Mobile Phone and Internet Access Among Homeless and Low Income Populations

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Introduction

Since 1994 the use of internet has expanded to multitudes of people all across the world in part due to the accessibility of internet through a range of technological devices-mobile phones, tablets--even wristwatches. The Internet has consolidated itself into a robust platform, changing the way people seek information, entertainment, communicate, do business, and even the way people utilize health care. With the rollout of the Affordable Care Act the national focus on healthcare and technology has also become the forefront of improved quality patient care. Through recently instated programs such as "Meaningful Use," that reward optimizing utility of the electronic health record with financial incentives for providers, healthcare facilities across the country have implemented new changes in order to increase patient care, and reap the fiscal benefits. In particular, one of the core requirements in stage two of "Meaningful Use" encourages health care providers to implement a patient portal that is accessible online.

Portal systems are designed to give patients greater access to their personal health record by making their health information available within four business days of their visit, as well as being able to schedule appointments, refill prescription medications, and seek counsel from their providers. While this objective could potentially increase the patient's management of their own care, implementing this feat is not without its share of difficulties. In particular, the diverse populations across community health centers have variable socioeconomic factors that could render both implementing the patient portal, and use of the portal ineffective.

It is necessary to assess the technological capabilities, barriers, and willingness within a population to use a patient portal in order to determine the best approach towards implementation. In the present study, I aim to assess the underserved population that frequents the Center for Community Health (JWCH Institute), determine what types of information technology are accessible to the population, and what social and financial barriers may need to be further addressed before the implementation of a patient portal. I hypothesize that over 50% of the patients interviewed will have access to mobile phone technology, and of those, 50% or more will use their phones to access email. Less than 50% will have access to a computer, and of those that do have access, 50% or more will know how to access internet from their computer. Lastly, greater than 60% of the total patients interviewed will be interested in using a patient portal.

Background

In the span of a year, more than 190,000 men, women, and children experience homelessness throughout Los Angeles County. (1) Without appropriate shelter, many of these individuals become ill and experience a high level of unmet health needs. These results in disparity between the number of homeless patients that frequent the emergency room compared to non-homeless patients (2).

Despite their needs, access to healthcare services can be challenging for homeless individuals for a variety of reasons including social and psychological barriers, and other prioritized necessities such as food and shelter competing with healthcare. Furthermore, a lack of permanent address or even traditional methods of communication (phone line, post mail) can make it difficult for healthcare providers to communicate consistently and reliably (3).

While these challenges currently reduce the quality of patient care and follow up, they also propose a prospective role for information technologies to play in increasing both patient access and personal management of their healthcare. Studies have shown that mobile phone ownership by homeless individuals ranged from 44%-62%, computer access and use ranged from 47%-55%, and internet use from 10%-84% (3).

This propels the idea that there could be potential health benefits for indigent populations that have access to information technology. In particular, web-based patient portals have exhibited improved health-care service delivery, patient engagement, and satisfaction, however studies have shown that vulnerable populations are less likely to use the patient portal compared to the general population, even after accounting for internet and computer access (4-5). More specifically, at the Center for Community Health (CCH), a popular clinic for indigent populations on Skid Row in downtown Los Angeles and just one facility within the John Wesley Community Health Corporation, little is known about the multitude of barriers impeding access to information technology (IT), or use of IT among socioeconomically disadvantaged individuals.

Understanding patient access, attitudes, and socioeconomic barriers to information technologies, can provide insight on developing strategies to engage this population on using the patient portal. In order to accomplish the project objective, two specific aims (SA) have been constructed: First, to develop a validated questionnaire in multiple languages to fit the demographics of the target population. Second, to distribute the questionnaire to the patients at CCH. Implementing the patient portal may stand to be a critical step for vulnerable populations given that there are patients with many high unmet needs and medical complexities. Potential use

of an electronic portal system may actually have equal or greater benefits than when compared to the general population (5).

Methodology

This was a qualitative study-design, incorporating semi-structured interviews with patients. In order to carry out SA1, literature was reviewed on the topic of technological use in healthcare and a 28 question questionnaire was constructed that collected information on demographic variables, housing, technological accessibility and preferred methods of communication between patient and health care professional. The questionnaire was also translated into commonly understood Spanish by a fluent Spanish native speaker. Consultation was sought from both a biostatistician from Charles Drew University, as well as the site supervisor; validation of the questionnaire was secured.

