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Title of Research *	Shelter House Health Initiative: Health Needs Assessment of the Homeless Population in Iowa City, Iowa
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Introduction & Purpose *	Homeless people are at increased risk of dying prematurely and suffer from a wide range of health problems, including seizures, chronic obstructive pulmonary disease, musculoskeletal disorders, tuberculosis, and skin and foot problems. Homeless people also face significant barriers that impair their access to health care.  The purpose of my project was to research the best use of the clinic space donated to the Shelter House in their new building, opened in Nov. 2010

## Experimental Design \*

I used an environmental scan of available resources in Johnson County, established and re-established new and old partners, created a questionnaire tool to assess perceived needs of the residents in the Shelter House, and synthesized this material to come up with a model for the clinic that would be self sustaining, low cost and would address the most pressing health care needs for the neediest in our population.

For ten months my goal would be to bolster the planning and rudimentary implementation of a health space focused on health advocacy, health education and health empowerment – essential public health qualities.

I made recommendations based on my research, about how to best use available resources to provide the most efficient care to residents without duplicating already existing services.

## Results \*

Results from questionnaire data - which can be taken as representative sample of the homeless in Iowa City showed that 48% of the people reported having no insurance at all.

80% reported cigarette use. Disabilities and Mental Health problems together accounted for close to 40% of the problems weighted against each other in the Medical Problems category. Also, 41% of people reported accessing the Emergency Room for routine care whereas 14% of the respondents reported that they did not access care when they needed it; supporting the fact that homelessness entails a daily struggle for the essentials of life, and that these competing priorities may impede homeless adults from using health care services.

93% of the respondents expressed in interest in an in-house provider. At the time of passing out these surveys, there were no pregnant women or children, which could skew data in these categories.

In all, my recommendation was to set a clinic based on the Student Run Clinic Model. The student run clinic model would provide a continuity of care to those less fortunate and instill student's desire for lifelong learning and service

## Conclusions \*

life experience. Students will gain critical thinking skills and learn to work with other members of the healthcare team. Most of all it will benefit the least fortunate members of our society

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