



Madison Street Medicine
(formerly MACH OneHealth)

Community Health
Needs Assessment 2021

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Introduction and purpose

The life expectancy of people experiencing homelessness is approximately 50 years, 12 to 20 years shorter than that of the general US population.¹ Being without a home creates new health problems while exacerbating existing ones, leading to higher rates of illness for these individuals.² Homelessness is also associated with higher rates of hospitalizations for physical illness, mental illness, and substance use.³

In 2016, Madison Area Care for the Homeless (MACH) OneHealth conducted its first Community Health Needs Assessment (CHNA) to better understand the health and health-related needs of people experiencing homelessness in Madison and Dane County. The five major healthcare systems in Dane County in collaboration with Public Health Madison & Dane County also conduct a CHNA every few years, but do not specifically seek to understand the needs of unhoused people, who often have different risks and needs than housed people.⁴

MACH OneHealth (soon to be Madison Street Medicine) created the 2021 CHNA to further explore the health needs and barriers to accessing healthcare for people experiencing homelessness in Madison and Dane County. The purpose of the CHNA is to expose important gaps in services and resources in the community and provide valuable insight to the organizations that serve this population.

MACH OneHealth will use the results from the CHNA to prioritize program development of necessary new services and to modify existing services accordingly. Our goal is to share our findings in the community to provide background information and recommendations that will aid funders and policymakers in their decision-making processes regarding services for people experiencing homelessness.

¹ <https://nationalhomeless.org/remembering-those-lost-to-homelessness/>

² <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

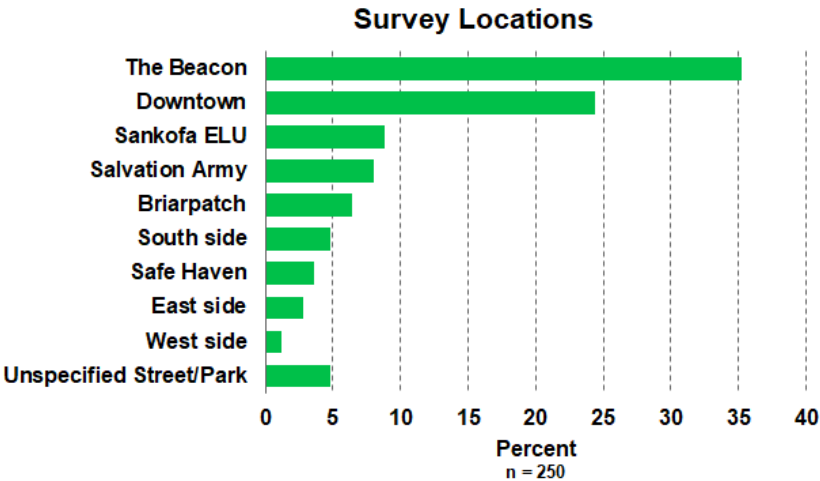
³ <https://www.apa.org/pi/ses/resources/publications/homelessness-health>

⁴ https://www.unitypoint.org/madison/filesimages/CHNA_2022-2024%20FINAL.pdf

Data Collection

Between June and August 2021, our organization administered 251 CHNA surveys to people experiencing homelessness, accounting for 29% of the total population of people experiencing homelessness in Madison and Dane County according to the 2021 January Point in Time Count.⁵ The survey consisted of 72 questions covering demographic information, housing status, physical and mental health, healthcare utilization, substance use, and access to resources. Of note, not every participant answered every question resulting in a different n value for each question.

In approaching data collection, we surveyed individuals in various locations and those experiencing different types of homelessness; this can vary from those experiencing unsheltered homelessness and living on the streets, in a park, or in their vehicle to individuals staying at emergency shelters. The majority of surveys were collected at The Beacon day resource center and from people on the street in the downtown area (State Street, Capitol Square, and the surrounding area).



We hired five individuals with lived experience of homelessness to administer the surveys, with each individual administering approximately 50 surveys. Survey administrators would approach possible survey participants, inform them of the purpose of the data collection, and invite them to participate. Most participants completed the surveys by hand (pen and paper) themselves; however, there was the option for a personal interview with the

survey administrator to complete the form for the participant. Participants were able to skip any question for any reason.

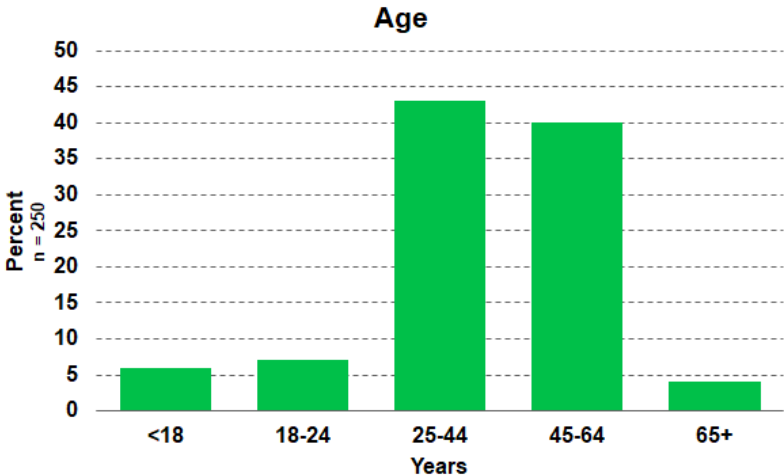
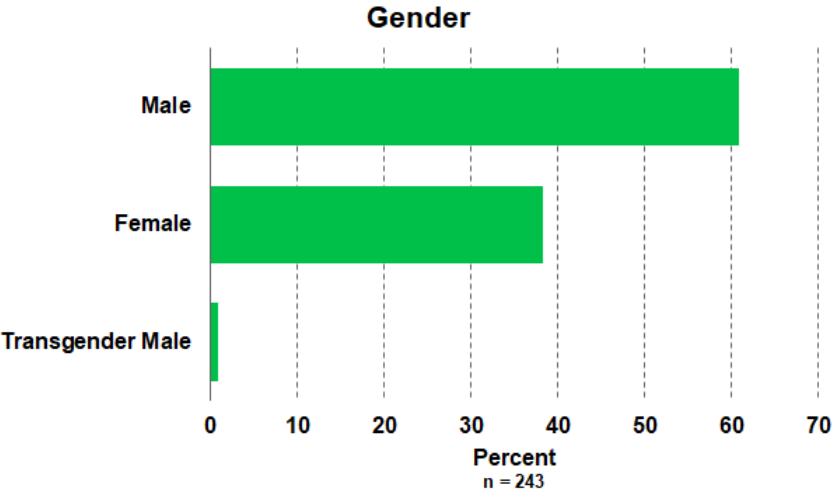
Upon completing the survey, participants received a \$20 voucher to be redeemed at the MACH OneHealth office. Participants also had the option of having their compensation mailed to them in the form of a check.

⁵ https://www.danecountyhomeless.org/_files/ugd/73dee7_78ac0fd8f5ee4a2e83d78388c5e24d8f.pdf

Demographics

Gender

Respondents predominantly identified as male (61%), with 38% identifying as female and 1% identifying as transgender male (n = 243). The percentage of respondents that identified as female was higher than the estimated percentage of women experiencing homelessness in the United States in 2020 (30%). However, it is in line with the estimated percentage of women experiencing homelessness in Dane County (40%).^{6,7}



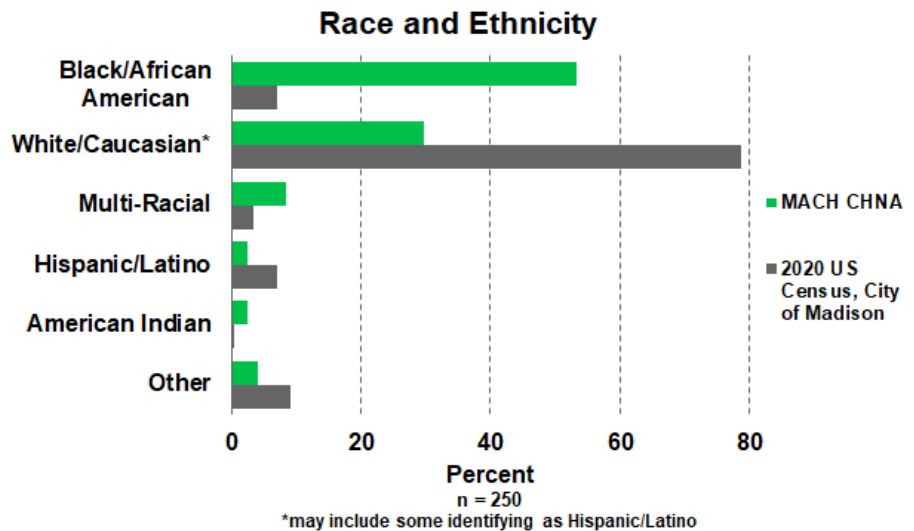
Age

The percentage of respondents between 25 and 44 years was nearly equal to those of ages 45-65, with 43% and 40% respectively (n = 250). Age categories were broken down based on the individual's age at survey completion. Within the population of people experiencing homelessness, higher age is associated with increased risk of chronic homelessness and physical health problems.⁸

⁶ <https://www.statista.com/statistics/962171/share-homeless-people-us-gender/>
⁷ https://www.danecountyhomeless.org/files/ugd/73dee7_78ac0fd8f5ee4a2e83d78388c5e24d8f.pdf
⁸ <https://www.tandfonline.com/doi/full/10.1080/10852350902735551>

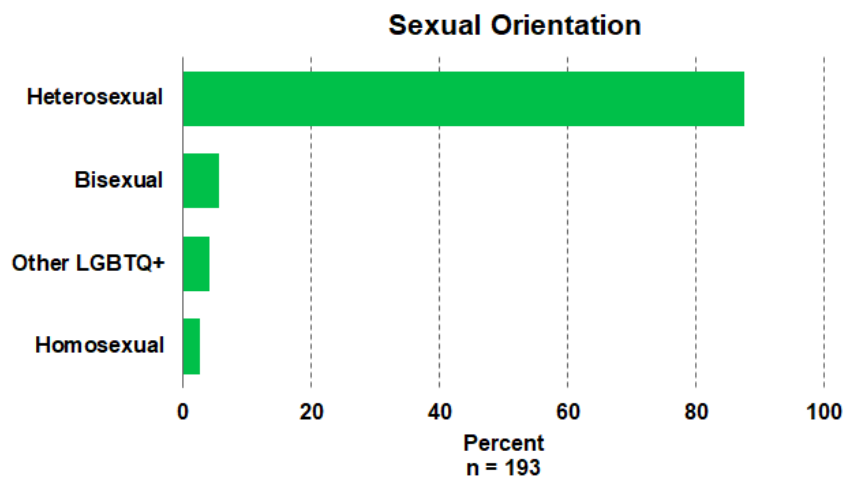
Race and Ethnicity

People experiencing homelessness in Dane County are disproportionately Black and/or African American. According to the 2020 US Census, 7% of the city of Madison is Black, while 53% of our survey respondents were Black (n = 250).⁹ There is a striking difference between the percentage of people of color in the population and those experiencing homelessness throughout the US.¹⁰ The collected data reflects this same sentiment for our local population.