In order to carry out SA2, over the course of 5 weeks the paper questionnaires written in either English or Spanish depending on the patient's preferred spoken language, were distributed. A total of 100 participants were recruited at random from the waiting room of JWCH's Center for Community Heal (CCH). A random number generator was utilized, choosing numbers corresponding to chairs in the waiting room between 1 and 25. The data was collected and tallied. Both the Spanish and English questionnaire can be found in the appendix.

Section 1. Demographics

Questions 1-5 were included to assess the gender, age, education, race, and language of the target population.

Section 2. Housing

Questions 6-11 were included to assess where the patients are currently staying (i.e.

shelters, street, permanent housing) as well as the length of stay. A definition of homelessness as defined by the U.S. department of Health and Human Services was used to gauge whether the patients saw themselves as homeless or not. Question 11 asked for the patient's monthly income level rather than weekly or yearly because of past observation that many patients who do have income receive it from government SSI or GR which is distributed on a monthly basis. If homeless, the patient was also asked if they saw themselves not being in their current condition five years in the future. This question was asked to gauge whether the patients were optimistic about their current state and if they might possibly work towards removing themselves from it.

Section 3. Technology

Questions 12-28 were included to assess if patients had access to cell phones, or computers (laptops, desktops. tablets etc.) and if so, what they used those devices for, and how frequently they used those devices. It was asked for both cell phones and computers whether or not the patient knew how to access the internet and if so what they go onto the internet for. Question 16 was included to see if texting was a cost effective way for the clinic to send information or if patients would have to pay for additional clinic text messages. Question 17 was included to assess whether or not the use of apps was prevalent in the target population. Question 20 was included to assess out of the patients who did have access to internet, where were they accessing that internet from.

The latter half of these questions gauged interest in the patient portal in order to observe patient attitudes towards using the portal and also what in particular they would like to see offered through it. Patients were also asked their preferences in terms of communication with their provider, receiving lab/test results, and receiving health care appointment reminders to further gauge if "new media" seemed appropriate to start communicating by.

Results

Demographics

Gender
Question 1. 59% of the sampled population was Male, and 41% female.

Race
Question 2a.44% identified themselves as African American, 36% identified as Hispanic, 11% were Caucasian and 9% identified as "other"
Language
Question 2b.69% of the sampled population spoke English as their primary language, while 30 spoke Spanish primarily, 1 person identified Mandarin Chinese as their primary language.

Age
Question 3.
The majority of people interviewed were in their 50s, making up 35% of the population, while 27% were in their 40s, 20% of the participants were in their 30, 12% in their 60s, and 2 patients were found per group: 18-24, 25-29, and in their 70s.

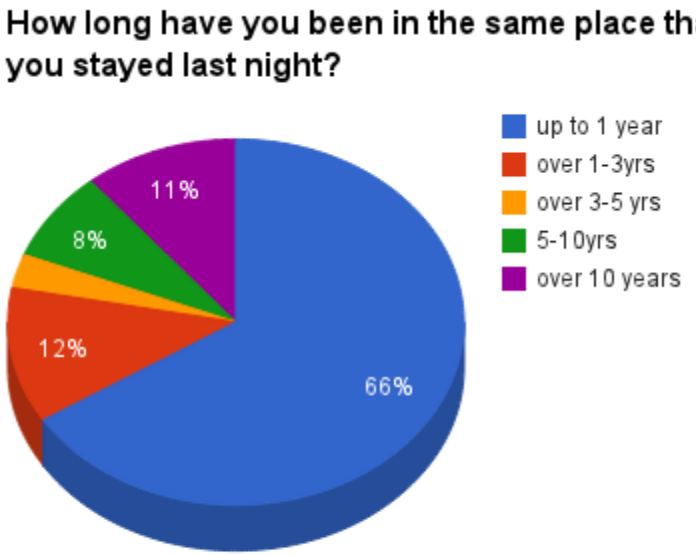
Education
Question 4.
Most patients had completed High School through 12th grade (41%)
Patients that attended some High School but did not complete it was the next largest percentage (26%)
Patients that attended some college (13%)
Patients that stopped schooling before High School (10%)
Patients that completed college and got at least one degree (5%)
Patients that were unsure where they stopped schooling (5%)

Question 5. 67% of patients had their High School diploma or received a GED, 33% had neither.

