Medical Care for the Homeless: Utilizing Convenient Care Clinics to Supplement Current Treatment Options

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Abstract

Homeless individuals in the city of Philadelphia face numerous obstacles when seeking medical care. This research aims to highlight current treatment options and seeks to uncover opportunities to improve upon these methods. Homeless individuals are faced with numerous obstacles that challenge their ability to seek proper medical care. A lack of funds and government identification as well as their inability to form trusting relationships hinders their capability to seek treatment. In addition, inconsistent housing and reliable transportation are other hardships that obstruct their bid for medical prosperity. Homeless individuals lack access of health care services, especially primary and routine care, which creates a massive social determinant.

As Otokiti (2018) describes, the homeless suffer from various diseases that typically go untreated. Infectious disease and other communicable diseases are prevalent, and the Tuberculosis (TB) rate is three-times higher in this population than the general public. "Mental health illness, substance abuse and alcohol abuse account for 69% of hospitalizations among the homeless compared with 10% of those in the general population" (Otokiti, 2018, p. 3).

Research was conducted in the form of an anonymous paper questionnaire administered to homeless individuals who visited the MANNA nourishment center in Philadelphia. The goal of the survey was to understand their varying diseases, what they valued most when seeking medical care and identify their preferred choice of treatment facility. Analyzing fifty-one completed surveys revealed that homeless over-utilize Emergency Rooms and few consider urgent care clinics as an option. The results also exposed that forming trusting relationships with their physicians is most important when seeking medical care. Finally, the questionnaire

revealed that the homeless (in this group) suffer mainly from mental disorders along with multiple other diseases and physical ailments.

To combat the disparity in treatment options, a business proposal was developed which identifies a solution to provide the homeless with medical care in convenient and trusting settings. Walgreen's, a nationally known retail chain and Convenient Care Clinic, CCC, will serve as a community-based treatment center offering free services for this population. After analyzing the details of the proposal, the advantages outweigh the drawbacks for Walgreen's; benefits for Walgreen's include the following: improved public notoriety, increased employee morale and alignment with their credo and mission to serve as a health care focused company.

In conclusion, the homeless desire trusting relationships with their health care providers and convenient locations to seek treatment, but various obstacles, some self-inflected, stand between them and a healthier lifestyle. The Walgreen's retail clinics in Philadelphia can fulfill this need and provide convenient care in a trusting environment.

CHAPTER I - INTRODUCTION

Approximately 3.5 million Americans experience homelessness in a given year (Argintaru, et al., 2013, p. 1). Clark (2014) describes some of the routine barriers the homeless population encounters when seeking health care treatment. This includes lack of stable housing and transportation, insufficient funds, lack of medical insurance, and the inability to form trusting relationships with physicians and authority figures (p. 126-27). "Over the last decade, few papers in the peer-reviewed literature have described the models of care that have been implemented for homeless people or reported on the costs or effectiveness of these programs" (Hoch, et al., 2008. p.2).

"Poverty is not just caused by individual experiences, but major inequalities built into the structure of society" (Healey, J, 2011, p.2). According to the National Law Center on Homelessness and Poverty (2015), five main factors cause homelessness and poverty: work and income related issues; lack of education; insufficient housing; poor health; lack of affordable community services. As this research focuses on healthcare treatment for the homeless population, it is important to consider the other factors that have contributed to the homeless epidemic; these issues continue to contribute to the worsening of the homeless state.

Many families struggle to support their members when working for minimum wage. According to Murnane, Bernhardt, & Appelbaum (2003), in the year 2001, 23.9% of the labor force in America earned less than $8.70 cents per hour. Working full-time at this wage equates to $17,400 dollars per year, and the national average to maintain a standard of living is $33,500 dollars annually (p. 1).

Low wages are directly associated with lack of education, which leads to the next contributing factor of homelessness. "The majority of low-wage earners working in the United

States have no educational credentials beyond a high school diploma" (Murnane, Bernhardt & Appelbaum, 2003, p. 1-4). Through changes in economic pressures and technological advances, a focus in recent years has been placed on technical positions by growing technology companies and advancements in the twenty-first century. This economic change requires post high-school training. In addition, through technological advances, positions that were once managed by high-school graduates, such as bookkeeping and manufacturing, are now managed by computers and machines (p. 4).

The absence of education and finances leads to the next contributing factor of homelessness - lack of housing. "Homes act as a physical and emotional anchor, connecting individuals to a location and enabling them to put down roots and form community links," (Murnane, Bernhardt & Appelbaum (2003, p. 4).

In addition to a lack of housing, Bassuk & Gerson (1978) state that, "The resident population of large mental hospitals has been reduced by two-thirds in 20 years, but chronic patients are being discharged to a lonely existence in hostile communities without adequate care" (p. 46). This is known as the *Deinstitutionalization* of mental health services and has contributed to the increased homeless population suffering from mental disorders. The mentally ill are no longer being admitted for long-term hospitals stays and are quickly being treated and released. Societal, economic and religious philosophy has always been a leading factor towards the treatment of the mentally ill, and the segregation of this population dates back to the 17th century (p. 46).

Problem Statement

Otokiti (2018) suggests that proper health care and treatment for the homeless population is a growing problem in major cities across the United States (p. 1). "Homelessness and chronic

diseases have a bi-directional relationship; consequently, chronic diseases, mental health disorders and inadequate access and utilization of health care services disproportionately affect the homeless population" (Otokiti, 2018, p. 1). Adequate health care treatment for this population is ethical, and treatment should be made available on a routine basis.

In addition, the researcher was employed for Walgreen's, which is a Convenient Care Clinic (CCC), and held the title of Senior Manage of Clinical Research from 2013 to 2015. He was tasked with maximizing the use of vacant clinic space by identifying unique business opportunities to fill the gaps and increase profits. Walgreen's neglect in filling clinic space resulted in loss of projected revenue and decreased morale amongst employees. For this research, a business proposition will be explored where Walgreen's will fill vacant clinic space by offering free health care services to the homeless population. The business proposal will identify solutions which aim to prove beneficial for homeless individuals of Philadelphia, financial stakeholders and Walgreen's.

Purpose of the Research

The purpose of conducting this research is to uncover the roadblocks the homeless population face when seeking proper medical treatment in inner-cities, specifically Philadelphia. After determining what these limitations are, a proposal will be created to aid in providing the homeless with proper health care treatment at a Walgreen's retail clinic. Walgreen's would provide free treatment to the homeless, one night per week, at multiple locations across the city of Philadelphia. Nurse practitioners and physician assistants would offer identical services which are available to regular customers. Walgreen's retail clinic offers convenient locations, affordability and familiar staff. These attractive benefits will provide the homeless with hope and inspiration to seek continuous medical treatment.

Research Questions

1) What treatment methods and resources are currently available for this population in Philadelphia?
2) What opportunities exist to improve the quality of care for this population, and discover what those opportunities are in detail?
3) How can Walgreens retail clinic benefit from providing free health services to this population?
4. How can such a proposed program be funded?

Understanding the root cause of homelessness may help with creating a solution that will assist them in obtaining adequate medical care. Surveying this population on their current medical status and well-being is critical to ensure a proposal is developed which incorporates their feedback.

Importance of the Research

Through thoughtful consideration of the current state of available health care and treatment for the homeless, the researcher is positioned to identify gaps in current health care options and recognize areas for improving health care amongst the homeless community. After analyzing the current state and revealing setbacks the homeless face in their daily living, the researcher is hopeful these findings will increase compassion and empathy for this population. In addition, the researcher will explore the possibilities of employing community-based retail health clinics, such as Walgreen's, to aid with providing treatment to this population. Such contributions to the public would garner positive business accolades and recognition from the community.