Sexual Orientation

24 survey respondents (12%) identified as members of the LGBTQ+ (lesbian, gay, bisexual, transgender, questioning, plus) community (n = 193). Approximately 17% of LGBTQ+ identifying individuals surveyed in the US reported experiencing homelessness at some point in their lives.¹¹ According to the same study, this number is higher than the general population at 6%.¹¹



⁹ <https://www.census.gov/quickfacts/fact/table/madisoncitywisconsin/LND110210>

¹⁰ <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

¹¹ <https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/>

Pregnancy

7 women (8%) surveyed indicated they were pregnant at the time of data collection (n = 93). Pregnant women without stable housing are at a higher risk for birth complications such as preterm delivery and low birth weight than pregnant women with stable housing.¹²

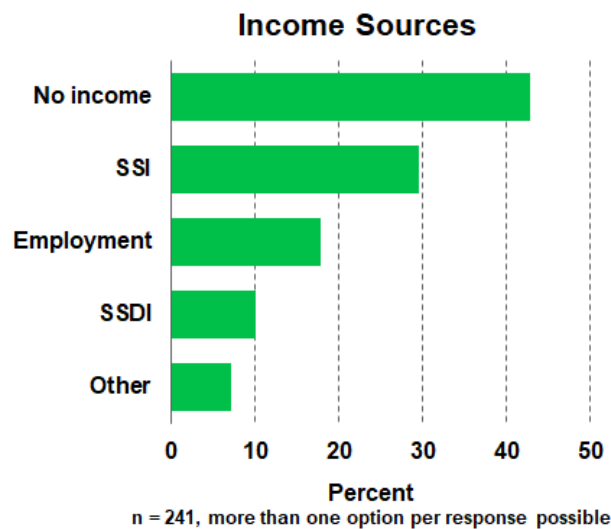
Veterans

6% of survey respondents were veterans (n = 248). This is in line with the approximately 7% of individuals in the 2021 January Point in Time Count who were veterans.¹³ Nationally, an estimated 8% of adults using shelter are veterans.¹⁴ A veteran's unique experiences puts them at a greater risk of homelessness compared to the general population.¹⁵

Education

The majority of survey respondents reported completing high school (71%). Other highest levels of education completed were elementary and middle school (11%), GED or a high school equivalency diploma (5%), Technical/vocational school (2%), Associate's degree (8%), and Bachelor's degree or higher (3%, n = 223). There is a strong negative correlation between education and the risk of homelessness.¹⁶

The survey also included questions about seeking education or job opportunities; 27% of respondents reported seeking education or job training opportunities (n = 236).



Income

43% of respondents indicated that they do not receive any form of income. However, 29% reported receiving income from SSI, 18% from their place of employment, 10% from SSDI, and 7% from other ways (n = 241).

¹² <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05156>

¹³ https://www.danecountyhomeless.org/files/ugd/73dee7_78ac0fd8f5ee4a2e83d78388c5e24d8f.pdf

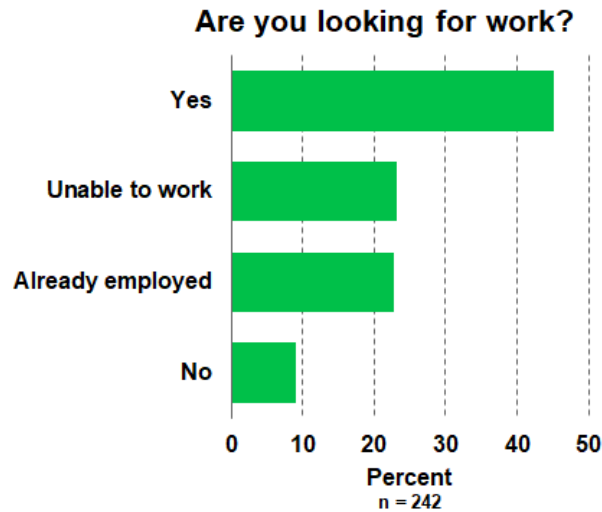
¹⁴ <https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>

¹⁵ <https://www.research.va.gov/topics/homelessness.cfm>

¹⁶ <https://www.usich.gov/news/strengthening-partnerships-between-education-and-homelessness-services/>

Employment

In terms of employment, 45% of respondents were looking for work, while 23% were already employed (n = 242). Another 23% of respondents were unable to work, and the remaining 9% were not looking for a job for other reasons.



Spirituality

60% of survey respondents reported they were spiritual or religious (n = 220). While there is no clear definition of spirituality, researchers often describe it as “the search for and experience of the sacred, meaning God, a higher power, or something of divine nature.”¹⁷ Having a spiritual perspective is positively correlated with the well-being of those experiencing homelessness by impacting the emotional and mental capacity of how they handle challenges and cope with stress.¹⁸

¹⁷ https://media.proquest.com/media/hms/PFT/2/4/jkiG?_s=I9S1nx%2BjBxkl0INpl8MqTS%2BSKU0%3D

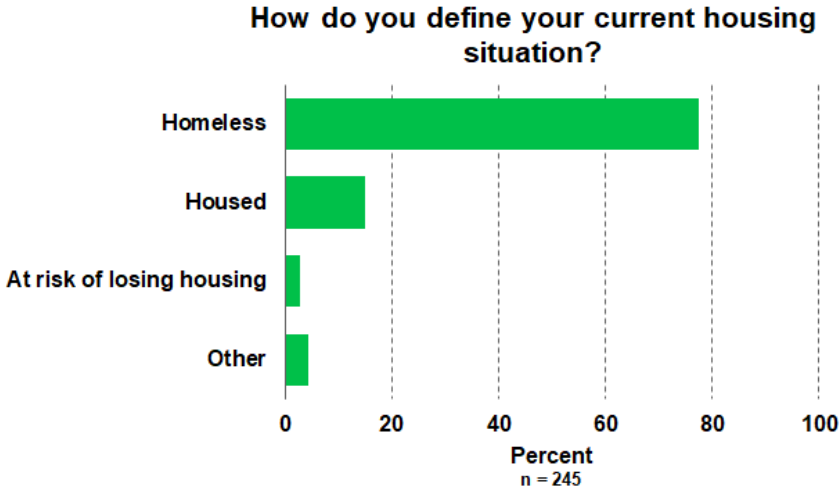
¹⁸

https://www.researchgate.net/publication/233954041_Spirituality_and_Health_What_We_Know_What_We_Need_to_Know

Experience with Homelessness

Housing Status at Time of Survey

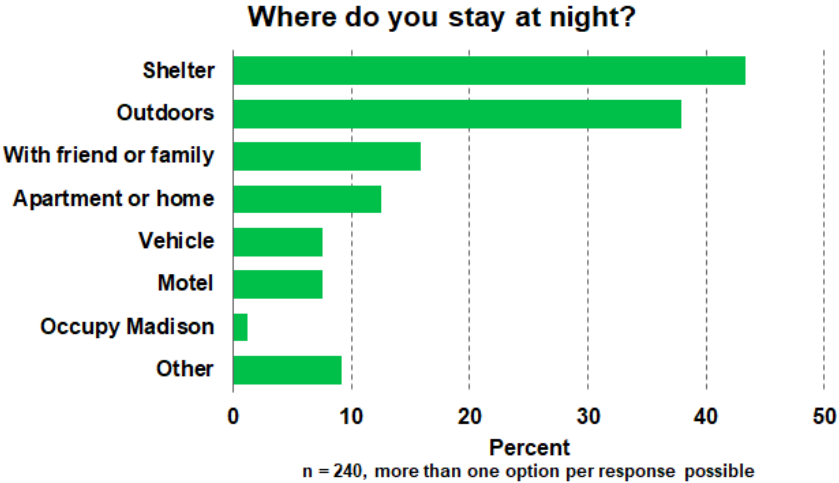
78% of participants reported being homeless, 15% were housed, 2.8% were at risk of losing their current housing, and 4.5% reported another situation (n = 245). Administrators collected 16 of 251 surveys at Briarpatch Youth Services. Of the 15 survey respondents at Briarpatch that reported their housing status, 11 indicated that they were housed, 3 indicated they were homeless, and 1 indicated "other". This non-profit organization provides programming that fills service gaps in Dane County. While they have an eight-bed shelter, some youth using their services may not be homeless and could reflect an inaccurate portrayal of "housed" responses in this dataset.



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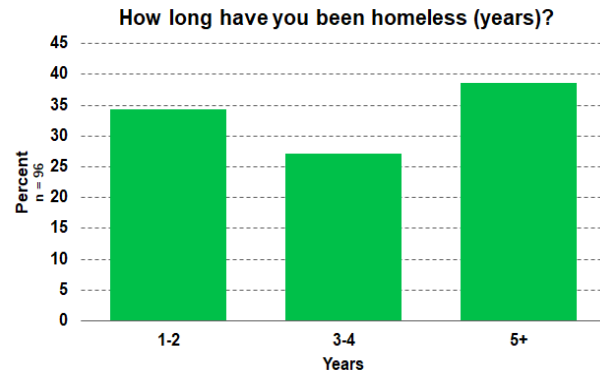
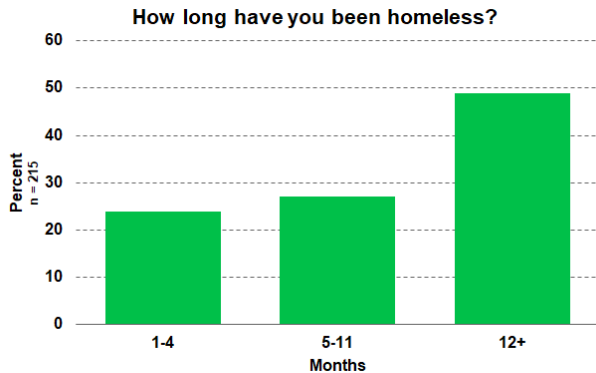
Location of Homelessness

Shelters (43%) and outdoor locations (37%) were the most commonly reported places respondents sleep at night (n = 240). 22% of respondents indicated that they move around and stay at various locations on a given night. Based on how the information was collected, it is unclear whether the reported motel stays were paid for by the individual or by a program, such as the city or county funded hotel rooms.



