor's office (24 percent of white non-Hispanic, 17 percent of black non-Hispanic, 14 percent of Hispanic, and 2 percent of Native American clients) and a hospital emergency room (39 percent compared to 26 to 29 percent of other clients). By contrast, fewer than one-fifth of white non-Hispanic homeless clients received medical care in the last year from a community health clinic compared to over one-third of Hispanic homeless clients.

Access to Medical Care and Use of Medications. In addition to differences in medical treatment, access to medical care and use of medications varies by the race/ethnicity of homeless clients. White non-Hispanic homeless clients are the most likely to report that they are supposed to be taking prescribed medication now (46 percent) followed by 37 percent of black non-Hispanic, 31 percent of Hispanic, and 23 percent of Native American homeless clients. Also, Native American homeless clients are more likely than other race/ethnic homeless groups to report they needed to see a doctor in the last year but were not able to do so (38 percent compared to 18 to 27 percent).

Dental Care. Dental care characteristics also vary by race/ethnicity. Over two-thirds of Native American homeless clients needed to see a dentist in the last year but were not able to see one compared to 44 to 48 percent of other homeless clients.

Medical Insurance. Finally, medical insurance coverage varies by race and ethnicity. A similar proportion of all racial/ethnic groups have access to Medicaid (27 to 35 percent), but more white non-Hispanic homeless clients (17 percent) report having "other" medical insurance compared to non-white clients (1 to 7 percent). White and black non-Hispanic homeless clients are also more likely than Hispanic and Native American clients to receive VA medical care (9 percent versus 1 to 2 percent).

## **Currently and Formerly Homeless Clients and Other Service Users Compared**

### *Medical Conditions*

The proportion of clients reporting one or more acute infectious conditions does not vary among the four homelessness status groups.<sup>2</sup> However, currently homeless clients are much less likely than other clients to report one or more chronic conditions (46 versus 60 to 84 percent for the other three groups). As could be expected by their age, other service users 65 and older are the most likely to report one or more chronic ailments (84 versus 46 to 63 percent for the other three

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<sup>2</sup> See page 2-6 for the reasons why the group of other service users is split into two groups by age for textual discussions.

groups). The types of medical conditions experienced by clients also vary by homeless status. Other service users 65 and older are the most likely to have arthritis, rheumatism, or joint problems (63 versus 24 to 33 percent for the other three groups), while currently homeless are the least likely to have these conditions (24 versus 37 to 63 percent for the other three groups). Likewise, other service users 65 and older are more likely than other clients to report high blood pressure (55 percent versus 15 to 24 percent for the other three groups) and problems walking, a lost limb, or other handicap (60 percent versus 14 to 18 percent for the other three groups). These large differences are likely to be related to differences in age of clients among the four groups, and to the types of ailments considered.

### *Treatment and Service Use*

A similar share of currently and formerly homeless clients and other service users report receiving health care in the last year. However, clients report receiving this care at different places depending on their homelessness status. Currently homeless clients are the least likely to report receiving treatment in the last year at private doctor's office (19 versus 32 to 59 percent for the other three groups), while other service users 65 and older are the most likely to do so (59 versus 19 to 44 percent for the other three groups). Only 13 percent of service users 65 and older received treatment in a community health clinic, compared to 30 percent of formerly homeless clients.

### *Access to Medical Care and Use of Medications*

Homelessness status also affects clients' access to medical care and use of prescribed medications. Twenty four percent of currently homeless clients and 26 percent of formerly homeless clients needed to see a doctor/nurse in the last year but were unable to, compared to only 1 percent of other service users 65 years of age and older (figure 6.3). When other service users 64 years old and under are sick and not able to see a doctor, they are more likely than other clients to buy aspirin or another remedies at a drug store (60 versus 40 to 52 percent for the other three groups).

Currently homeless clients are considerably less likely than other clients to report that they are supposed to be taking prescribed medication now (39 versus 49 to 67 percent). By contrast, other service users 65 and older are the most likely to indicate they are supposed to be taking medications (67 versus 39 to 57 percent for the other three groups). In addition, 74 percent of currently homeless clients ( $29/39=74$ ) who are supposed to be taking medication are able to take it as directed, which is less than the 82 percent of formerly homeless clients who say the same thing ( $47/57=82$ ). However, both groups of other service users are more likely than either group of ever homeless clients to be able to take their medications as directed ( $46/49=94$  percent of other service users 64 and younger, and  $65/67=97$  percent of other service users 65 and older).