Chapter II – Literature Review

Susanna Graham-Jones, author of *Tackling the needs of the homeless: a controlled trial of health advocacy*, describes an experimental trial that was conducted in the United Kingdom to assess the effectiveness of a health advocate's casework with homeless people in a primary care setting. Graham-Jones (2004) hypothesized that greater touchpoints with health advocates would improve the homeless populations quality of life (p. 221). During the initiation phase of the study, all homeless individuals over the age of sixteen completed baseline surveys which collected demographics and historical information. During the study, the homeless completed Quality of Life surveys which provide useful data and insight to determine if the health advocates were providing a positive service and experience for the population (p. 223).

The study results revealed that the homeless who interacted with health advocates had a better outlook on their health than those who did not work with health advocates (p. 225). In conclusion, the data verifies that early health advocate intervention provides a short-term benefit, but primary care treatment for this population is the best option for proper health care treatment of homeless families (p. 231).

Another study which focused on intervening with the homeless titled *Health promotion and disease prevention in the emergency room: a feasibility study,* written by Cummings, et al., (2006). The purpose of this study was to immediately identify health risks as they presented in the emergency room, and to offer immediate intervention to treat patients in the following areas: drug or alcohol problems, incomplete immunizations, overdue Pap Smear tests, and those with a cigarette addiction (Cummings, et al., 2006, p. 1). "Health promotion and disease prevention have been increasingly recognized as activities that may be within the scope of emergency medicine" (Cummings, et al., 2006, p. 1). The data was collected from the emergency room at

the University of Alberta in Edmonton, which serves the homeless and working poor. A portion of the patients that qualified for the study completed a computer-based health-risk assessment.

In addition, counselors met with patients to educate them on the health risks associated with their varying diseases (p. 100). The results of the research conclude the following: 46% of enrolled patients were smokers, of which 12% quit smoking after intervention. Moreover, 25% of women enrolled were overdue for their Pap Smear, of which 18% decided to receive the intervention (p. 100). In conclusion, at-risk patients can easily be identified as they present to the emergency room, and through minimal intervention this population benefited from these services (p. 100).

A study conducted by Moore & Rosenheck (2017) across eleven major cities in the United States attempted to uncover the rationale for the high usage of emergency rooms by the homeless. They hypothesized the reason for such high emergency room utilization was due to difficulty accessing other services that would address their needs. Questionnaires were provided for the homeless to complete upon admission to the emergency room requesting specific data points relevant to the study (p.187-189). Moore & Rosenheck's (2017) study concluded that "Supportive housing programs can substantially decrease the use of emergency room services by chronically homeless adults and conversely that lack of housing is a major reason for elevated used of emergency room services among homeless, and particularly chronically homeless adults" (p. 190).

As Byrne, Fargo, Montgomery, et all (2014) explain, that with few options at their disposable, the homeless seek medical attention from emergency shelters, acute health care centers, behavioral health centers, and other social services; These can cost the community and tax payers tens of thousands of dollars annually (p. 235). Mandel (2008) states that "People who

are poor and homeless tend to be without health care insurance" (p. 1). This contributes to the high utilization of emergency rooms as patients cannot be denied treatment. According to Schanzer et al (2007), homeless individuals make up between 20 and 30% of emergency room visits (p. 464). This can be problematic and cause delays in treatment for those requiring real life-threatening emergencies. According to Walsh & Zander (2014), the Affordable Care Act, which went into effect in 2010, allows patients to visit emergency rooms more easily as co-payments are lower and prior approvals are no longer required by medical insurance companies.

Hwang (2001) reveals that the homeless are treated in emergency rooms fives time more than the general population, and their typical duration of stay is longer than others. Emergency rooms are not intended for long term care, but rather to address immediate and urgent needs. After the homeless are treated in the emergency room, they are often discharged to homeless shelters which do not have the capability to provide long-term care and the follow-up treatment required. This results in reoccurring trips to emergency rooms (p. 231).

Treatment Impediments

Many contributing factors make it difficult for the homeless to receive proper medical attention. This includes lack of medical insurance and identification, insufficient funds necessary for treatment and non-existent transportation (Clark, 2014, p. 127). Lack of insurance is one of the main contributing obstacles to receiving treatment. Medicaid typically provides coverage to the homeless and tends to be problematic, as some private doctors and clinical centers do not accept Medicaid. This ultimately limits access to treatment (p.127). "Lack of health insurance is an issue for most homeless in the United States" (Hwang, 2001, p 231). Even if treated by physicians, they lack the ability to purchase medicine to ensure proper management of their health (p.232).

Most homeless are deprived of readily available transportation to travel to clinics for treatment and care. As Clark (2014) mentions, services that are available to the homeless might not always be the easiest to access (p. 128). When faced with decisions on how to allocate funds, the homeless typically shy away from un-necessary spending on taxi services or public transportation. If money is at their disposal, it is allocated to necessities such as food and shelter.

Campbell (2015) elaborates the hardships homeless face with managing their health which can be categorized into three groups: patient level, provider level, and system level (p.5). Patient level issues, such as psychological barriers, are present which prevent proper medical treatment for the homeless. Many homeless are fearful of being diagnosed or hearing negative information about their own health. They believe it is easier to avoid the truth than face it head-on (p.5). Many homeless find it difficult to verbally express their status because it impacts their dignity, worth and confidence. This leads to issues when interacting with people of power, like physicians, as they fear negative judgment and mistreatment will be placed upon them.

The homeless are reluctant to trust others and venturing in unfamiliar situations is highly improbable. Campbell (2015) continues to elaborate that when it comes to seeking treatment from providers, the homeless tend to rely on resources in their immediate vicinity. This is where they feel safest. For example, if resources are available in an area with higher police presence, the homeless will avoid that location (p. 7). Since many system-level hindrances exist, Campbell (2015) confirms that simple means of transportation or the ability to read plague the homeless and create additional restrictions (p. 8).

Campbell (2015) further discusses that a lack of proper identification is a significant obstacle they encounter when attempting to receive medical care. Most clinics and organization that promise to serve the homeless often require identification. In order to receive proper

government identification, a mailing address and birth certificate are required. This can be challenging because the homeless lack permanent residency and access to birthing records (p. 128).

Medical Care and Health

According to Christian & Howson (2018), the homeless face numerous health consequences, including sexually transmitted diseases, HIV, tuberculosis, mental health problems, physical impairments, dental disease, morbidity and mortality (p. 3). In addition to physical ailments, post-traumatic stress and other mental problems plague the homeless and their well-being. (p.3).

Due to a lack of medical treatment, the referenced diseases and conditions are some of the most severe ailments the homeless face. However, even the simplest conditions have proven difficult for the homeless to manage. A diabetic requires daily insulin shots to maintain proper blood-sugar levels. This requires controlled refrigerated temperatures to properly store insulin and other supplies. In addition, if the homeless struggle with cardiovascular disease, a restrictive low-fat diet is necessary to overcome this disease. The local soup-kitchens and shelters are unable to accommodate special diets in their meal preparations. This would require greater resources, additional expenses, and other considerations. Receiving proper medical treatment, for even the most treatable diseases, appears to be an ongoing battle for the homeless.