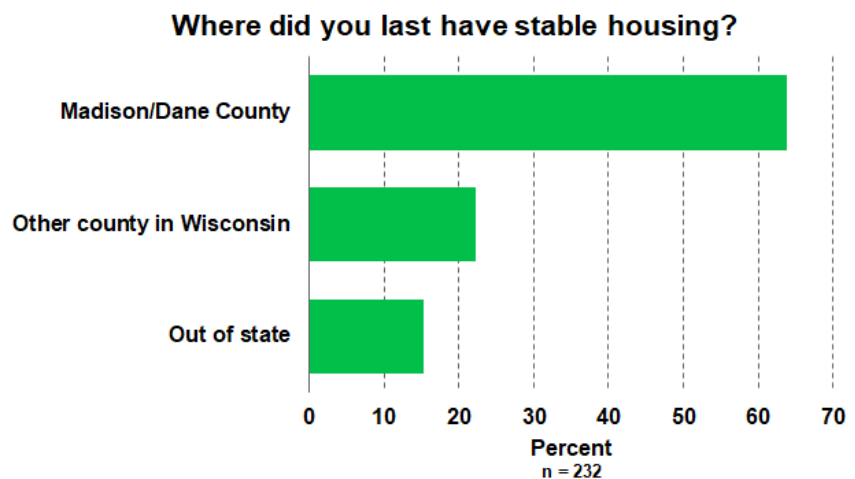
Duration of Homelessness

When asked about their duration of homelessness, 49% of respondents reported experiencing homelessness for 12 months or more (n = 215). Of those individuals, 38% reported experiencing homeless for 5+ years (n = 96).



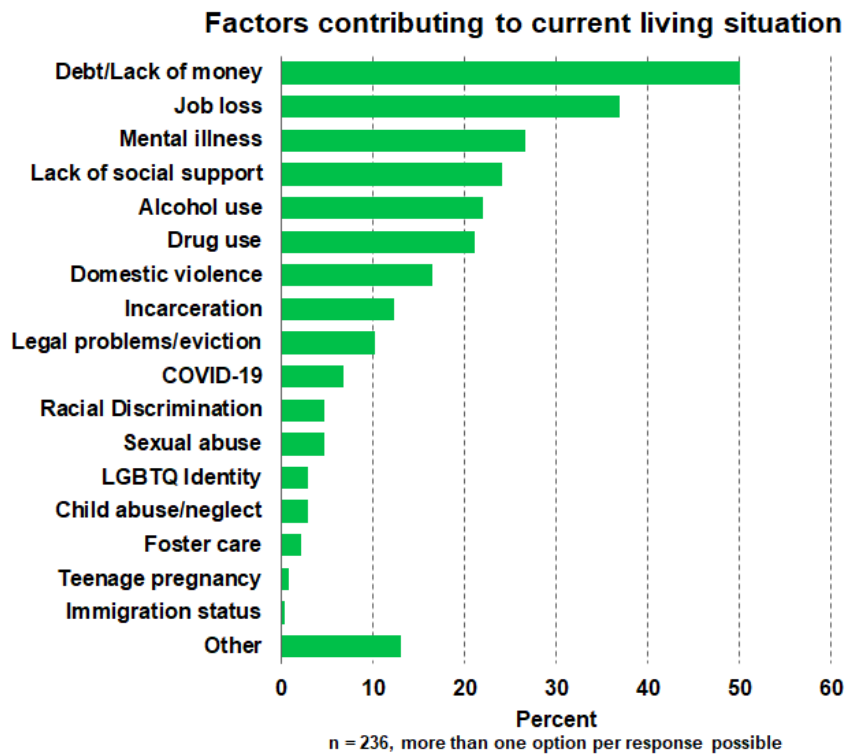
Location Prior to Homelessness

The majority (63%) of respondents reported that they last had stable housing in Dane County (n = 232). 22% reported their last residence was in another Wisconsin county and 15% reported they came to Madison after losing stable housing out of state. Services for individuals experiencing homelessness vary significantly between counties and states.



Reasons for Homelessness

Many factors contribute to a person's current housing situation. For this question, respondents were able to select more than one contributing factor. The top three reported factors were debt/lack of money (50%), job loss (36.8%), and mental illness (26.7%, n = 236). While 6.8% reported COVID-19 as a factor leading to their housing situation, this number may not accurately reflect the impact of COVID-19 on individuals in Madison experiencing homelessness given the timing of data collection (June through August 2021).



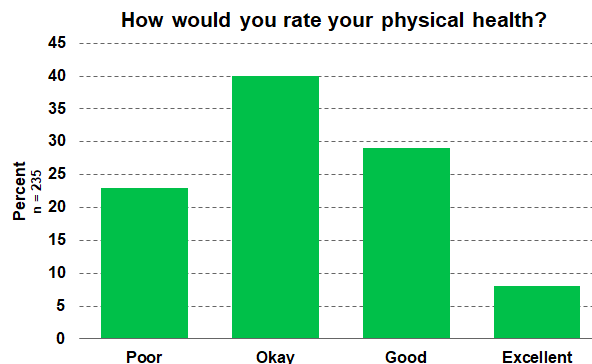
Safety and Trust

69% of female respondents and 63% of male respondents felt safe in their current living situation (n = 88 and n = 142, respectively). Individuals who are currently experiencing homelessness, have experienced homelessness in the past, or have been at risk of losing their housing often experience exclusion and dehumanization due to their housing status.¹⁹ As a result, feelings of safety and trust are highly valued when seeking resources.¹⁹

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6936789/>

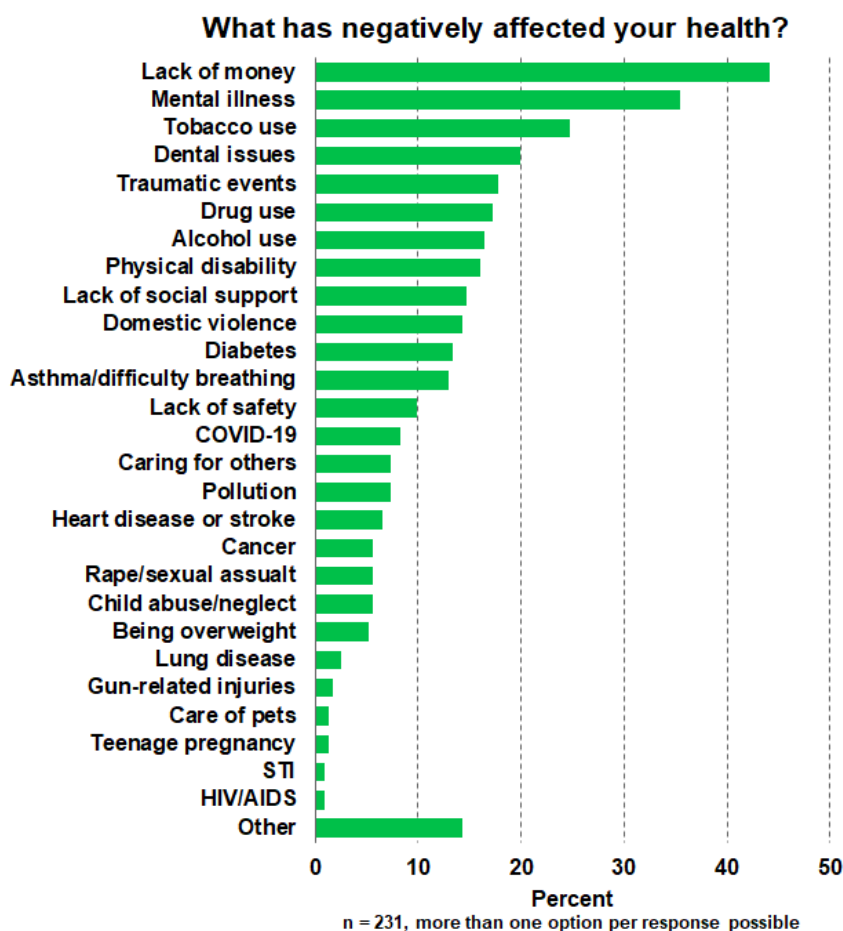
Health Status

When asked to rate their health on a scale from poor to excellent, 63% of respondents rated their physical health as average or below average (n = 235). Self-rated health, although subjective, is known to predict mortality, future functional status, and treatment outcomes.²⁰



Factors Impacting Health

The top five factors negatively affecting individuals' health were lack of money (44%), mental illness (36%), tobacco use (25%), dental concerns (20%), and traumatic events (18%, n = 231). 49% of respondents identified three or more factors that have negatively affected their health, while 37% of respondents identified four or more factors. Comorbidities, especially in relation to chronic conditions, make diagnosis and treatment more complex and are associated with poorer health outcomes for all patient populations.²¹ When combined with factors such as underlying trauma, a lack of transportation to appointments, and competing needs, rates of illness and morbidity are higher.



²⁰ <https://pubmed.ncbi.nlm.nih.gov/9097506/>

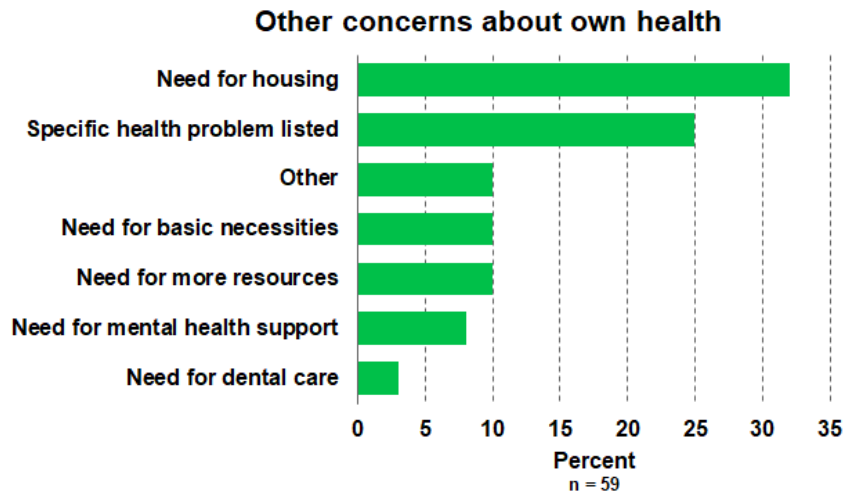
²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8296483/#:~:text=High%20rates%20of%20multimorbidity%2C%20defined,12%2C13%2C14%5D>

Medications

52% of respondents stated that they take medications, including prescriptions and over-the-counter medications (n = 238). Medication adherence in individuals experiencing homelessness is difficult because of limited or no prescription coverage, cost, lack of safe storage, and a lack of transportation to pick up their prescriptions.²² When asked if participants had concerns about other individuals' health, 3 respondents (14%) identified medication management as a concern (n = 22).