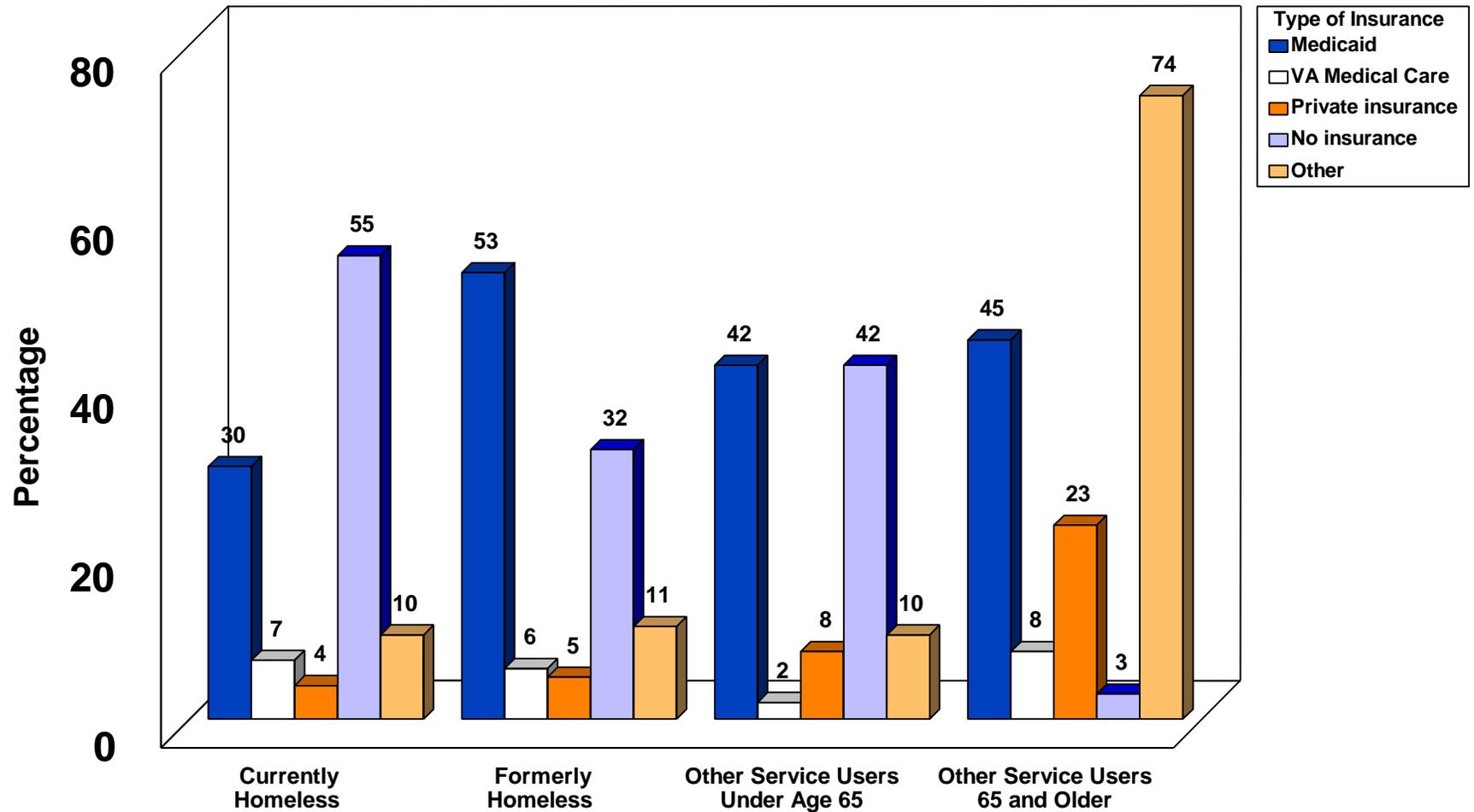
### *Dental Care*

Clients also had different access to dental care depending on their homelessness status. Forty-six percent of currently homeless clients needed to see a dentist in the last year but were not able to do so, compared to only 15 percent of other service users 65 and older. In addition, where clients last received dental care varies by homelessness status. Other service users 65 and older are the most likely to report receiving dental care at a private dentist's office (91 versus 56 to 77 percent for the other three groups).