According to the U.S. Department of Health and Human Services (2014), people who are homeless report living in a traumatic environment and face harrowing experiences. This includes being kidnapped, struck by automobiles, sexually assaulted and experiencing personal violence. An earlier report published by the *Committee on Health Care for Homeless People, & Institute of Medicine* (1988) stated that traumatic disorders are among the major areas of concern

for the homeless (p.42). The homeless have endured traumatic experiences for decades, and this long-term suffering has resulted in a mass diagnosis of Post-Traumatic Stress Disorder – PTSD (U.S. Department of Health and Human Services, 2014, p. 57). The homeless endure trauma because they are often victims of violent crimes and even rape. "More than half of the people who are homeless have a lifetime prevalence of mental illness and substance use disorders. Skin disorders are another medical issue plaguing the population" (U.S. Department of Health and Human Services, 2014, p. 57). Lack of adequate bathing facilities, cleaning products, constant exposure to the elements and perpetually dirty clothing contribute to dermatitis, cellulitis and other skin ulcerations.

Moreover, respiratory illness is easily contracted in group-home settings due to poor ventilation, over-crowding and environmental stress. Tuberculosis (TB) has become a major problem among homeless people. A study conducted in Duval County, Florida revealed that TB rates amongst the homeless rose from 27% in 2008 to 51% in 2011 (Notes from the field, 2012, p. 1). Tan de Bibiana, et al., (2011) set-out to conduct a study in Montreal to describe the epidemiology of TB among homeless persons and to assess patterns of transmission and sharing. As health conditions among homeless are so poor, they are more susceptible to contracting TB than the general public (p. 1). The study concluded that 85% of the homeless that were treated in participating TB centers were diagnosed with TB, and 100% of the homeless had some underlying pulmonary disorder (p. 3-4).

Treatment Facilities and Managed Health

Clark (2014) suggests that those with stable housing have a higher probability of maintaining a healthy lifestyle (p. 84). Stable housing appears to be a differentiating factor when determining the health and well-being of individuals.

In 1993, President Bill Clinton vowed to increase the federal budget allocation to establish a plan titled *Continuum of Care* (CoC). Richie & Alperin (2002) define CoC as "prevention, out-reach and assessment, emergency shelter and transitional and permanent housing with the necessary services, like job-training, childcare, substance abuse treatment, and mental health services" (p. 109). The primary goal of the CoC was to enable the homeless and their families to become more self-sufficient and find permanent housing (p.109).

Richie & Alperin (2002) further explain that the President and Housing and Urban Development, HUD, encouraged communities to evaluate their local needs and develop individualized CoC plans that would accommodate their population. The government provided funding to various agencies throughout the country, and it inspired all homeless agencies to unify and combat homelessness (p.110). The CoC vowed to connect all agencies so they could properly share information and data about the homeless, in addition to maintaining accurate counts of the population. Information captured and shared includes the following: individuals with substance abuse issues, HIV and AIDS, mental health issues, chronic issues and individuals who are newly homeless (p.112).

In addition to seeking medical treatment at housing shelters, Clark (2014) discusses opportunities to improve treatment accessibility using Telehealth. Telehealth is the ability for patients and physicians to meet face-to-face through the utilization of technology. The most common use of Telehealth is live video consultations (p. 90). Clark (2014) further explains that Telehealth can be an extremely effective method for delivering healthcare to inner cities that do not have health clinics. With current technology, Telehealth can treat a wide range of diseases and chronic issues (P. 91). Telehealth has grown tremendously in recent years and has gained recognition for providing care at affordable costs.

Mobile health has proven to be another successful commodity for the homeless to manage their health. Clark (2014) explains that Telehealth and mobile-health differ slightly, as mobile-health strictly utilizes smartphones to manage health. Smartphones have been used to identify treatment centers, research health information and find community resources. A large percentage of homeless have smart phones which is used for social media and text messaging (p.94).

Through text message alerts and location tracking of the nearest health clinics, the homeless can better manage their health using mobile-health. Geo-mapping is another unique tool that can track local outbreaks of diseases, and once tracked, trained health providers can be deployed to assist and administer medication to aid with recovery efforts. For example, if Tuberculosis was prevalent in a small section of Philadelphia, through geo-mapping and data collection, resources can be directed to that section of the city, deploying adequate health care professionals to treat that population and disease (p. 91-92).

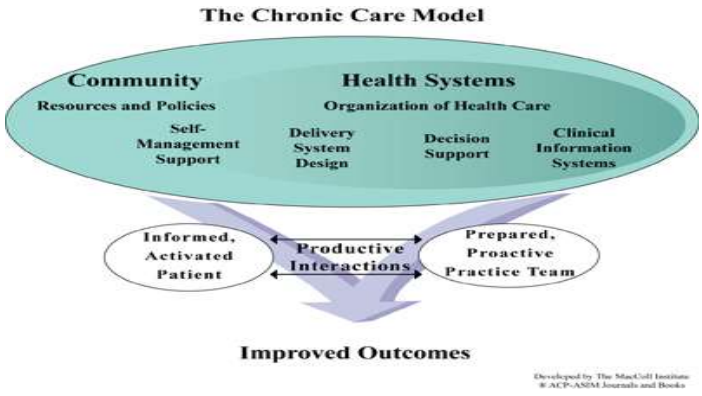
Clark (2014) continues to explain that rather than treating acute issues, it is believed that educating the population is imperative and more effective to their health and recovery. The Chronic Care Model, *CCM,* which focuses on chronic disease and healthcare management, was created by *The MacColl Institute of Healthcare Innovation* in the early 1990's (p.92).

> The CCM incorporates six distinct elements: the community, the health system, self-management support, delivery system design, decision support and clinical information systems. These elements prioritize community linkages and health care organization support, while focusing on delivery system redesign, effective clinical information systems, access to decision support and improved self-management for patients (Clark, 2014, p. 92).

Clark (2014) adds that while the CCM model has never been applied to the homeless population, with slight modifications it could be successful. To apply to the homeless population, the following must occur: (1) integrating interactions with them to allow for more

streamlined and productive communications; (2) creating a method which would allow a care team to efficiently and effectively treat them (3); inform and educate them on proper self-care methods; (4) provide an open access platform to the homeless by integrating efforts across all health care providers. Providing consistent point of contacts, regular physicians and social workers will increase the likelihood of continued health care management (p.93).

An example of the CCM models' effectiveness is through the Skid Row Homeless Healthcare Initiative (SRHHI), which is a partnership of twenty-six agencies in downtown Los Angeles that joined forces and combine resources. This led to the accurate tracking of the homeless and contributed to an impressive 75% TB vaccination rate. Through this conglomerate, the homeless are better suited to manage their diseases, enjoy nightly housing and have access to other essentials (p. 96). The homeless feel continuity and trust can be difficult to obtain when seeking treatment, but through constant touchpoints with familiar health care professionals both can be achieved.



The Retail Clinic Setting

Hansen-Turton et al (2013) describes that convenient care clinics (CCC) are an effective and affordable method for administering health care treatment. Typically located in inner-city locations, easily accessible and their straight-forward approach to treatment offers speedy

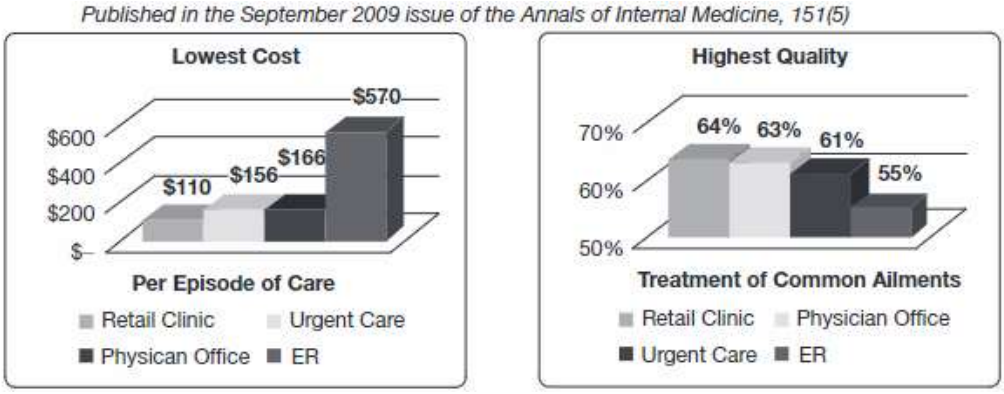
appointments. When CCCs are paired with retail stores, they can also drive volume into those stores, increasing revenue potential (p. 161-162).