Housing

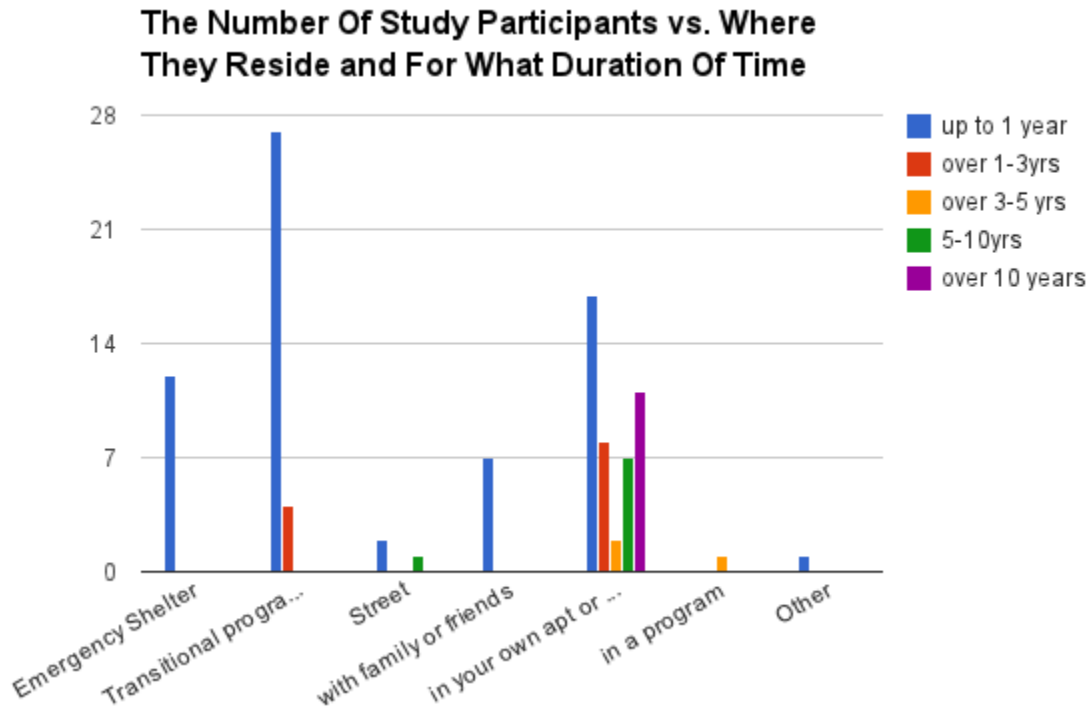
Question 6. Out of the 100 sampled patients, 45% reported sleeping in their own apartment or home, while 31% reported staying in a transitional shelter. 12% reported sleeping in an emergency shelter. 7% reported staying with family or friends. 3% reported sleeping on the streets, 1% reported sleeping in a program that was not a transitional shelter, and 1% reported sleeping in a hotel (other).

Question 7. 66% of patients reported that they have been sleeping in the same place for up to 1 year. 12% reported being in the same place for longer than 1 year, and up to 3 years. 11% reported living in the same place for over 10 years. 8% reported living in the same place for over 5 years and up to 10 years, and 3% reported living in the same place for over 3 years and up to 5 years.



To extrapolate a bit further:

- 27/31 participants that reported staying in a transitional shelter have been there up to one year. 4 participants have been there over a year and up to 3 years;
- 17/45 participants have been in their own apartment or homes for up to one year;
- 11/45 for over 10 years;
- 8/45 over one year and up to three;
- 7/45 participants have been there over five years and up to ten; and
- 2/45 have been there over three and up to five years;
- 12/12 participants that stayed in an emergency shelter have been there up to one year;
- 7/7 participants that stayed with family or friends have been there up to one year.



- ⅔ Participants who have been staying on the streets have stayed for up to one year, with ⅓ staying on the streets for over five years and up to 10.
- 1/1 participant that has been staying in a program that is not a transitional shelter has been there for over three years and up to five years
- 1/1 participant that has been staying in a hotel has been there for up to a year.

Question 8. Out of the total participants 53% reported that they saw themselves as homeless, and 47% reported that they did not.

Question 9. For those that reported being homeless, 34/53 reported being homeless for up to a year, 12/53 reported being homeless for over a year but less than or equal to 3 years, 3/53 reported being homeless for over 3 years but less than or equal to 5 years, and 4/53 reported being homeless over 5 but up to 10 years.

Question 10a. 35% of participants reported that they are living with someone at this current time, while 65% reported that they are not.