### *Medical Insurance*

Given the findings reported earlier, it should not be surprising to learn that having health insurance and the source of insurance also vary by a client's homeless status. Fifty-five percent of currently homeless clients have no insurance, compared to only 3 percent of other service users 65 and older. In addition, only 30 percent of currently homeless clients have Medicaid compared to 53 percent of formerly homeless clients. Finally, other service users 65 and older are more likely than clients in any other group to have "other" medical insurance (74 versus 10 to 11 percent for the other three groups). In many cases this is probably Medicare (figure 6.7).

Figure 6.7  
**Type of Medical Insurance, by Homeless Status**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Appendix Table 6.A1  
**Health Status and Treatment of Homeless Clients, by Standard Groupings**

	All Homeless Clients (N=2938)	Family Status		ADM, Past Month@		Race/Ethnicity			
		Clients in Families (N=465)	Single Clients (N=2473)	With ADM (N=1826)	Without ADM (N=1112)	White Non-Hispanic (N=1176)	Black Non-Hispanic (N=1275)	Hispanic (N=335)	Native American (N=106)
<b>Medical Conditions Reported</b>									
Acute infectious conditions	22(%)	25(%)	22(%)	26(%)	15(%)	30(%)	20(%)	12(%)	12(%)
Chest infection, cold, cough, bronchitis									
Pneumonia	3	4	3	4	2	5	3	1	*
Tuberculosis	3	1	4	5	1	2	6	3	*
Gonorrhea, syphilis, herpes, chlamydia, other STDS (NOT AIDS)	2	*	2	3	1	1	4	2	0
Acute non-infectious conditions									
Skin disease, skin infection, skin sores, skin ulcers	7	7	7	9	4	9	6	7	2
Lice, scabies, other similar infestations	1	2	1	2	1	3	*	1	1
Chronic conditions									
Arthritis, rheumatism, joint problems	24	18	25	26	19	33	18	21	13
High blood pressure	15	9	16	18	10	12	20	8	17
Problem walking, lost limb, other handicap	14	9	15	14	15	19	12	8	10
Anemia (poor blood)	8	21	6	10	6	5	13	10	2
Problems with liver	7	4	7	10	1	8	5	9	10
Diabetes (sugar in blood)	5	5	5	5	6	6	5	7	3
Heart disease	5	2	6	5	5	6	5	3	4
HIV positive	3	3	3	4	1	2	4	2	*
Cancer	2	2	2	2	2	4	1	*	*
Have AIDS	1	3	1	1	0	2	*	*	0
Other medical problems									
Use drugs intravenously (shoot up)	4	*	5	6	0	3	4	8	*
Other	20	15	21	24	13	26	16	9	23
<b>Types of Medical Conditions Reported<sup>a</sup></b>									
Acute infectious conditions (1 or more)	26	27	26	31	17	34	24	15	13
Acute non-infectious conditions (1 or more)	8	9	8	10	4	11	6	7	2
Chronic conditions (1 or more)	46	46	46	53	33	49	47	41	30
<b>Last Time Treated or Examined By A Doctor/Nurse for Health Problems Including Routine Check-Ups</b>									
Within the past month	35	33	35	37	29	37	33	30	39
At least 1 month but less than 6 months ago	26	30	26	25	29	26	28	24	24
At least 6 months but less than 12 months ago	13	17	12	13	13	13	13	10	19
At least 1 year but less than 2 years ago	11	15	11	12	10	10	10	23	8
At least 2 years ago	14	6	15	12	17	14	16	10	10
Never	1	0	1	*	2	*	1	4	0
<b>Places Where Received Medical Care In the Last Year (All That Apply)</b>									
A Veterans Administration (VA) hospital where client stayed at least one night	6	1	7	8	2	8	5	1	5
A hospital where client stayed at least one night	20	24	19	24	12	24	15	14	31
A hospital emergency room	32	37	32	37	24	39	28	26	29
A hospital outpatient clinic	27	26	27	28	26	28	26	17	41
A VA outpatient clinic	6	1	7	7	3	6	6	2	5
Doctor or nurse in homeless shelter, soup kitchen, or other program	11	6	11	12	8	10	12	7	10
Health Care for the Homeless Clinic	9	6	9	9	7	6	11	8	7
A community health clinic	21	34	19	21	22	18	22	35	15
A private doctor's office (Not in hospital or clinic)	19	37	16	18	20	24	17	14	2
Correctional facility	4	0	5	5	1	1	7	2	7
Other	10	9	11	15	8	11	12	4	8

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding.