The first CCC opened in the year 2000, which was owned by CVS, called Minute Clinic. The founders opened the clinic while acknowledging that primary care physicians were not meeting the demands and needs of the public (Hansen-Turton et al, 2013, p. 2). CCCs had limited service offerings, but over time, through technological advances and integration with major health networks, they expanded their service offerings to the public. Retail clinics are a new business model, but they are especially prosperous during a time when cost and convenience are significant considerations amongst the public (p.160).

Hansen-Turton (2013) further elaborate that CCCs are committed to quality, and they strive to serve as an integral healthcare provider. Industry leaders, such as representatives from CVS Caremark, Take Care Health Systems, and other CCCs have aligned to create a set of quality and safety standards for all CCCs in the United States. These standards include the following: (1) use of national evidence-based guidelines for each condition treated; (2) measurably high patient satisfaction; (3) tracked set of minimum standards for wait times; (4) Tracked numbers of patient visits to the clinic; (5) a health care provider referral system in all markets, allowing for timely treatment of conditions beyond the center's scope of practice; (6) available discharge instructions and educational materials for each patient; (7) electronic health records (EHR) use with evidence-based protocols from key national organizations (p. 7).

CCCs are staffed with nurse practitioners and physicians' assistants, while physicians typically provide oversight and guidance. Clinics are usually connected to a drugstore, grocery store or other retail chain, easily accessible to the community and typically accessible seven days a week, 12 hours a day.

According to a randomized multi-year study analyzing thousands of patient visits that compared accessibility, cost and quality to that of other treatment facilities, it was concluded that "retail clinics are more convenient for patients, less costly and provide care that is of equal quality to other health treatment facilities" (Hansen-Turton et al, 2013,p. 179).



As the figure above details, CCCs can keep their costs low and quality high due to their limited scope and lower cost providers; however, margins are relatively thin because they rely on high patient volume to account for profitability (Hansen-Turton et al, 2013, p.180). Profitability driven by volume is what drives CCCs and their existence.

Chapter III – Research Methodology

A Qualitative and Mixed Methods design was used when writing the Capstone and conducting research. Mixed Methods was chosen because it provides data that is measurable via surveys and theories, as well as qualified data and content. Qualitative and Mixed Methods research creates value because its strength is based on determining if the research findings are accurate from the positions of the participants, readers of the research and the researcher (Creswell & Miller, 2000). Not only is qualitative research supported by accurate findings, multiple approaches can be taken to ensure the validity of the findings.

The philosophical worldview that will be expressed when conducting research is considered Transformative. This worldview addresses social issues, discrimination and

oppression against persons of racial and ethnic minority, disabilities, and other similar members of society. During the research and presentation of the Capstone research project, an action plan will be created which will identify a solution to the problem

To help support the Capstone research, an anonymous questionnaire was administered at MANNA, which is a Philadelphia based nourishment center that provides free and nutritious meals to the unprivileged citizens of Philadelphia. The questionnaire included six questions - three focused on capturing demographic information and three questions targeting current health status and priority considerations when seeking treatment. The questions were thoughtfully considered and designed to provide necessary data to support current research. Including more than six questions could deter the target audience from participating. A paper copy of the survey was administered prior to participants entering the main dining hall. Conducting the survey through electronic means was not feasible given the constraints on resources and familiarity with electronic tools. The full questionnaire is available in Appendix 2 and the raw data responses in Appendix 3.

In total, sixty-three surveys were completed; however, only fifty-one were completed in their entirety. To ensure proper analysis of the results, fifty-one completed surveys will be analyzed for this research. No other issues were identified during the administration of the questionnaire.

In addition to administering a questionnaire, information will be gathered by reviewing scholarly articles written by researchers who specialize in the fields of psychology, sociology. and health care. Government reports, specifically the U.S. Department of Housing and Urban Development (HUD), will be reviewed and information from these reports will be referenced to support this research. Lastly, summaries of interviews conducted with nurse practitioners will be

highlighted. Information attained through these interviews will offer the health care professionals perspective on the use of CCC's to treat the homeless.

Research Questions

1) What obstructions do the homeless face when receiving health care treatment in inner cities?
2) What treatment methods and resources are currently available for this population?
3) What opportunities exist to improve the quality of care for this population, and discover what those opportunities are in detail?
4) How can Walgreens retail clinic benefit from providing free health services to this population?

Chapter IV – Data Analysis and Results

A six-question questionnaire was distributed at a nourishment center in Philadelphia over the span of three months. The questionnaire was conducted on paper and completed prior to individuals entering the main dining hall for dinner service. 51 surveys were completed in their entirety. The goal was to have a minimum of 100 completed questionnaires, as a larger sample size would have aided in providing validity to the findings; however, due to a lower than expected completion rate and timelines for drafting the Capstone research, the questionnaires were discontinued and pulled from circulation.

Below is the list of multiple-choice questions provided to the homeless (refer to Appendix 2 for a copy of the full questionnaire with multiple-choice options):

1) How long have you been homeless in the city of Philadelphia?
2) How old are you?

3) Which racial group do you identify with most?

4) Which do you most frequently visit when seeking medical care?

5) What condition(s) have/are you currently being treated?

6) What's most important to you when seeking medical care and attention.

After analyzing fifty-one completed questionnaires, below are the findings and results that are supportive of the research:

Demographics:

1. 76% of surveys were completed by African Americans, Spanish or Latinos and those who selected *Other*. 24% identified as White.
2. 47% identified as being over the age of 31 years old, and 53% identified as being younger than 31 years old.
3. 53% of respondents identified that they have been homeless for about one year, while 47% claim to be homeless for less than one year.

Health Care Treatment

4. 94% of respondents stated they visit emergency rooms, shelters and other non-profit facilities to seek health care treatment. In contrast, only 6% of respondents used urgent cares and clinics to receive care.

