Boston Healthcare for the Homeless Program
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Motivating Research Question

The Boston Globe wrote an article in 2017, called “Color Line persists, in sickness as in health,” on racial disparities in Boston’s healthcare system:

“If you are black in Boston, you are less likely to get care at one of several of the city’s older hospitals than if you are white. The reasons are complex. Many write in their own voices. Several consider how the city’s racial health insurance policies generally pay for care at one Harvard Medical School’s high street academic medical institutions, including Dana Farber and MGH. And some doctors are uncomplacent at mostly white institutions — or these institutions may not have their feel welcome — a debate compounded by a history of black physicians. All of this creates key discrepancies for blacks, who suffer from worst health-related while being Black of poverty and environmental reasons — so city planners recently set, persistent biases.

“Despite a decade of intense and in some cases successful efforts by city leaders and high-ranking hospital officials to improve health care for minorities, certain patterns of segregation remain stubbornly entrenched. It’s time to undermine the region’s mission of equitable care for everyone.”

Given that the overall healthcare system has these disparities, and given that we work within it and are thus implicated, it can only serve our patients and us to examine ourselves. This, along with observations during street rounds and in conversation with staff and patients, motivated my research question:

How do the Street Team’s patient ethnic and racial demographics compare to those of Boston’s houseless population?

The Hole in the Data

I was unable to find data on the demographics of rough sleepers in Boston (perhaps this data is available only by directly contacting the Boston Public Health Commission, as I did not find it publicly available in their recent census reports). To fill this hole, I took a look at the U.S. 2016 demographics.

A companion of Boston’s houseless population and the U.S. houseless population show relatively similar racial breakdowns. However, 40 percent white in Boston. All white in the U.S. 28 percent of African Americans in the U.S. 24 percent African American in Boston. Thus, I have attempted to give estimates for Boston’s rough sleeper demographics based on the rough sleeper demographics from the 2016 U.S. census.

Key Data Points

- The Street Team’s population is only 6% Hispanic, though 10% of rough sleepers are Hispanic in the U.S. according to HUD’s 2016 report, and 10% of Boston’s houseless population identify as Hispanic. What the percentage of Hispanic rough sleepers in Boston is, we do not know.
- The Street Team’s patient population is only 17% African Americans, while the percentage of the Boston houseless population that is African American is 34%, and the percentage of U.S. rough sleepers who are African Americans (23%) is lower.
- How ought we to question these numbers? The Center for Social Innovation recently did a study of the racial and ethnic demographics of homeless populations in 6 cities including Boston, and found that “more than 70 percent of those experiencing homelessness (in all cities) are people of color. Nearly 63 percent of them are black.” Thus, the data is conflicting— and very limited data exists on the demographics of rough sleepers.

Estimates of Boston Houseless Population Demographics

Moving Forward: Questions

- Given the lack of data on the racial and ethnic distribution among rough sleepers in Boston, is there an opportunity for further research?
- Are there racial differences in the distribution of rough sleepers in Boston?
- Where do we outreach, and why do we do outreach in those specific areas? Is it because of where we have historically done outreach? Are there areas of the city or patients we are missing?

In addition, while patients at all BHPD departments fill out satisfaction forms, members of our team are not aware that these surveys are given out at the MOH clinic to the Boston Street Team patients. Perhaps this could also be a way for our patients feel about the care they receive from us.

What are our outreach practices and policies?

Observational data suggests that we are only in one, and have only been with the team for 2-3 months. These samples may not be representative.

- When do we engage? When do we follow up?
- Do we plan to do a pilot and then an immediate follow up? If so, when do we receive consensus?
- There were anecdotal instances where I noticed African Americans whom we did not recognize, team members connected to care, and were engaged further.
- I observed several interactions in which we did not make up African American folks were sleepers. I noted several African American street homeless folks who we did not recognize. Some of these were not connected to care. I do not recall meeting any white folks who were not connected to care.
- How do we assess for language barriers and valid effort for our outreach?

Key Data Points

- Do we have conversations about diversity and inclusion on our team? We feel comfortable discussing our diversity and inclusion on our team. Why or why not?
- What questions do we have about diversity, implicit biases, equity, inclusion, etc? Do we feel comfortable asking them?
- While continuing to maximize the importance and necessary flexibility we practice, are there alternative or additional learning opportunities or outreach to prevent implicit bias from unintentionally making choices for us?
- Have members of our team completed implicit bias training, for example?
- Do we engage in projects such as theirs (please fill in the blank)?

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