Other Health Concerns

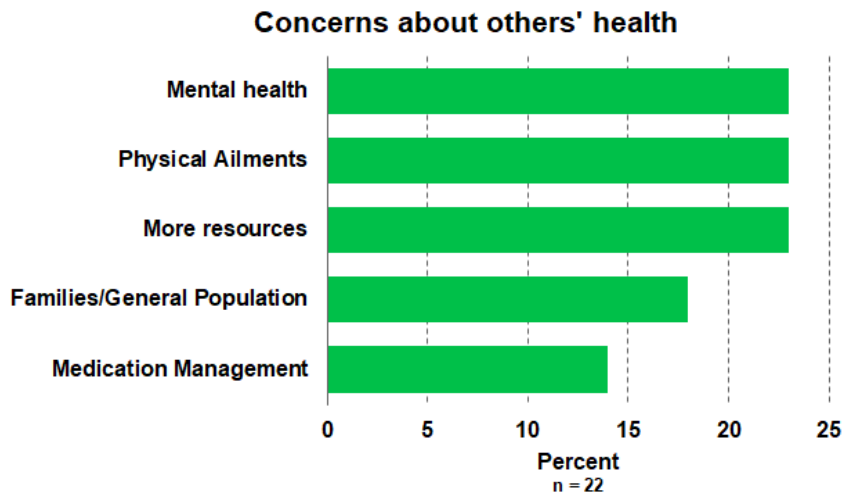
At the end of the survey, when asked to identify any other concerns about their health, 32% of respondents identified the need for housing (n = 59). Other concerns identified include specific health problems (25%) and the need for basic necessities (10%), more resources (10%), mental health support (8%), and dental care (3%).



²² <https://pubmed.ncbi.nlm.nih.gov/23218849/>

Concern for Others' Health

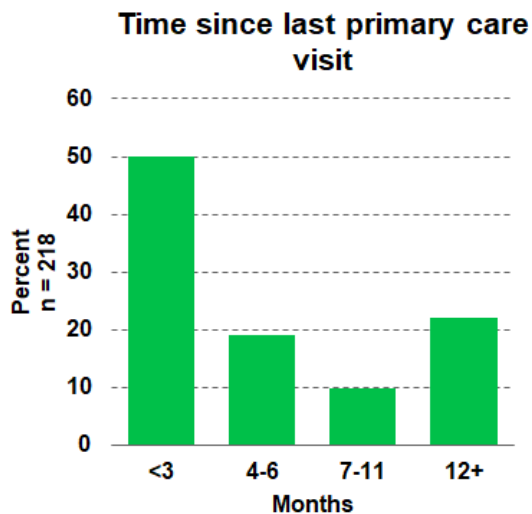
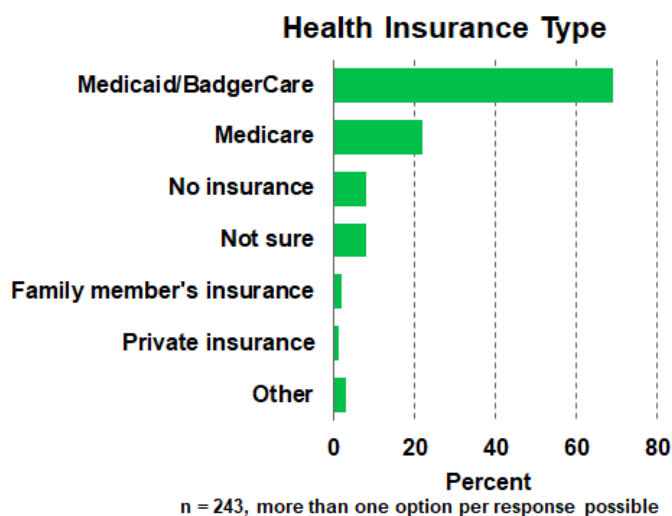
When asked to specify any concerns about other individuals' health, the top three reported concerns were mental health, specific physical ailments, and the need for more resources, all 23% (n = 22). Other considerations included medication management and concerns about families and the general population, such as the need to keep families together.



Interactions with the Healthcare System

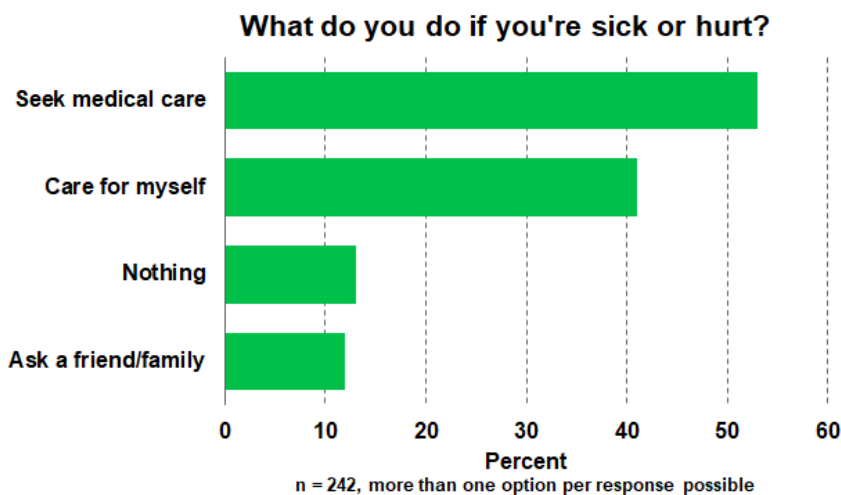
Health Insurance and Primary Care

The majority of respondents have some form of health insurance and 91% reported that they had Medicaid or Medicare (n = 243). 79% of respondents indicated that they had received primary care within the last 11 months (n = 218).



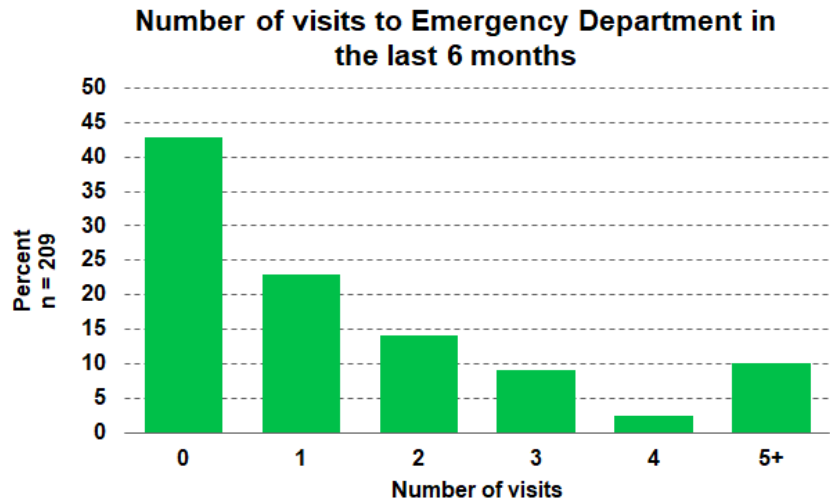
Willingness to Seek Healthcare

Despite many of the respondents having insurance and visiting a primary care physician in recent months, 47% indicated they do not seek medical attention when ill or injured, opting instead to care for themselves, do nothing, or seek help from friends or family members (n = 242).

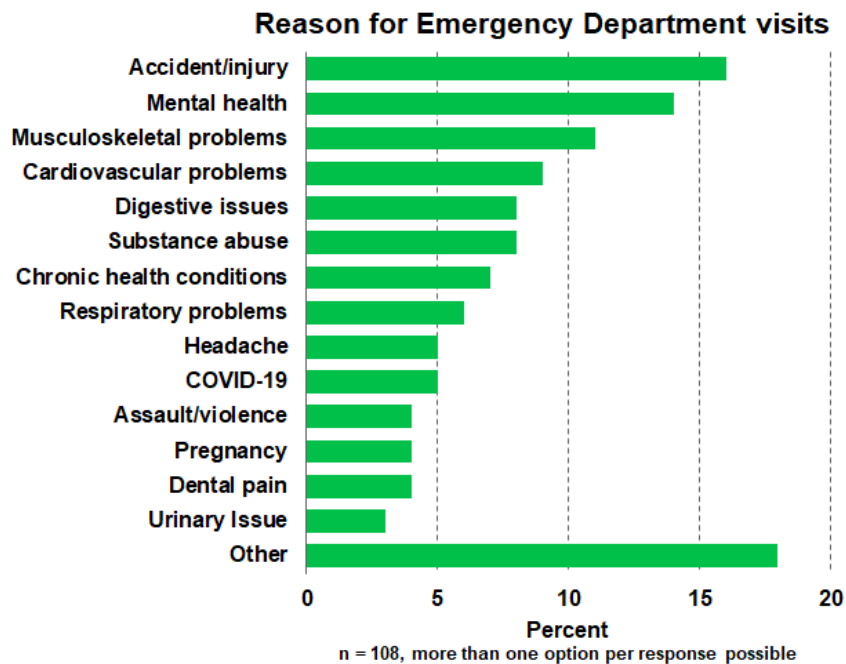


Emergency Care

57% of respondents visited the Emergency Department (ED) one or more times in the last six months (n = 209). The 209 respondents reported 307 ED visits, averaging 1.5 trips per person in the previous six months (blank responses were not counted as “0”). This is more than three times higher than the general population in Wisconsin.²³ According to the Kaiser Family Foundation, in 2019, there were approximately 0.39 ED visits per person in all of Wisconsin.²³



These ED visits resulted from many factors, most commonly acute accidents or injuries, mental health, and musculoskeletal problems (muscle strains, joint pain, broken bones, etc.).



23

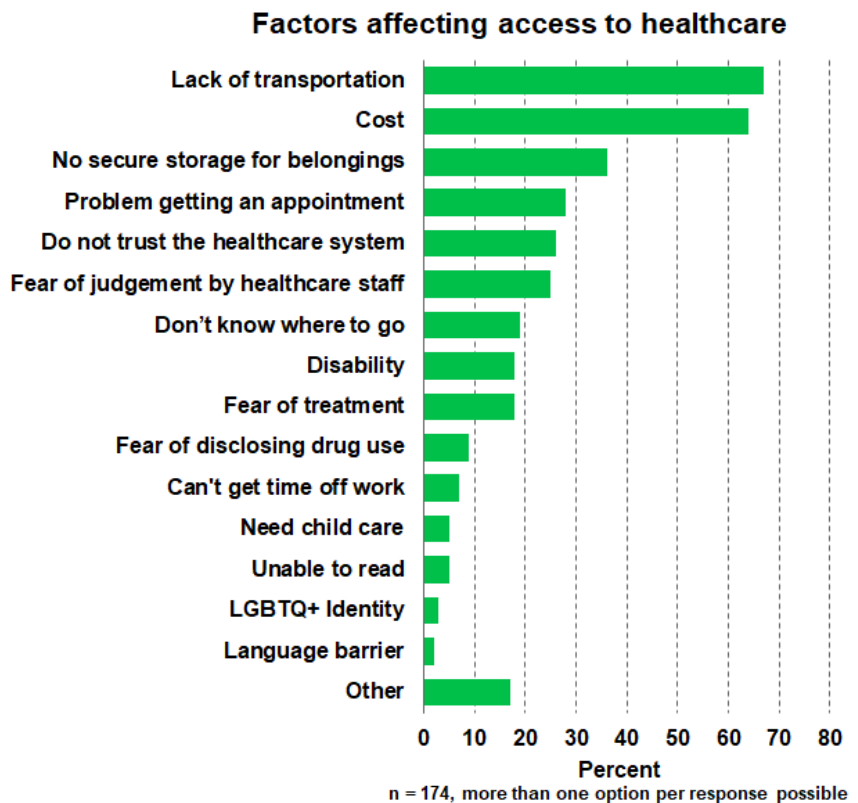
<https://www.kff.org/other/state-indicator/emergency-room-visits-by-ownership/?currentTimeframe=0&sortMode=7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>

People experiencing homelessness utilize ED services at higher rates than the general population.^{24,25} However, of the people who reported five or more ED visits in the last six months, 85% had seen a primary care provider in the same period, making a lack of regular checkups an unlikely cause of the increased ED utilization (n = 20). Our understanding of the factors leading to Emergency Department use is limited. Homelessness can limit access to healthcare items or make consistent medication use difficult.²⁶

Factors Affecting Access to Healthcare

A variety of things affected peoples' access to healthcare services. The top factors were lack of transportation (30%), cost (28%), and a lack of a secure place to store belongings (16%, n = 174). Problems getting an appointment and fear of judgment from or lack of trust in providers were also prominently reported.