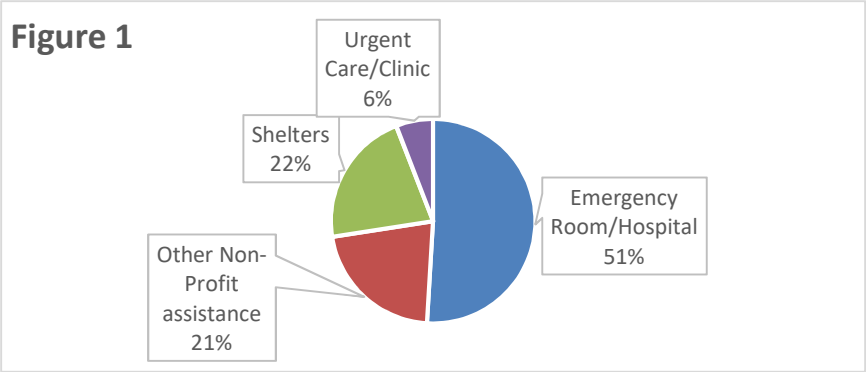
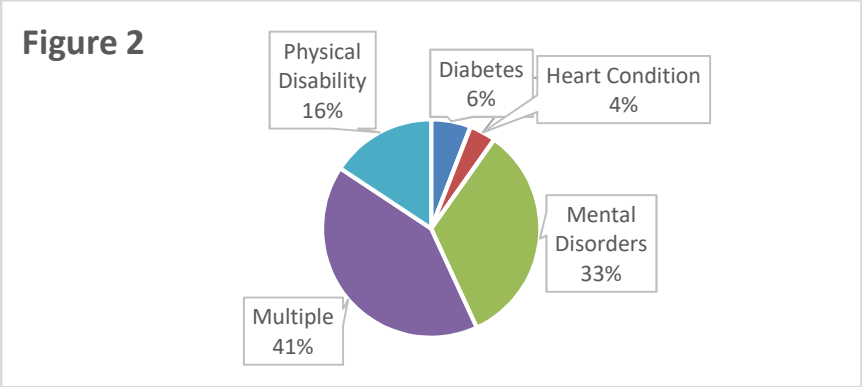


Figure 1 above describes the current facility utilization by the fifty-one homeless individuals who completed the survey. The results of this question align with previous research, as the homeless tend to abuse the use of emergency room settings when seeking medical treatment. With only 6% taking advantage of urgent care clinics, such as Walgreen's, an opportunity exists to increase the use of these clinics. If the homeless could identify the value and ease of use of the Walgreen's clinics, their time spent at the other facilities should decrease. This could have numerous systemic benefits impacting many.

5. When surveying on the class of medical conditions they suffer, 41% stated they suffer from multiple ailments inclusive of mental disorders, physical disabilities, heart condition and diabetes. A staggering 33% of respondents stated they suffer from a mental disorder only.



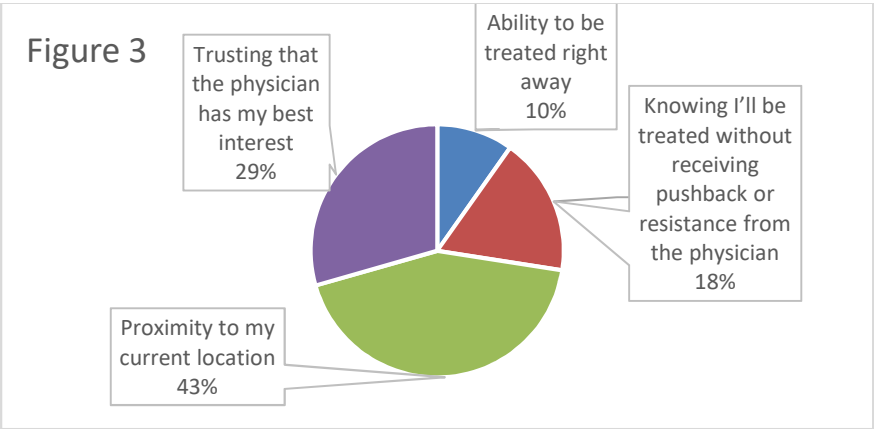
The results support current research as mental disorders plague the homeless population. Of the 33% suffering with mental illness, none of those respondents were of African American decent. In addition, 65% of those suffering from mental disorders value proximity to their current location when asked the final question of the survey; *what's most important to you when seeking medical care and attention*?

6. When asking the final question of the survey, 43% stated that proximity and location was their main concern when seeking medical care. Next, 29% answered

that *trusting their physician has their best interest* was most important when seeking medical care.

As figure 3 explains, 43% were clear that both transportation and location are essential when considering where and how the homeless will obtain medical care. Of the 43% who selected proximity and location as the most important factor in receiving medical care, 60% currently visit the emergency room as their primary facility to receive medical care.

In addition, 29% of the 51 completed participants have difficulties developing and maintaining trusting relationships with figures of authority, and their ability to trust physicians is important but problematic to achieve. Of this group, 86% choose an Emergency Room when seeking medical care.



Business Proposition for Walgreen's

Through the author's own experience and tenure working for Walgreen's retail health clinic from 2013 through 2015, his priority was to identify opportunities to fill vacant clinic time, space and increase patient volume. The company was losing revenue as patient volume across their 400 clinics was sporadic. It was during this time where he identified endless opportunities which could assist with providing healthcare services to the homeless population.

According to recent developments with the health care retail chains, Angelicalavito (2019) discusses how Walgreens and other competing stores are attempting to change the health care industry by creating a primary care atmosphere within their stores. They are broadening their scope and offering numerous new services such as eye exams, lab testing, yoga centers and more. The goal is for patients to view Walgreen's and other retail chains as health care centers where a wide array of medical services are available. Walgreen's and its competitors will continue to compete by identifying new and unique solutions that will create volume and new customers.

A business proposition has been created for Walgreen's to allocate their available clinic space and time to provide medical care and treatment for the homeless population in center-city Philadelphia. Walgreen's will determine which day of the week, and available times, are advantageous based on current clinic capacity. Providing treatment to the homeless will improve the health of the homeless, allow them to better manage chronic issues, and create continuity of their health care through collaboration with local shelters and share pertinent medical information.

Walgreen's will benefit from this proposition as they will fill vacant clinic space and time. According to the *U.S. Department of the Treasury. Internal Revenue Service* (2012), providing such services at no-cost bears tax advantages should Walgreen's decided to make this offering a permanent arm of their business. Walgreen's could also become a staple in the community and known over-time as a compassionate organization that values the community. This endeavor could separate Walgreen's from other retail stores in the community, and loyalty to the Walgreen's brand over others could persist. In addition, the providers treating the homeless will have an opportunity to expand their work experience, garnish their relationship

skills and could feel a sense of pride and honor providing such treatment for this population. This could lead to greater employee satisfaction and employee retention for Walgreen's.

In addition, by offering these free services at Walgreens clinics, it could liberate the over-use of emergency room visits at local hospitals. Thus, allowing the emergency rooms to treat patients in crisis more quickly. The benefits of offering free services to the homeless population has multiple benefits impacting many facets of society.

According to Walgreen's (2019), there are eight Walgreen's locations in a six-mile radius in center city Philadelphia. They are located at the following: (1) 1800 South Street; (2) 1334 Bainbridge Street; (3) 1101 Locust Street; (4) 1227 Locust Street; (5) 1 South Broad Street; (6) 1617 John F Kennedy Boulevard (7) 245 North Broad Street; (8) 2310 West Oregon Avenue.

The *City of Philadelphia Office of Homeless Services* (2017) gathered results from varying sources and reported 5,788 homeless persons in Philadelphia in 2018. 75% were adults, and 25% were youth under the age of 18. This number has risen from 5,693 homeless persons reported in 2017. This point-in-time count is reflective of any sheltered and un-sheltered homeless persons on any given night in the month of January 2018. As the report states, the top three health conditions plaguing the homeless in Philadelphia are mental health, chronic health conditions and drug abuse.

First, Walgreen's must identify which of its eight center-city Philadelphia locations is under-performing, or not meeting the patient volume demands needed to be profitable. The following considerations will be made when determining feasibility of this endeavor: (1) average number of patients treated at each clinic per day; (2) what percentage of these customers returns for additional treatment; (3) how many visits each day are scheduled versus unscheduled/walk-in

appointments; (4) identify the total cost to run each clinic per year; (5) which day of the week would be most advantageous to offer free medical care to the homeless.

