

Clinics struggle to care for homeless children

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SALT LAKE CITY — Developmental delays, severe dental issues and hearing problems are among the challenges that hit homeless children hardest in Utah. And they, too, are prone to what has been called a national obesity epidemic.

Communal living is common — in shelters, double-bunking with other families or, for street youths, living with peers — so homeless children have more infections, respiratory woes, ear infections, scabies and lice, among other issues.

Last year, the Fourth Street Clinic, not far from the Road Home and a drop-in center for homeless teenagers, provided health care services to 867 different homeless children, some in families and some through services to runaways and homeless youths, said Matt Siemionko, development assistant at the center. They had 1,427 unique medical visits.

Dr. Lesley Brodie, clinic pediatrician, said fewer than half of the clients they serve qualify for Medicaid, and that's one of the unique challenges they face: Staying afloat is hard. The clinic relies heavily on volunteer doctors and dentists and private donations, always in short supply. The recession has been brutal, she said.

Just under half of the homeless in Utah are families. According to the "Utah 2010 Comprehensive Report on Homelessness," about 1 in 12 poor families will become homeless. "Often it is a matter of poor families competing over a limited amount of affordable housing," it says.



Infections, poor teeth, developmental delays and hearing problems are among the health problems that plague homeless children, says Dr. Lesley Brodie, who treats nearly 900 a year at the Fourth Street Clinic and a clinic for runaways in Salt Lake.

On Thursday, Brodie was rewarded with shy smiles as she treated two little kids, 6 and 2, in the clinic. The smiles were breathtaking for what wasn't there: Their teeth were rotted nubs. Bad teeth and poor dental hygiene pose a serious health challenge for homeless kids, and it doesn't matter what a child comes in for, each one is given a toothbrush, toothpaste, dental floss and detailed instructions in how to use them. They also provide fluoride varnish for children's teeth.

"Dental health is a big deal for this population and a lot of my patients and their family members all have poor dentition — missing teeth, rotting teeth, abscesses. Imagine having chronic pain from teeth problems and being a child," Brodie said.

Education is, in fact, a key part of caring for this very poor population. Brodie and her colleagues teach their young charges and their families the Center for Disease Control and Prevention's "Let's Go" anti-obesity magic numbers: 5-2-1-0: five fruits and vegetables each day, two hours or less of screen time, one hour of exercise and zero sweetened beverages, including juice, punch and soda. And they add to it a 10, for the hours of sleep a child needs.

Food — how much, what is available and how you get it — is an ongoing issue for the very poor. A lack of refrigeration and storage compounds the concern for those who are homeless.

"It's the access to food they have and the quality of it," said Jennifer Hyvonen, spokeswoman for the Fourth Street Clinic, which provides medical services to people who are homeless.

"It's the nature of the feast or famine of homelessness," she said.

Many of the parents also can't or don't read food labels and don't understand the impact on health, Brodie said.

While most children have an ear infection at some point, it can turn into a disability for a homeless child. Brodie said that because homeless people can't refrigerate the antibiotic that's prescribed to treat a child, recurrent ear infection often becomes chronic, with fluid trapped in the middle ear, which can "impact hearing pretty significantly."

She and Hyvonen said they take an aggressive approach to ear issues for these children, who are already living in what she calls a "pretty chaotic living environment, lacking stability." Not hearing well makes it harder to function well in school or socially. They get the child to an audiologist quickly.

Those issues are in addition to the staples of any pediatric practice, including immunizations, injuries and illnesses like flu.

They provide as many vaccines as they can when they see a child in the clinic since they don't know when they'll see him or her again or whether immunizations will fall to future budget cuts. It's a point of pride that they have a 76 percent immunization rate for 2-year-olds. It's 70 percent nationally and statewide.

When H1N1 raged through the state, homeless shelters were not especially hard hit despite the communal living because care providers were vigilant and quick to make flu shots available.

For the older kids and adults, smoking is rampant, says Brodie. "I talk to them about quitting smoking. They already have worsened respiration."

The homeless youths she sees in clinics typically either ran away or were thrown away. They see themselves not as homeless, but as street kids. They hang with each other, but shy away from other homeless populations and from shelters.

A National Alliance to End Homelessness report said most homeless families are young mothers with children. Like poor families in general, their characteristics include grave poverty, single moms with little education and a lack of social support. Many are racial and ethnic minorities, they rely on high levels of government assistance and many are not strangers to domestic violence.

The families typically double up with other families or friends before they end up in a homeless shelter, where they tend to stay longer than homeless individuals.

Street youths are typically 15 to 22, living on the streets, in shelters or other places not intended to be a home. Some "couch surf," according to the state homeless report, bunking with a buddy, moving often.

They lead the most precarious lives and it shows in their health care needs. Homeless youth may be preyed upon and physically or sexually abused. They are exposed in higher proportion to drugs, violence, abuse, neglect, bad living conditions, alcohol and more. When Volunteers of America did a survey, no more than 37 percent of street youths said they had stayed in a shelter. They also tended to be homeless longer.

Many have desperate need of health care, including the many who have mental illnesses or substance abuse problem that make life harder. The pregnancy rate is three times higher among homeless youths than others their age. Kids who are aging out of foster care or leaving juvenile detention are also at greater risk of becoming homeless.

And even when providers have dealt with all that, there's still a proverbial elephant in the room: development. The impact there is huge, including gross motor, social and emotional development and skills such as reading and language, verbal and problem-solving and self-help.

Some children as young as pre-school age exhibit signs of post-traumatic stress, according to national reports.

Brodie worries the most about the children she doesn't see. While the Salt Lake clinic sees not quite 900 pediatric patients a year, Volunteers of America research a year or so ago found the number of street youths alone is close to 800. There are about the same number of kids in homeless families.

"I don't see that many," Brodie told the Deseret News. " I think we're on the low end of serving the homeless."

Living situations

- The types of living conditions homeless children are facing:
- Doubled up: 56 percent
- In shelter: 24 percent
- Other/unknown: 10 percent
- Hotels/motels: 7 percent
- Unsheltered: 3 percent

Source: HCH Clinicians Network/Healing Hands

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