When asked if there were any services or procedures they wanted or tried to get done but were not able to, 11% of respondents reported not being able to receive specific desired healthcare services or procedures (n = 206). The most common types of services/procedures were dental work (42%), mental healthcare (19%), and surgery (15%). The most common factor preventing people from receiving these desired services was inability to pay (36%, n = 25).



²⁴ <https://doi.org/10.1111/acem.13358>

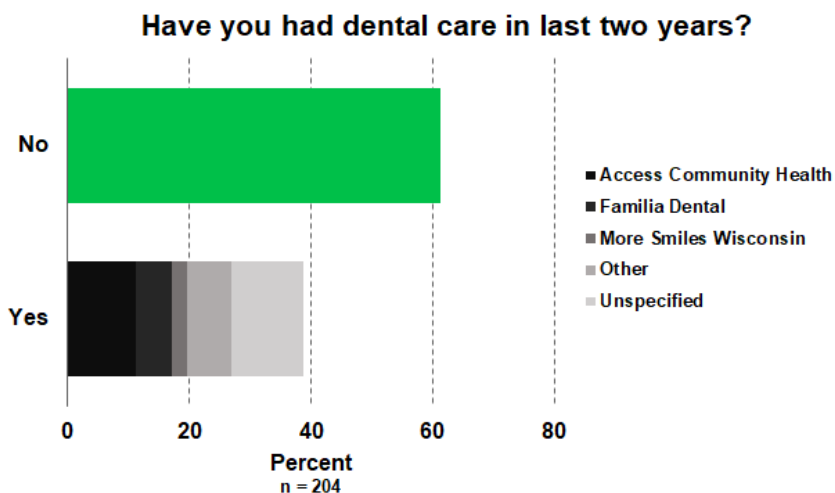
²⁵ <https://dx.doi.org/10.2105%2Fajph.92.5.778>

²⁶ <https://doi.org/10.3390/ijerph18157958>

Dental Care

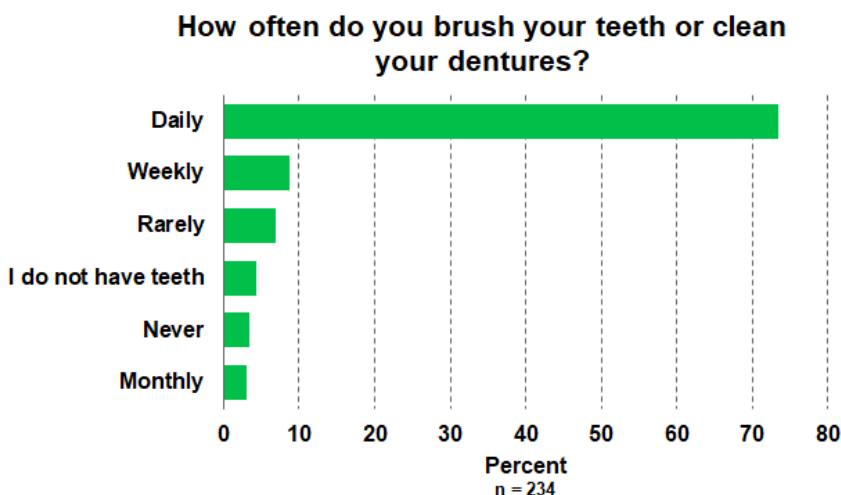
Dental issues were the fourth most reported factor that negatively impacted respondents' health, with 20% of respondents reporting it as a factor (n = 231).

61% of respondents had not received dental care in the last two years (n = 204). For the 39% of people who had received dental care, the most common places identified were Access Community Health, Familia Dental, and More Smiles Wisconsin.



Of the 61% of respondents who had not received dental care in the last two years, 68% reported having Medicaid/Badgercare coverage (n = 125). Individuals with Badgercare Plus, the Wisconsin Medicaid program, have full coverage for dental services with a minimal copayment.²⁷ However, the number of dental offices in Madison that accept Badgercare is limited, creating challenges in getting an appointment, a likely barrier to accessing dental care.²⁸

In addition, the majority of dental care received by people experiencing homelessness is either emergency or restorative dental treatment, not preventative.²⁹ Dental pain was identified as 4% of Emergency Department visits (n = 108). The hospitals were also identified several times as the place where individuals had received dental care in the past two years.



Despite most respondents not having received dental care in the last two years, 74% reported brushing their teeth or cleaning their dentures daily, an essential for maintaining good oral health (n = 234).

²⁷ https://ghcscw.com/SiteCollectionDocuments/BadgerCare_Plus_Covered_Services.pdf

²⁸ <https://www.publichealthmdc.com/documents/OralHealth201610.pdf>

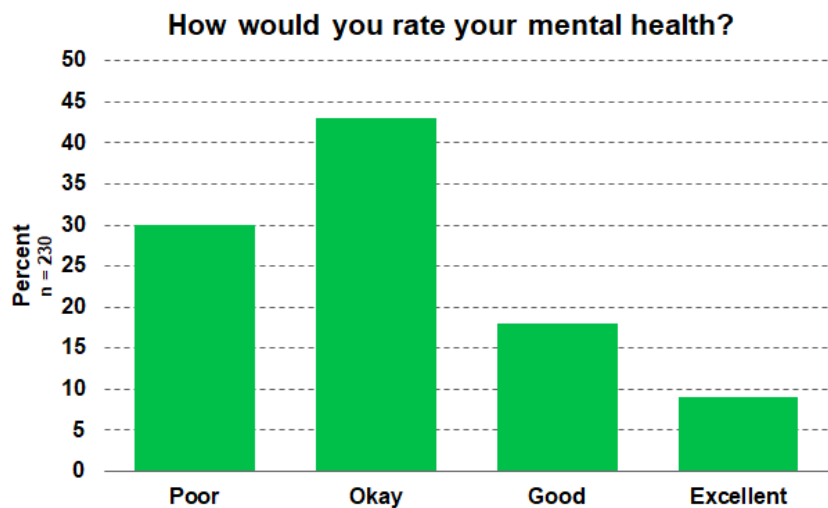
²⁹ <https://www.publish.csiro.au/py/pdf/PY17178>

Mental Health

30% of respondents rated their mental health as poor (n = 230). In addition, among the conditions negatively impacting overall health, 35% of respondents reported mental illness, which was the second most prominent (n = 231).

The U.S. Department of Housing and Urban Development found 20% of the homeless population reported having a severe mental illness in 2017.³⁰ A 2009 study assessed mental health among

those experiencing homelessness and estimated that 20–25% suffer from serious mental health issues; this was much higher than the estimated general population (4-6%).³¹ Therefore, when constructing the survey, the CHNA team gave a special focus to mental health.



41% of respondents (n = 233) indicated it would be helpful for them to speak with a mental health professional. However, individuals reported mental health as one of the most challenging types of care to access. Over half of respondents said they had not seen a mental health professional in the past year (n = 224). 48% of those who hadn't spoken with a mental health professional said it would be helpful for them to talk with one, while 38% of those who had spoken with someone said it'd be beneficial to speak with one. Despite many individuals wanting professional help, one respondent specifically stated, "mental health is seriously hard to get help for those who are not causing self-harm but are still in need of therapy."

When mental healthcare is difficult to access, it can increase emergency room visits; this is likely why our survey noted ED visits as a common method for accessing mental healthcare.³² While the emergency room is an appropriate treatment method for those experiencing a mental health crisis, many people experience a chronic mental illness that requires ongoing medication and treatment.³³

The survey also included a space for individuals to share insight regarding personal health concerns (n = 59) and those of others (n = 22) they would like to see addressed. Those respondents frequently reported mental health topics such as lack of access to mental health services and prevalence of mental illness. These responses further validate that mental health is a concern and a priority for our population.

³⁰ <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/>

³¹ https://www.nationalhomeless.org/factsheets/Mental_Illness.pdf

³² <https://westjem.com/articles/substance-use-homelessness-mental-illness-and-medicaid-coverage-a-set-up-for-high-emergency-department-utilization.html>

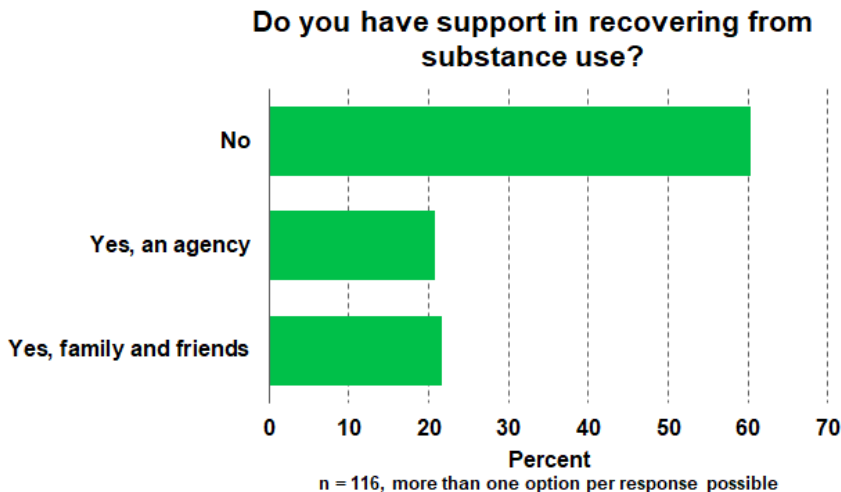
³³ <https://www.dhs.wisconsin.gov/mh/hccindex.htm>

Substance Use

Tobacco, drug, and alcohol use were the third, sixth, and seventh, respectively, most reported factors that negatively impacted respondents' health (n = 231). In addition, 17% of respondents reported using substances that are not prescriptions (n = 218); this is notably less than the estimated average of 26% of individuals experiencing homelessness in the U.S. who use substances other than alcohol.³⁴ One reason for this discrepancy could be fear of disclosing substance use due to possible repercussions.