As previously mentioned in this research, consideration of patient volume will aid in determining the profitability of a clinic and help to identify its capacity to treat patients. For the purposes of the business proposal, identifying under-performing clinics is ideal as these clinics have the capacity to treat additional patients. Also, analyzing repeat business will assist in determining if a clinic is acceptable for this endeavor. This proposal will not disturb current business but rather serve as a supplement to fill clinic space and provider time.

In addition, Walgreens patients currently can schedule their appointments in advance using their website, or simply by walking-in and waiting. This is all managed through Walgreen's self-registration platform. Selected clinics should have a low walk-in rate, as Walgreen's should not neglect current customers to treat the homeless. Predictability with scheduled appointments by patients will help fine-tune which clinics to use for this business proposal.

Moreover, Walgreen's management must recognize the full cost of operating each clinic per year. This information compared with revenue from patient visits will allow for a deeper sense of total profit compared to losses. For clinics with losses, this business plan would be an ideal option as it would fill an un-met need. The clinics that have capacity and time to treat patient. In addition, management should have familiarity of their daily clinic volume. This will enable management to identify which day of the week to offer free medical care.

Once the specified clinics have been selected, determining the specific types of services available to the homeless is the next step. As the Philadelphia Office for Homeless Services described in their annual report, drug abuse, chronic health conditions and mental health are the

top medical concerns for the homeless in Philadelphia. According to Walgreens (2019), they can treat chronic conditions, minor mental health issues and provide preventative health measures (See Appendix 1 for a full list of Walgreen's services).

Walgreens will provide training for all staff involved with this endeavor. As mentioned previously in the research, the homeless can be hesitant and fearful of establishing relationships with providers, so it is essential Walgreen's establishes training that focuses on building personal relationships and establishing trust. Training would be required for all store personnel which includes the pharmacy and retail staff.

Prior to launching the free services to the public, Walgreens management will work to establish relationships with several shelters in the Philadelphia region. Establishing this partnership is vital as continuity of care is essential in ensuring the homeless continue to receive and improve upon their health. As previously mentioned, having these relationships in place will improve patient health, as they will be better suited to track short and long-term treatment and the progress of their patients.

Walgreens will monitor and track all persons and their ailments via their Electronic Medical Records system (EMR). Tracking this information electronically will allow for easy access and transfer of patient health information. In addition, if any medications should be prescribed, drugs can be dispensed to patients through the Walgreen's pharmacy. Drug prescription history is also tracked electronically, and this information can be shared with the local shelters. Providing the homeless with medical treatment at Walgreen's allows for a greater chance to help alleviate this population of their chronic and un-treated diseases. It also allows varying resources and shelters across the city the ability to properly manage the chronic diseases through coordinated-care efforts and tracked medical history.

Chapter V - Conclusion

The conclusions drawn after reviewing the results of the questionnaire and various studies and research indicates that several factors prohibit the homeless from receiving proper medical treatment: lack of proper and stable housing; inaccessibility to nutritious food; societal concerns and trust issues with persons of power and inconsistent medical care from regular providers. Many homeless seek medical services at homeless shelters, urgent care settings, and through emergency room visits. These options provide immediate medical care, but they don't provide long-term benefits and come with high cost. Through the Walgreen's business proposition where free medical services would be provided to the homeless, it is believed the homeless could receive consistent medical care and develop relationships with persons of power; thus, alleviating some of the roadblocks prohibiting the homeless from receiving proper medical attention.

The original questions posed in this research project were:

1) What obstructions do the homeless face when receiving health care treatment in inner cities?
2) What treatment methods and resources are currently available for this population?
3) What opportunities exist to improve the quality of care for this population, and discover what those opportunities are in detail?
4) How does Walgreens retail clinic benefit from providing free health services to this population?

As discovered in the research, several difficulties exist for the homeless when attempting to receive proper medical care. Their lack of trust for persons in power makes for difficulty in

forming relationships with physicians. As Figure 3 details, 29% of participants selected *trusting that the physician has my best interest* was most important to them when seeking medical attention. This same group that values trusting their physicians, 86% of them chose the *emergency room* as their primary facility when seeking medical care.

This confirms the homeless struggle to trust people with authority, yet value the comfort and familiarity of the emergency room and regular staff. This finding supports the notion that the Walgreen's clinic could be a viable option that promotes both trustworthiness and familiarity, as each Walgreen's clinic is operated by two nurse practitioners. Having few staff allows for the homeless to be regularly treated by the same providers and fosters an opportunity for trusting relationships to build.

Lack of stable housing and proper storage conditions for medications inhibits their ability to treat themselves and creates an insecure atmosphere; this can lead to the mismanagement of their health and exposure to societal diseases and ailments. The absence of nutritious foods creates challenges when combating chronic issues such as diabetes or heart conditions. Inconsistencies with medical treatment and the lack of continued care and follow-up creates a gap in their medical care.

The absence of funds makes it difficult for the homeless to seek proper medical care, and if funds were available, they will satisfy their immediate need for food consumption first. Lastly, their lack of transportation and identification makes it nearly impossible for them to travel to treatment facilities, and if able, providing adequate identification can almost always be a rate limiting factor.

Through the conducted questionnaire and as seen in Figure 3 above, 43% stated that *proximity to my current location was the most important concern when seeking medical care*.

This aligns with current research and confirms that convenience and cost of travel are considered when making medical decisions. Of the same group of respondents who value location and proximity, more than half chose the emergency room as their most frequent visited medical facility (see Appendix 4). Given the multiple hospitals within the city of Philadelphia, this confirms the homeless' appreciation for the numerous emergency room locations across the city. Their accessibility and convenience make them ideal when seeking medical care. As convenience and location have proven to be large factors for the homeless when seeking medical care, the Walgreen's clinic has convenient locations within the city which are easily accessible.

Various resources exist which allow the homeless to be treated for their medical conditions, but not all are proven to be successful and efficient. Emergency room visits are flooded with homeless individuals. Hwang (2001) reveals that homeless are treated in emergency rooms five-times more than the general population (p. 231). Shelters provide medical care for the homeless, but their services and funds are limited, and inconsistent treatment for the population is problematic.

Lastly, urgent care and primary care settings are not typically sought out by the homeless, as they typically require the homeless to find transportation to these facilities and money available for treatment. Emergency rooms provide quick and immediate access to medical needs, but do not treat the long-term ailments and conditions required for success. The completed questionnaire confirmed that more than half of the respondents, 51%, selected the Emergency Room as their most frequently visited facility. Next, 22% confirmed they seek treatment from shelters and only 6% from urgent care/clinic settings. The completed questionnaire aligns identically with the current landscape assessment of homelessness.

Opportunities have been identified to improve healthcare treatment for the homeless in Philadelphia by offering services at Walgreen's health care clinics. By offering free services to the homeless at the Walgreen's clinics, an opportunity is created for the homeless to obtain routine care and have an opportunity to manage chronic ailments. This option will give the homeless a location within the community they feel safe visiting. In addition, the homeless will have an opportunity to build lasting and trusting relationships with the providers, which could ultimately lead to rebuilding trust with persons in power. Through Walgreen's Electronic Medical Records (EMR), patient information is tracked which can easily be shared with shelters in the city to provide greater continuity of care for homeless.

Treating homeless patients at a Walgreen's clinic has many benefits, but several challenges still exist for the homeless when managing their health. Walgreen's does not treat major mental health issues and drug-abuse, which could still be problematic for the homeless population. They can provide treatment and care for minor mental health issues, preventative health and chronic conditions.

