

## Taking Health Care to the Homeless

Sponsors: Memorial Health University Medical Center and St. Joseph's/Candler Health System

Location: Savannah, GA

Too sick for a shelter to accept them but not sick enough for an extended hospital stay, Savannah's homeless people were in limbo, burdening the already taxed emergency departments of two competing health systems in the city, Memorial Health University Medical Center and St. Joseph's/Candler Health System. "Hospitals and shelter systems found themselves at odds with one another," says the Rev. Micheal Elliott, president of Union Mission Inc., which runs programs for the homeless, HIV patients and drug users in the city. "Homeless folks were using the ER inappropriately and the hospitals had no place to discharge them to. So they kept discharging them to us."

Union Mission and Memorial Health decided to compromise. Three years ago, they teamed up to create primary care sites in Savannah's five major shelters. "We took health care to where the homeless were," says Elliott, and the payoff was immediate. Illnesses and inappropriate emergency department use among homeless people dropped dramatically.

The next step was obvious: A permanent place where Savannah's 2,300 homeless people could avail themselves of medical assistance and recover after being discharged from the hospital. The result was the J.C. Lewis Health Center, a 32-bed primary care facility that opened in June 1999 with a laboratory and optometry and dental services.

Soon, St. Joseph's joined the project. Thus far, each hospital has invested \$250,000 in the project. Additional funds for the \$1 million center came from private foundations and local, state and federal agencies.

Elliott calls the initial investment "an economic no-brainer. "Making health care accessible to 77 percent of the homeless population, reducing unnecessary hospitalization by 1,181 days and diverting 968 homeless from the emergency department has generated \$9.5 million in savings to the community.

Some benefits are harder to quantify, such as the self-esteem gained by learning and making healthy choices. Participants are counseled on nutrition, sexually transmitted diseases, substance abuse and how to quit smoking. "It starts with basic needs," Elliott says. "Then it moves to health care, then to the particular reason that led to their being homeless—substance abuse, lack of skills—then to a delivery system that has a program to address these issues."

**The Problem:** Large segment of the local homeless population taxing the resources of two hospitals.

**The Players:** Union Mission Inc., Memorial Health University Medical Center, St. Joseph's/Candler Health System, and Chatham/Savannah Authority for the Homeless.

**The Plan:** Initiate primary care health sites at five major homeless shelters, then open a respite care facility for homeless to satisfy health needs and recuperate from hospital stays.

**The Results:** Care available for 77 percent of the homeless population, unnecessary hospital stays reduced by 1,181 days, large segment of homeless diverted from ER resources. Estimated savings to the community: \$9.5 million.

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