Most participants reported they do not have professional or social support in their recovery from substance use; research shows that having a positive and encouraging support system helps an individual in recovery.³⁵

Our participants also recognized the importance of support in their recovery, as 27% of respondents indicated they would like help or additional support for substance use recovery (n = 142).



The National Coalition for the Homeless has found that 38% of those experiencing homelessness misuse alcohol.²⁹ One limitation of our survey was the lack of questions specific to alcohol misuse. Therefore, we may have missed a large subgroup of individuals experiencing substance misuse in our data collection.

Another significant limitation of the survey was the lack of questions specific to opioid use. Research has suggested that people experiencing homelessness have higher risks for opioid overdose. As an organization, we are aware of multiple opioid-related overdose deaths in the community. In Dane County in 2020, 145 individuals lost their lives due to drug-involved overdose; 18 of them identified as homeless, approximately 12%.³⁶

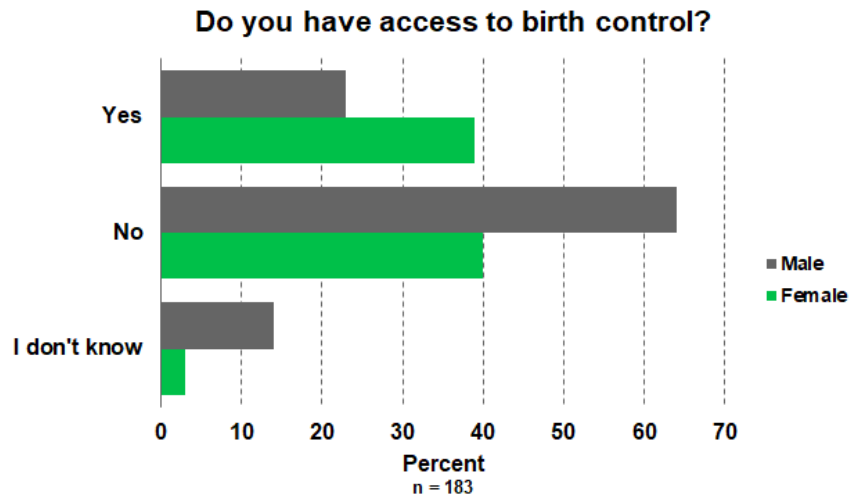
³⁴ <https://www.nationalhomeless.org/factsheets/addiction.pdf>

³⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856126/>

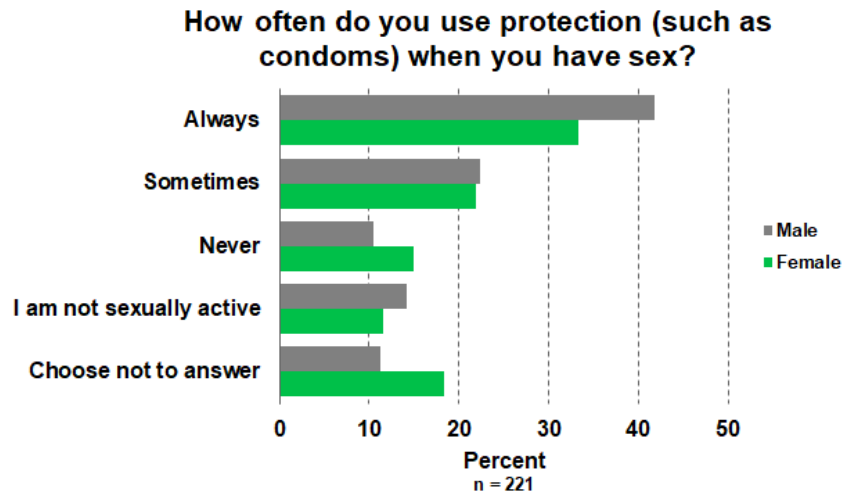
³⁶ Johnson, S., Public Health Madison & Dane County (2022, March 16). Personal Communication [Personal email interview].

Sexual Health

Sexual health, including access to contraceptive care, sexually transmitted infection treatment and prevention, and other related services, contributes to an individual's overall health. In general, 57% of respondents did not have access to birth control, and 9% of respondents did not know about their access (n = 183). Of the women responding, 49% did not have access to birth control, and 4% did not know about their access (n = 82). 63% of men did not have access to birth control, and 14% did not know (n = 101).



In general, 38% of respondents always use protection when engaging in sexual intercourse, while 12% never use protection (n = 221). On average, women tend to use protection less often than men as 33% of women and 42% of men reported always using protection (n = 87 and n = 134, respectively).



Those experiencing housing insecurity face challenges when accessing proper sexual health resources. Several factors contribute to inequities in sexual health including transportation, safety, ability to come to appointments, receive test results, fill prescriptions, and manage follow-up appointments.³⁷

³⁷ <https://providers.bedsider.org/articles/sexual-health-care-for-people-experiencing-homelessness>

Lifestyle factors

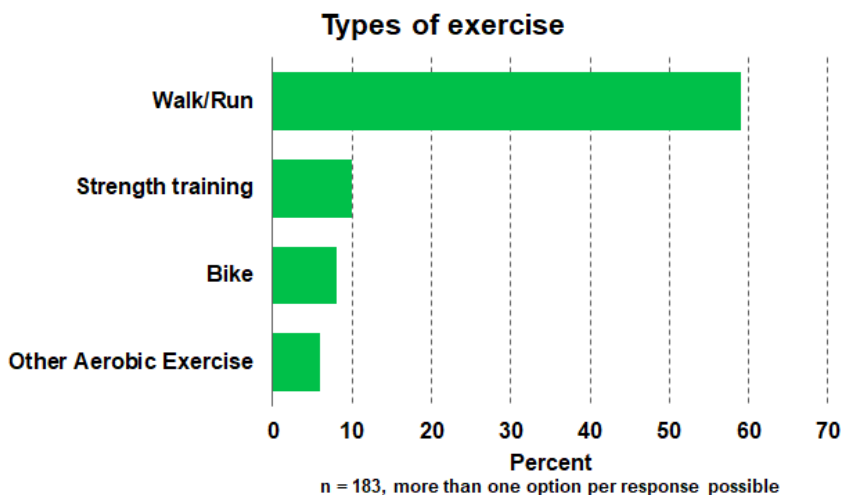
Exercise

Most respondents indicated that they exercise seven days a week (n = 207), and the most common response for the type of exercise was walking/running, with 59% of responses (n= 183).

Walking is the primary mode of transportation among this population, with 66% (n = 238) of respondents indicating that they walked to get where they needed to go. There is a clear link between exercise and transportation, with fewer respondents participating in alternative forms of exercise. Other types included soccer, basketball, and yoga/stretching, with fewer than 6% of responses each.



The second most frequent response regarding the number of exercise days was zero (29%, n = 207). The CDC recommends that adults participate in either 150 minutes of moderate-intensity exercise (i.e., walking briskly for 30 minutes five days a week) or 75 minutes of vigorous-intensity exercise (i.e., jogging) weekly in addition to muscle-strengthening activities two times per week.³⁸



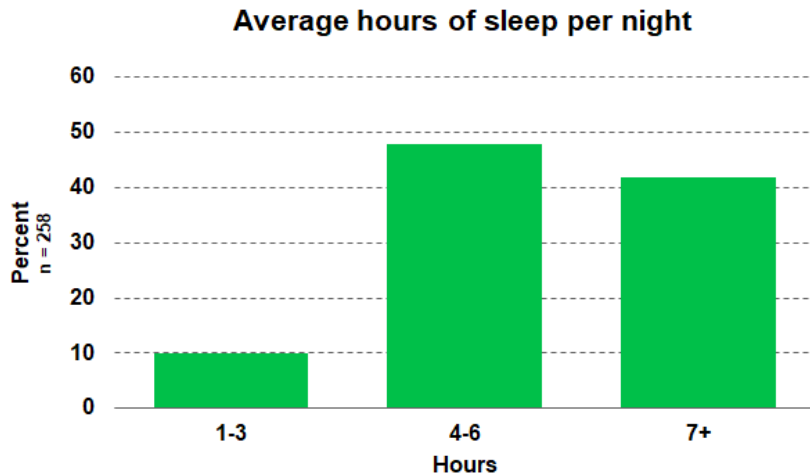
Moderate to vigorous-intensity physical activity can provide benefits such as improved quality of sleep, reduced anxiety, and reduced blood pressure.³⁹ Regular physical activity aids in the

³⁸ <https://www.cdc.gov/physicalactivity/basics/adults/index.htm>

³⁹ <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-adults.html>

prevention of chronic diseases, which are more likely to develop in individuals experiencing homelessness than those with stable housing.⁴⁰

Sleep



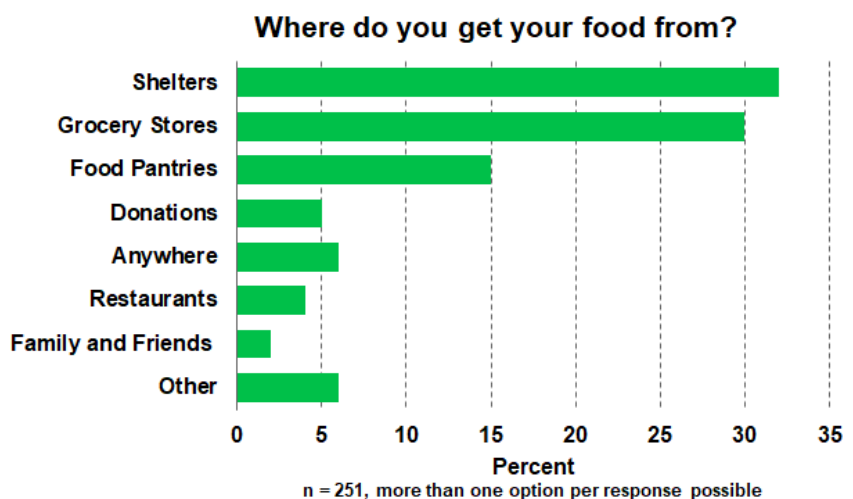
The majority of respondents indicated that they receive approximately 4 to 6 hours of sleep each night (n = 258). Of 230 respondents, 51% felt they got enough sleep, and 49% did not. Sleep that is regular in length and quality is a protective factor for physical and mental health and safety.⁴¹ Consistent lack of quality sleep and sleep deficiency is linked to mental health problems like depression and can contribute to risk-taking behaviors.⁴¹

Sleep deficiency also leads to an increased likelihood of developing chronic health problems like heart disease, high blood pressure, and diabetes.⁴¹ Small, incremental bouts of sleep cannot compensate for sleep loss over time.⁴¹

The American Academy of Sleep Medicine recommends that adults aged 18 years and older receive 7 to 8 hours of sleep a day.⁴¹ By this metric, nearly 60% of survey respondents are experiencing sleep deficiency and are at an increased risk of developing associated mental and physical health issues (n = 258).