From a business perspective, Walgreen's will greatly benefit from this business proposition in multiple facets. First, they will fill unoccupied clinic space and provider time. Keeping the providers engaged and actively using their skills for the greater good will help with employee retention and company morale. Providing free medical services for the public can lead to tax advantages and other financial benefits as non-profit organizations are privy. Through Walgreen's compassion and dedication, they will receive notoriety throughout the community which could lead to increase sales and brand loyalty. Lastly, Walgreens would be contributing to enhancing mankind through their gestures in serving the public. They will continue to grow their

network by working with several homeless shelters in the community and serve as a premier catalyst for providing medical care to the homeless.

Chapter VI – Recommendations to Organizations

Numerous ideas can improve available healthcare treatment for the homeless, but with a few specific institutional changes and recommendations, a complete transformation is possible for how the homeless receive medical care in Philadelphia.

First, a more concerted effort should be applied in emergency rooms across Philadelphia hospitals. According to Walsh, Zander, et all (2014), some hospitals have case managers who will assist with patient intake and provide special care for the homeless and other vulnerable populations. These case managers have specialized training in dealing with this population and have resources available to triage these patients accordingly (p. 35). While this is a valiant effort put forth by hospitals, more should be done to treat the homeless and vulnerable populations.

It is recommended that hospitals dedicate specific space and resources to manage and treat the homeless. Resources should have appropriate training to ensure preparedness for working with the demands this population possesses. Resources should have necessary skills to help these patients not only recover from their ailments but serve as an ambassador to assist with any number of their needs; from finding the closest shelter to job training. Staff can be influential and provide more than medical care. If allocating hospital staff is not feasible, outsourcing these efforts to an agency or non-profit would be another recommendation. Just as Walgreen's partnered with health providers and opened clinics within their stores, I encourage hospitals to explorer similar strategies and dedicate hospital space and resources for these efforts.

Second, shelters throughout the city should expand their service offerings by helping those who are dually diagnosed, both with poor mental health and physically disabled.

According to Donley & Wright (2012), dually diagnosed homeless accounts for more than half of the homeless in Florida (p. 7). Shelters should steadily look to develop new programs to help the homeless manage their diseases. For example, a program focused on homeless diabetics to help store insulin in refrigerated coolers or lock boxes. Storing insulin centrally is feasible and could be a great expanded offering to the homeless. Another recommendation would be to provide the homeless with educational classes on the value of nutrition and alternate methods for managing their various diseases. The homeless are at a disadvantage compared to others, and teaching them unique and creative solutions for managing their ailments could prove beneficial.

In addition, I encourage Walgreen's to expand their service offerings to include treatment of major mental health disorders to all their customers including the homeless initiative. According to the *U.S. Department of Housing and Urban Development, Office of Community Planning and Development* (2011), "An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders, and approximately 1 in 5 adults in the U.S. ,43.8 million, experiences mental illness in a given year" (p. 129). Mental health is an enormous concern and making treatment more readily available will only aid with this epidemic. Moreover, as Wahl (1999) mentions, normalizing mental illness and removing the stigma associated with it, will only encourage people to seek treatment (p. 13). Offering mental health services at a retail store, such as Walgreen's, is a step towards normalizing mental health and the homeless would benefit tremendously.

In conclusion, I firmly believe that consistent and routine medical care will help improve the lives of the homeless population. The numerous homeless organizations across the city must work together to provide streamlined medical care, pass pertinent medical information between

organizations, and create a collaborative network that can effectively manage this issue. Treating the homeless more frequently and ensuring touchpoints occur routinely, without lengthy lapses in visits, will provide continuity of care. I recommend the creation of a taskforce to identify solutions to streamline all medical records and patient visit tracking through one database. Just as Walgreen's tracks essential patient information in their EMR systems, which is shared among four-hundred clinics, a similar solution should be explored for the various service providers across Philadelphia. As discussed in this research, having one platform for tracking patient health will support and improve the overall health of population. It will allow providers, shelters and other services to be united with one source of information and provide consistency for the homeless.

With the recommendations made for the various organizations, I believe a more assertive effort can be made to help the homeless in Philadelphia receive valuable medical attention. Providing additional support for this population may not solve the homeless issue in its entirety, but it can boost current efforts and deliver a jolt to the current status quo.

Chapter VII – Reflections on Leadership Practice

As *John Adair: Action-centered leadership thinker* (2016) describes, leadership is broken down into three general functions: building and maintaining teams, motivating and developing individuals and achieving common tasks. This sums up the major components of leadership as they revolve around teams and people, and leadership is irrelevant if not for the human element. Numerous publications are available that discuss leadership and the qualities leaders should possess; however, I feel my leadership qualities are driven from within my heart and stems from the compassion I have for success and relationships.

Growing-up in a large Italian family with five brothers and sisters, I had to quickly learn the dynamics of managing various relationships. I observed and monitored each sibling and attempted to identify with their motives, irritants and passions for life. It was essential that I felt their pain, joy and sorrow so that I could truly understand their emotions. Navigating a large family dynamic and observing these personal details has allowed me to develop close relationships with them, and it has afforded me the ability to serve as inspiration for their own lives. I am the catalyst that keeps the family together, and I play an integral role in resolving family dilemmas. Successful leadership, in my opinion, thrives on relationships and the ability to successfully develop and maintain them.

I chose my research topic because I feel that healthy and loving relationships is the key to successful leadership, and the homeless could thrive if given the opportunity to build, or rekindle, loving and lasting connections. "Family relationships are known to play a significant role in helping persons with mental health issues exit homelessness" (Bonin, Lavigne & Gros, 2017, p. 1). Numerous factors influence the homeless and their medical care, as discussed in this research, but I feel the underlying tone that could improve their medical care is relationships. Whether it is their relationships with other homeless and discussing best methods for treating a common disease, or associations with shelter staff and physicians, being able to develop relationships is essential for their medical success.

After I conducted this research and reflected on what I've learned, gained and accomplished, I feel that that I have grown my own leadership skills and my ability to relate to others more compassionately. I've gained an in-depth understanding of the struggles the homeless face and that kind gestures mean more than one could expect. I've learned that what may prevent someone from accomplishing a goal, such as seeking medical care, can be a deeper-

rooted issue that stems from fear and anxiety. Through my research endeavor at Neumann University, I have sharpened and grown my leadership skills that will have an ever-lasting impact on my life. I vow to lead my life with passion and love and share my kindheartedness with the ones I lead.