\* Denotes a value that is greater than 0 but less than .5. <sup>a</sup> Conditions asked include: diabetes, anemia, high blood pressure, heart disease/stroke, liver problems, arthritis/rheumatism, chest infection/cold/bronchitis, pneumonia, tuberculosis, skin diseases, lice/scabies, cancer, problems walking/other handicap, STDs (other than AIDS), HIV, AIDS, intravenous drugs, and other.

@ADM = Alcohol, drug, or mental health problem in the past month.

Appendix Table 6.A2  
**Medical and Dental Status and Treatment of Homeless Clients, by Standard Groupings**

	All Homeless Clients (N=2938)	Family Status		ADM, Past Month@		Race/Ethnicity			
		Clients in Families (N=465)	Single Clients (N=2473)	With ADM (N=1826)	Without ADM (N=1112)	White Non-Hispanic (N=1176)	Black Non-Hispanic (N=1275)	Hispanic (N=335)	Native American (N=106)
<b>Times Client Received Medical Treatment in the Past Year Not Including Return Visits</b>									
1	31	20	33	29	34	32	28	24	46
2-3	34	44	31	31	38	31	37	49	15
4-10	25	22	26	27	21	25	28	13	27
11 or more times	11	14	10	13	6	13	8	14	12
<b>Client Supposed to be Taking Prescribed Medication Now</b>	39	35	40	47	23	46	37	31	23
<b>Ability to Take Medication As Directed that Has Been Prescribed By Doctor</b>									
Yes, always taken as directed	29	23	30	35	17	34	27	24	18
Sometimes run out and does not refill prescription when should	3	1	3	4	2	4	2	4	1
Sometimes lose medication	1	*	1	1	*	*	1	2	1
Sometimes forget to take medicine	2	1	2	3	1	3	2	1	1
Sometimes can't afford medication	5	6	5	6	3	7	5	1	1
Sometimes store doesn't have medication	1	*	1	1	*	*	1	*	*
Other	4	4	4	5	1	5	4	1	3
<b>Needed But Was Not Able to See A Doctor/Nurse In the Last Year</b>	24	27	24	28	17	27	18	24	38
<b>What Client Does If Sick and Cannot See a Doctor/Nurse</b>									
Nothing	17	13	18	17	18	21	14	13	15
Buy aspirin or other remedies at a drug store	45	61	43	41	53	42	44	56	57
Borrow medicine from a friend	13	14	13	14	11	12	14	16	4
Get aspirin or other remedies at a shelter	15	11	15	15	14	14	18	10	9
Other	24	20	25	27	18	24	26	21	19
<b>Last Time Client was Treated by a Dentist</b>									
Within the past month	6	6	7	6	7	5	8	10	0
At least 1 month but less than 6 months ago	11	19	9	10	11	12	11	5	9
At least 6 months but less than 12 months ago	10	10	10	10	9	9	13	4	9
At least 1 year but less than 2 years ago	17	21	16	19	13	15	18	18	21
At least 2 years ago	54	43	56	53	55	58	48	58	58
Never	3	2	3	2	4	2	2	6	4
<b>Last Time Treated by a Dentist at:</b>									
A VA hospital as an inpatient	2	Insufficient N	2	2	1	2	2	Insufficient N	Insufficient N
Any other hospital as an inpatient	2		3	3	0	2	1		
A hospital emergency room	1		2	3	1	1	2		
A hospital outpatient clinic	7		7	5	10	3	9		
A VA outpatient clinic	3		3	3	1	2	3		
A dentist in a shelter, soup kitchen, or other program	3		3	3	2	1	3		
Health Care for the Homeless Clinic	2		2	2	1	2	1		
A community health clinic	11		10	11	11	7	15		
A private dentist's office (not in hospital or clinic)	56		54	53	61	68	46		
Dental school	2		2	2	1	4	1		
Other	9		10	11	7	7	13		
<b>Needed to See Dentist In the Last Year But Not Able To</b>	46	51	46	52	35	44	44	48	67
<b>Type of Medical Insurance Client Currently Receives (all that apply)</b>									
Medicaid	30	61	25	32	28	27	33	35	29
VA Medical Care	7	1	8	10	3	9	9	1	2
Private Insurance	4	4	4	4	4	4	4	5	*
No Insurance	55	32	59	52	60	54	54	60	58
Other	10	6	11	10	10	17	6	1	7

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding.  
 \* Denotes a value that is greater than 0 but less than .5. Insufficient N signifies that sample size was too small for data to be reported.  
 @ADM = Alcohol, drug, or mental health problem in the past month.