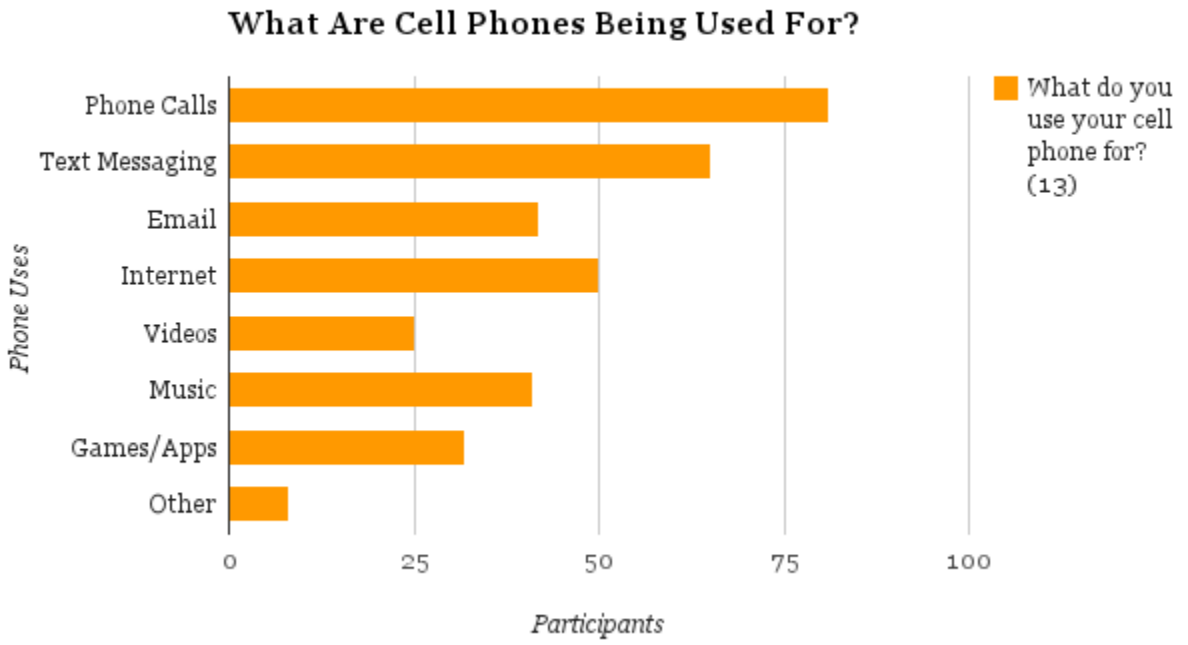
Question 10b. 32% reported receiving a monthly income up to $250. 31% reported not receiving any income at this current time.27% reported receiving an income between $600-1100 dollars/month. 4% reported receiving between $250-600, and 3% reported receiving over $1100 dollars/month. 3% choose not to disclose their income levels/month.

Question 11. 50/53 participants reported seeing themselves as NOT being homeless in the next five years, 3 reported that they still would be.

Technology

Question 12. 82% of participants reported having a cell phone, and 18% reported not having a cell phone. To extrapolate a bit further. 13 individuals have no cell phone and no access to a computer, while 5 have no access to a cellphone, but do have access to a computer.

Question 13.
Phone Calls: 81 responses
Text Messaging: 65 responses
Email: 42 responses
Internet: 50 responses
Videos: 25 responses
Music: 41 responses
Games/Applications: 32 responses
Other: Job searching, GPS, school, emergencies, shopping, recording audio/videos



Question 14. 73% of total participants said that their cell phone can both send and receive text messages. 21% reported that their cell phones cannot both send and receive text messages, and 6% said they were not sure if there cell phone could do both.

Question 15. Out of those who have phones (82 totals) 65 of participants reported that they use their phone frequently throughout the day every day, eight reported that they use the phone a few times throughout the day every day, and nine participants responded that they use the phone once or twice a day or only in the case of emergencies.