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Appendix 1 – Walgreen's Services

treatment

Illness, Aches & Pains

Allergies (seasonal)

Bladder and urinary tract infections
females ages 2+

Bronchitis

Cold

Cough

Diarrhea, nausea & vomiting

Ear ache & ear infections

Fever

Flu

Headaches & migraines

Joint pain

Laryngitis

Minor back pain

Mononucleosis (Mono)

Pink eye and styes

Sinus infections

Sore throat & strep throat

Sexually transmitted infections (STI) testing & treatment

Swimmer's ear

Upper respiratory infections

Yeast infections

Minor Injuries

Burns (minor)

Corneal (eye) abrasions

Splinter removal

Sprains & strains

Staple & stitches removal

Skin Conditions

Acne

Eczema

Head lice

Hives

Impetigo

Mouth & cold sores

Poison ivy, poison oak & poison sumac

Rashes

Rosacea

Scabies

Skin infections & irritations

Tick/insect bites & stings

prevention & wellness

Vaccines

Chickenpox series (Varicella)[1]
ages 7+

Flu (Influenza)[2]
Flu-Fluarix ages 2+
Flu-Fluzone ages 3+
Flu-Fluzone High-Dose ages 65+

Hepatitis A series
ages 7+

Hepatitis B series
ages 7+

Human Papillomavirus series (HPV)
ages 9-26

Measles, Mumps, Rubella(MMR)
ages 7+

Meningitis (Meningococcal)
ages 11-55

Meningitis B series
ages 10-25

Pneumonia (Pneumococcal)
ages 65+, ages 19-64 who smoke or have asthma, ages 7+ with long-term health conditions

Shingles (Shingrix)
ages 50+

Tetanus, Diphtheria, Pertussis/Whooping Cough (Tdap)
ages 10+

Tetanus & Diphtheria (Td)
ages 7+

monitoring & management

Ongoing Health Conditions[5]

Acid reflux & acid indigestion

Asthma

Chronic bronchitis

Diabetes

Emphysema

High blood pressure

High cholesterol

Minor depression

Osteoarthritis

Osteoporosis

Thyroid disorders

Medications & Treatments

EpiPen refills

Medication renewal

Travel medications

Appendix 2 – Homeless Health Care Questionnaire

Homeless Health Care Questionnaire (HHCQ)

The Purpose

The purpose of this questionnaire is to understand the barriers homeless individuals face when seeking medical care in the city of Philadelphia.

How long have you been homeless in the city of Philadelphia?

☐ About 3 months ☐ About 6 months ☑ About 1 year ☐ More than 1 year

How old are you?

☐ 18-25 ☐ 26-30 ☐ 31-41 ☐ 41 or older

Which racial group do you identify with most?

White? ☐

Black or African Ameican? ☐

Spanish or Latino? ☐

Other ☐

Which do you most frequently visit when seeking medical care?

Shelters ☐ Yes | ☐ No

Emergency Room/Hospital ☐ Yes | ☐ No

Urgent Care/Clinic ☐ Yes | ☐ No

Other Non-Profit assistance ☐ Yes | ☐ No

What condition(s) have/are you currently being treated?

Mental Disorders ☐

Physical Disability ☐

Brain Injury ☐

Diabetes ☐

Heart Condition ☐

Multiple ☐

What's **most** important to you when seeking medical care and attention

Trusting that the physician has my best interest ☐
Proximity to my current location ☐
Ability to be treated right away ☐
Knowing I'll be treated without receiving pushback or resistance from the physician ☐

Appendix 3 –Questionnaire Raw Data

Participant #	How long have you been homeless?	Age	Racial Group	Which do you most frequently visit when seeking medical care?	What condition(s) have/are you currently being treated?	What's most important to you when seeking medical care and attention?
1	About 1 year	26-30	White	Emergency Room/Hospital	Mental Disorders	Proximity to my current location
2	About 1 year	26-30	White	Emergency Room/Hospital	Mental Disorders	Proximity to my current location
3	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
4	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
5	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
6	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
7	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
8	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
9	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
10	About 1 year	26-30	White	Shelters	Mental Disorders	Proximity to my current location
11	About 1 year	18-25	White	Shelters	Mental Disorders	Proximity to my current location
12	About 1 year	18-25	White	Emergency Room/Hospital	Multiple	Proximity to my current location
13	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
14	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
15	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location

16	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
17	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
18	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
19	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
20	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
21	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
22	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Proximity to my current location
23	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
24	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
25	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
26	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
27	About 1 year	18-25	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
28	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
29	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
30	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest

31	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
32	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Multiple	Trusting that the physician has my best interest
33	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Physical Disability	Trusting that the physician has my best interest
34	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Physical Disability	Trusting that the physician has my best interest
35	About 6 months	31-41	Black or African American	Emergency Room/Hospital	Physical Disability	Trusting that the physician has my best interest
36	About 6 months	31-41	Black or African American	Urgent Care/Clinic	Physical Disability	Trusting that the physician has my best interest
37	About 6 months	31-41	Black or African American	Urgent Care/Clinic	Physical Disability	Trusting that the physician has my best interest
38	About 6 months	31-41	Black or African American	Urgent Care/Clinic	Physical Disability	Knowing I'll be treated without receiving pushback or resistance from the physician
39	About 3 months	31-41	Spanish or Latino	Other Non-Profit assistance	Physical Disability	Knowing I'll be treated without receiving pushback or resistance from the physician
40	About 3 months	31-41	Spanish or Latino	Other Non-Profit assistance	Physical Disability	Knowing I'll be treated without receiving pushback or resistance from the physician
41	About 3 months	41 or older	Spanish or Latino	Other Non-Profit assistance	Mental Disorders	Knowing I'll be treated without receiving pushback or resistance from the physician
42	About 3 months	41 or older	Other	Other Non-Profit assistance	Diabetes	Knowing I'll be treated without receiving pushback or resistance from the physician

43	About 3 months	41 or older	Other	Other Non-Profit assistance	Mental Disorders	Knowing I'll be treated without receiving pushback or resistance from the physician
44	About 3 months	41 or older	Other	Other Non-Profit assistance	Mental Disorders	Knowing I'll be treated without receiving pushback or resistance from the physician
45	About 3 months	41 or older	Other	Other Non-Profit assistance	Mental Disorders	Knowing I'll be treated without receiving pushback or resistance from the physician
46	About 3 months	41 or older	Other	Other Non-Profit assistance	Mental Disorders	Knowing I'll be treated without receiving pushback or resistance from the physician
47	About 3 months	41 or older	Other	Other Non-Profit assistance	Mental Disorders	Ability to be treated right away
48	About 3 months	41 or older	Other	Other Non-Profit assistance	Diabetes	Ability to be treated right away
49	More than 1 year	41 or older	Other	Other Non-Profit assistance	Heart Condition	Ability to be treated right away
50	More than 1 year	41 or older	Other	Shelters	Diabetes	Ability to be treated right away
51	More than 1 year	41 or older	Other	Shelters	Heart Condition	Ability to be treated right away

Appendix 4

Participants	Which do you most frequently visit when seeking medical care?	What condition(s) have/are you currently being treated?	What's most important to you when seeking medical care and attention
1	Emergency Room/Hospital	Mental Disorders	Proximity to my current location
9	Emergency Room/Hospital	Mental Disorders	Proximity to my current location
13	Shelters	Mental Disorders	Proximity to my current location
18	Shelters	Mental Disorders	Proximity to my current location
19	Shelters	Mental Disorders	Proximity to my current location
26	Shelters	Mental Disorders	Proximity to my current location
27	Shelters	Mental Disorders	Proximity to my current location
38	Shelters	Mental Disorders	Proximity to my current location
39	Shelters	Mental Disorders	Proximity to my current location
2	Shelters	Mental Disorders	Proximity to my current location
11	Shelters	Mental Disorders	Proximity to my current location
12	Emergency Room/Hospital	Multiple	Proximity to my current location
41	Emergency Room/Hospital	Multiple	Proximity to my current location
45	Emergency Room/Hospital	Multiple	Proximity to my current location
46	Emergency Room/Hospital	Multiple	Proximity to my current location
47	Emergency Room/Hospital	Multiple	Proximity to my current location
48	Emergency Room/Hospital	Multiple	Proximity to my current location
49	Emergency Room/Hospital	Multiple	Proximity to my current location
50	Emergency Room/Hospital	Multiple	Proximity to my current location

33	Emergency Room/Hospital	Multiple	Proximity to my current location
35	Emergency Room/Hospital	Multiple	Proximity to my current location
30	Emergency Room/Hospital	Multiple	Proximity to my current location