Food

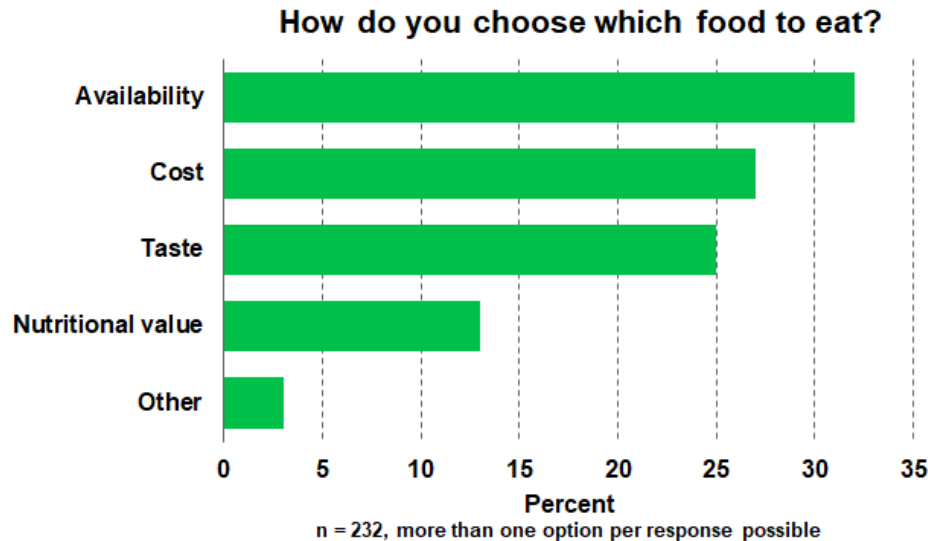
Of 225 respondents, 64% indicated that they get enough to eat, 31% sometimes get enough to eat, and 5% do not get enough to eat. Shelters were identified as the primary source of food for this population (32%, n = 251). 43% of respondents also



⁴⁰ <https://aspe.hhs.gov/reports/health-conditions-among-individuals-history-homelessness-research-brief-0>

⁴¹ <https://www.nhlbi.nih.gov/health-topics/sleep-deprivation-and-deficiency>

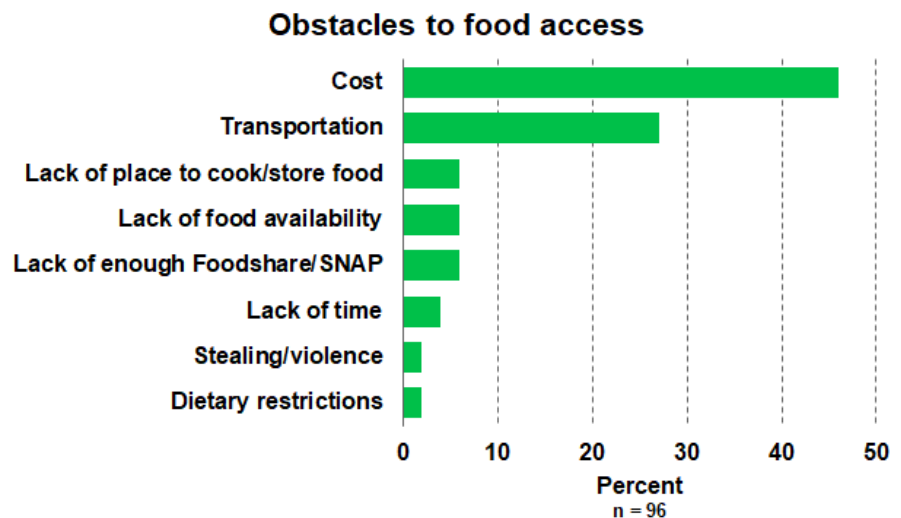
indicated that they were staying in shelters at night (n = 240). Food pantries were the third-largest food source for survey respondents and accounted for approximately 16% of responses. Food pantries were also the service/item most respondents indicated they had trouble accessing, with 26% of responses (n = 251).



The City of Madison currently has approximately 25 food pantries and there are approximately 50 in Dane County.⁴² Most food pantries require that food is picked up on-site, requiring individuals to have access to some form of transportation. One exception is the River Food Pantry in Madison. They offer a food delivery service for homebound individuals,

those without transportation, or someone who can pick up food on their behalf. However, this service requires a household address to deliver food,^{43,44} decreasing accessibility for people experiencing homelessness without an address.

Availability was the main factor for how respondents chose which food to eat, with 32% of responses, followed by cost, with 27% of responses (n = 232). The second most common factor was cost, with 27% of responses. In comparison, only 13% of respondents indicated choosing which food to eat based on its nutritional value. As most individuals obtain food provided by shelters, they often may not have the opportunity to select from various nutrient-dense foods.



⁴² <https://www.cacscw.org/services/food-security/food-bank/dane-county-food-pantry-network/>

⁴³ <https://www.riverfoodpantry.org/2021-community-impact/>

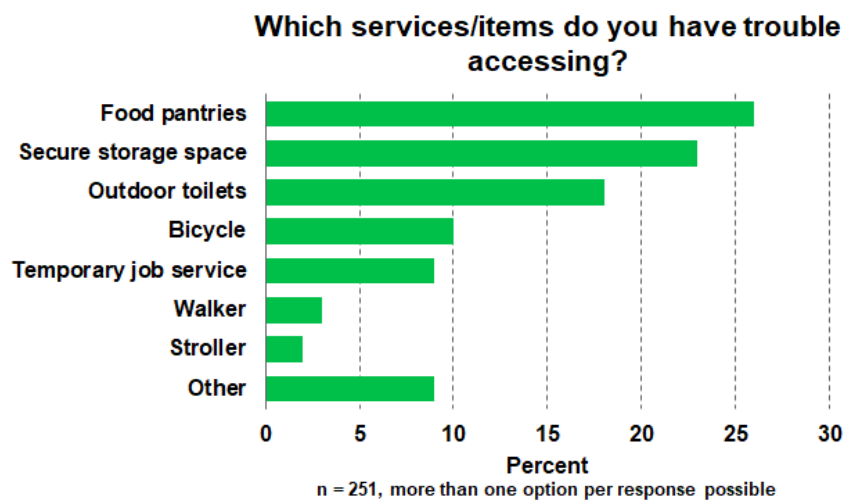
⁴⁴ <https://www.riverfoodpantry.org/river-delivers/>

Grocery stores and food pantries, which offer a greater variety of nutritious foods for individuals to choose from, are often cost- and transportation-dependent. Cost and transportation were the two most reported obstacles to accessing food, with 46% and 27% of respondents, respectively (n = 96). For a population that experiences higher rates of chronic conditions, such as diabetes and heart disease, which can be affected by diet, barriers to accessing a variety of more nutritious foods can be detrimental to their health.⁴⁵

Other Findings

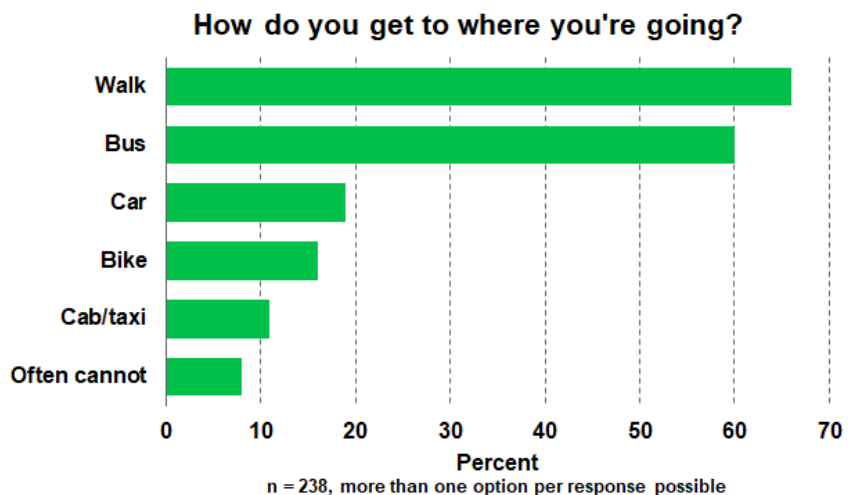
Accessing Services

74% of respondents indicated that they had trouble accessing one or more services and items. Food pantries, secure storage space, and outdoor toilets were the top three needed resources (n = 251). An inability to access these services negatively impacts health and personal safety while presenting barriers to completing necessary activities of daily living (personal hygiene, securing personal belongings, etc.).⁴⁶



Modes of Transportation

Walking was the most common mode of transportation among survey participants (66%), followed by bus (59%), car (20%), bike (16%), and cab or taxi (12%, n = 238). 8% of respondents reported that they were often unable to get where they needed to go.



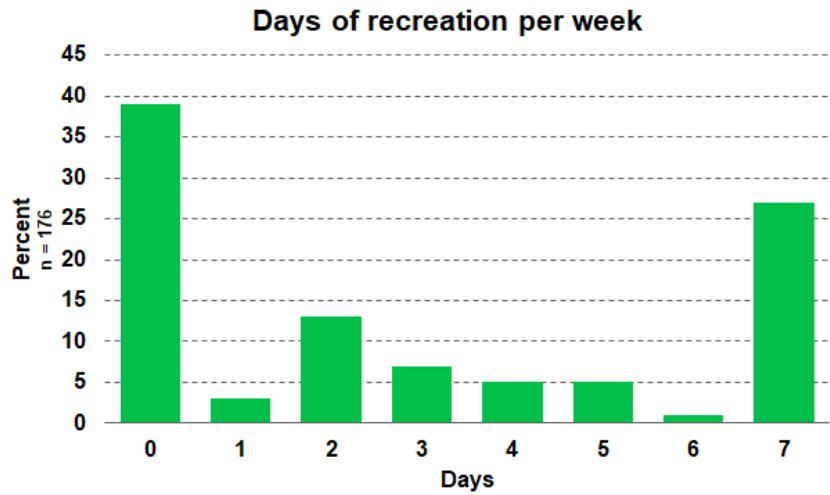
⁴⁵ <https://www.publichealthmdc.com/documents/foodSecurityWhitePaper.pdf>

⁴⁶ <https://link.springer.com/article/10.17269/s41997-021-00581-w>

Walking and public transportation typically result in longer commute times, which impede individuals' schedules and ability to meet daily obligations.⁴⁷ Other risks include fatigue and physical injury, and the risk of infectious diseases from dense crowding.⁴⁸ This is always a health concern, but presents an even greater risk during the current COVID-19 pandemic.⁴⁹

Recreational Activities

40% of respondents reported spending zero days per week participating in recreational activities or hobbies; 39% of respondents enjoy recreational activities or hobbies four or more times per week (n = 176). Leisure and recreational activities provide individuals with outlets in which they can express themselves and relieve stress, improving mental and physical health.⁵⁰



Positive Relationships

60% reported they were in regular contact with people who cared about them or people they cared about, whereas 40% reported they did not have a connection with these individuals (n = 217). Mutually-positive relationships with individuals who care for one another are critical in maintaining emotional and physical well-being.⁵¹

COVID-19

The circumstances of the COVID-19 pandemic are continuously changing; at the time of the survey, 21% of respondents reported testing positive for COVID-19 at some point, 71% had never tested positive, and 7% reported never having been tested (n = 230).

⁴⁷ <https://www.tandfonline.com/doi/full/10.1080/10530789.2019.1582202?scroll=top&needAccess=true>

⁴⁸ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0242990>

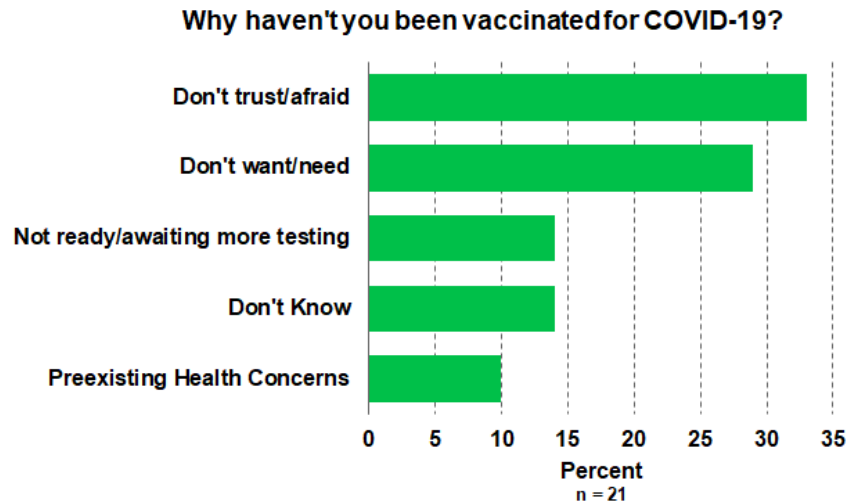
⁴⁹ <https://www.sciencedirect.com/science/article/pii/S1438463920305563?via%3Dihub>

⁵⁰ <https://www.tandfonline.com/doi/abs/10.1080/01490409809512286>

⁵¹ <https://pubmed.ncbi.nlm.nih.gov/3282536/>

The living circumstances of individuals experiencing homelessness created challenges complying with public health guidelines involving isolation, social distancing, and access to proper supplies.⁵² Many health professionals and the CDC recommended utilizing various supplies (face masks, soap, hand sanitizer, etc.) to help prevent the spread of COVID-19. 79% of respondents reported they did have the supplies to help them stay safe during the pandemic (n = 226).

The rapid rollout of effective vaccines was an incredible scientific breakthrough to help fight the COVID-19 pandemic and protect against severe disease and death. Despite this, significant vaccine misinformation and distrust of public health and government systems served as deterrents for some individuals.⁵³ 52% of respondents were not vaccinated against COVID-19 (n = 229).



Public Health Madison & Dane County (PHMDC) data showed that 38% of individuals experiencing homelessness had received one shot, and 31% were fully vaccinated as of October 5th, 2021; this is slightly different from the 48% of individuals in our respondents who indicated that they were vaccinated.⁵⁴ Unfortunately, our survey did not differentiate between the number of vaccines individuals received at the time of collection. PHMDC's report, along with our data, highlights the vast inequity in vaccinations, as people receiving homeless services had substantially lower vaccination rates than all Dane County residents.⁵⁴ Since the data collection period, it is likely vaccination and booster rates among the population we surveyed have changed.

Of the 122 individuals who answered whether or not they would like to be vaccinated for COVID-19, 69% responded yes, 30% no, and 1% that they did not know (n = 21). The most popular reasons individuals did not want to be vaccinated were that they did not trust/were afraid of the vaccine or did not want/need the vaccine.

Individuals experiencing homelessness are at an increased risk of infection due to a lack of safe housing and the high prevalence of risk factors.⁵⁵ The consequences of the COVID-19 pandemic further exacerbated the inequities caused by a lack of stable housing.⁵⁶

⁵² <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11687-8>

⁵³ <https://nhchc.org/wp-content/uploads/2021/01/Issue-Brief-on-Consumers-Vaccines.pdf>

⁵⁴ https://publichealthmdc.com/documents/COVID_vaccination_coverage_homeless_services_Oct_2021.pdf

⁵⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7828890/>

⁵⁶ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11687-8>

Conclusions

Once all of the data was compiled and analyzed, the findings were shared with other stakeholders, including groups within the MACH OneHealth organization and the survey administrators with lived experience; this ensured objective feedback. This information was used to draw conclusions and identify the most prevalent health needs and community services gaps. The most significant health needs identified were mental health, substance use/addiction, dental care, housing, transportation, and access to healthcare.

Mental Health

As illustrated earlier in the report, 30% of respondents rated their mental health as “poor,” with 41% indicating that it would be helpful for them to speak with a mental health professional. Further, individuals reported mental healthcare as one of the most challenging forms of care to access, with some having to access it through the Emergency Room. While considering the high rate of mental health conditions among people experiencing homelessness, the finding demonstrates that mental health is a priority among this population.

Substance Use/Addiction

Respondents cited tobacco, alcohol, and other drug use as being in the top seven factors that they felt negatively impacted their health. 17% of the respondents reported using substances that were not prescriptions, with the majority having neither professional nor social support systems for recovery. The survey itself had limitations due to a lack of questions regarding substance use/addiction, and the respondents may have had a fear of disclosing such information. Hence, the need for substance use/addiction treatment is likely even more extensive than the data suggests.

Dental Care

61% of survey respondents noted that they had not received dental care in the last two years, despite it being a concern to them. The majority of respondents had either Medicare or Badgercare coverage; however, few dental offices in Madison accepted them. As cited earlier in the report, the dental care most often received by people experiencing homelessness was either emergency or therapeutic rather than preventative. Access to preventive dental care is essential for people experiencing homelessness to maintain proper oral health.

Housing

When asked about other issues affecting respondents' health, the need for housing was the most cited concern. 49% of respondents reported experiencing homelessness for 12 months or more, with 38% of those respondents experiencing homelessness for 5+ years. Respondents reported that they typically slept in shelters and outdoor locations. Having housing can have a positive impact on the health of people experiencing homelessness.

Transportation

Lack of transportation was the top one and two factors affecting respondents' access to healthcare and food, respectively. Walking was reported to be the most common mode of transportation among

respondents, and 8% reported not being able to get to where they needed to go. These findings highlight the need for faster, more affordable, and more convenient modes of transportation to be more accessible to this population.

General Access to Healthcare

Despite the majority of respondents reporting that they had some form of health insurance, primarily Medicaid or Medicare, 47% indicated that they did not seek medical attention when they were ill or injured. However, they did utilize the Emergency Department three times more than the general population. Transportation, affordability, and a secure place to store belongings would greatly assist people experiencing homelessness in accessing healthcare, as those were the top three barriers reported by respondents. Other barriers to be remedied are issues getting appointments and fear of judgment from or lack of trust in providers.

Recommendations

Recommendations for MACH OneHealth

- Actions to continue:
 - Street outreach
 - Making caring connections
 - Foot Care Clinics
 - Anti-racism advocacy
 - Training on harm reduction, mental health, and substance use
- Actions to increase:
 - Transportation assistance
 - Referrals to professional providers
 - Prescriber recruitment
 - The hospital discharge program
 - Advertisement of MACH's services
- Actions to implement:
 - Include someone on outreach who is trained in mental health and substance use to solely focus on those issues
 - Put together outreach projects with sexual health agencies and distribute condoms on a regular basis
 - Collaborate with dental health providers to provide dental health education to clients
 - Develop a peer support circle

Recommendations for the Healthcare Community

- Healthcare Organizations and Communities:
 - Trauma informed care
 - Collaboration between organizations
 - Identify those experiencing homelessness in Electronic Health Records (EHR)
 - Improved Electronic Health Records (EHR) integration and tracking between organizations
- Mental Health and Healthcare Services:
 - Mobile clinics
 - Mental Health outreach
 - Increased funding for mental health services
 - Transportation assistance to appointments/services
- Advocacy efforts
 - Minimum basic income
 - Housing for all

Recommendations for the Homeless Services Community

- Outreach and Case management:
 - Increased amount of outreach
 - Collaboration between agencies

- Inclusive of peer support services
 - Coordination of case management at the individual level
- Mental health:
 - Service providers/outreach workers primarily focused on mental health
 - Ongoing mental health training for all agency workers
- Resources:
 - More transportation assistance for individuals
 - Establishment of a storage program for the community
- Practices:
 - Housing first model
 - Trauma-informed care always
 - Anti-racist practices
 - Individuals with lived experience included in the decision making of organizations

Next Steps

MACH OneHealth will disseminate the information gained through this Community Health Needs Assessment to increase awareness, build rapport between organizations and programs in the area, and aid policy-makers in their decision-making regarding people experiencing homelessness. The data and recommendations identified will guide MACH OneHealth in its development of new and existing programs serving people experiencing homelessness. Additionally, MACH plans to look at the CHNA health data stratified by race to identify any differences and to ensure that our program development is both equitable and anti-racist.

MACH OneHealth also surveyed two additional stakeholders - the Homeless Services Consortium and the local healthcare community using Google forms dispersed via email. The goal was to collect data on the perception of health needs and resources available for people experiencing homelessness, from people providing services to this population. These responses were generally consistent with findings in this report, including but not limited to barriers in seeking, accessing, and following up with healthcare services. Due to the small sample size and a reduced capacity to perform statistical analysis, the data was not fully analyzed and included in this report. In future CHNAs, MACH OneHealth plans to develop more robust data collection and analysis methods for including the voices of important community stakeholders.

MACH OneHealth plans to complete another Community Health Needs Assessment in about three years in order to gain the most accurate depiction of the health needs and barriers for people experiencing homelessness, allow for comparisons of changes in health needs over time, and more closely address some areas of health that were not asked about in a very much detail in this needs assessment.

Acknowledgements

Survey Administrators

Jacqueline Stevens
James Schultz
Angela Lesure
Two others who wished to be anonymous

Community Partners

The Beacon
Public Health Madison & Dane County
Dane County Homeless Services Consortium
Porchlight
The Salvation Army
Briarpatch Youth Services
Sankofa ELU

Funders

Wisconsin Medical Society Foundation

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