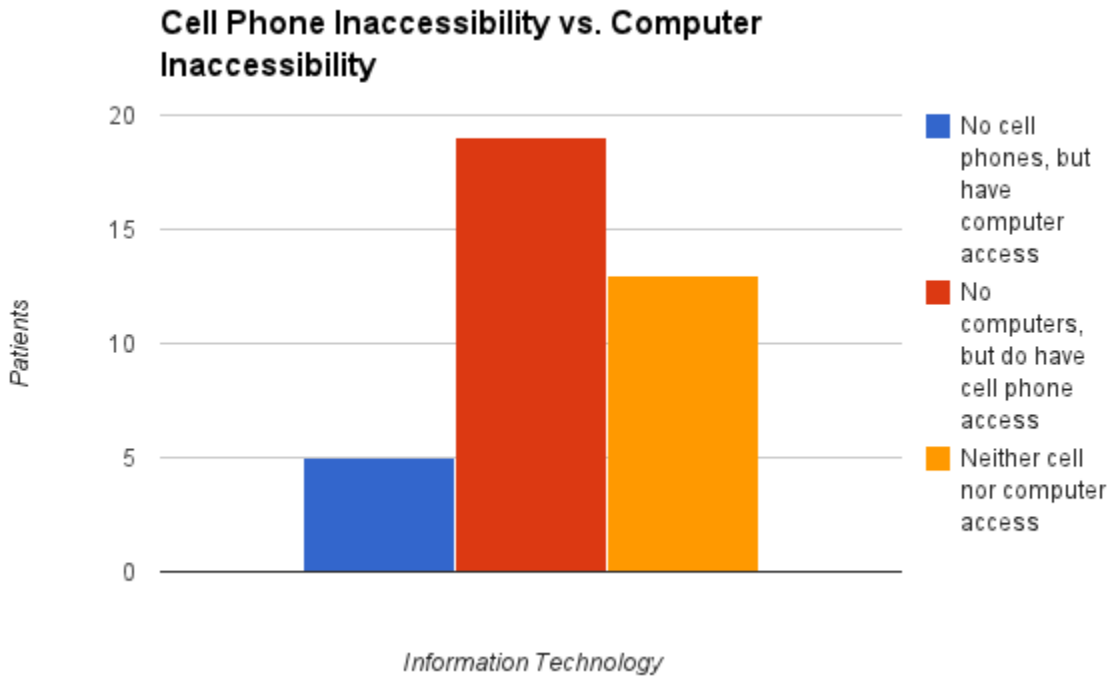
Question 16. 63% reported having an unlimited text messaging plan from their phone provider, while 22% reported not having a texting package (18 of those individuals also did not have cell phones therefore 4% had a cell phone but no texting package)
2% reported having a texting package of greater than 250 texts a month, but not unlimited. And 1% responded having a texting package of less than 250 a month. 12% reported not knowing what type of texting package they had.

Question 17. 64% of participants reported that their phone is a smart phone and is capable of using apps, 36% reported that their phone is not capable of using applications.

Question 18. 61% reported that they know how to access internet from their cell phone, 39% reported that they did not know how to access internet from their phone. (50 participants said they actually use internet on their phones, so 11 participants know how to access internet but do not use it on their phones)

Question 19. 67% of patients reported having access to a computer, while 33% reported not having any access.

Question 20. Of patients that have access to a computer, 33/67 accesses it from the public library or other public places. 26/67 actually have their own computer (desktops, laptops). 7/67 reported using a computer at the transitional shelter and 1/67 said they have access to a computer through their work. Some additional relevant data includes 19 participants reporting having a cellphone, but not having access to a computer. See Figure 3 below



Question 21. 78% of participants reported having once had a computer or at least using a computer at some point in their life, 22% reported not having had or ever used a computer.

Question 22a. 70% of participants knew how to access the internet through a computer, 30% did not.

Question 22b. Most participants (33) responded that when on the internet from a computer they utilize it to job search, 30 participants browse the internet for information. 17 participants reported using the internet to access their email. 19 participants reported using the internet for entertainment purposes (media, games). 7 participants utilize it for shopping, while 3 participants use the internet for social media.

- To access GPS: 2 participants
- To access health information: 2 participants
- Data storage: 1 participant
- School (in general): 1 participant
- Weight loss: 1 participant
- Bill Paying: 1 participant

Question 23a. 48 participants reported that they would like to receive health information on smoking cessation, and mental health. 40 reported wanting information on alcohol and substance abuse. 20 participants reported wanting information on domestic violence, and 18 wanted information on pregnancy.

Question 23b. In terms of other types of health information, the most common requested information was on medication side effects, Diabetes, and Weight loss, each with 8 responses. 7 participants reported wanting information on healthy eating, and 7 also wanted information on HIV. 3 participants would like to see information on sex education, and 3 would also like to see information on older age related diseases. Other information requested:

High blood pressure: 2 participants
Asthma: 2 participants
Cancer: 1 participant
Ulcers: 1 participant
Hepatitis: 1
Dental services: 1
Seizures: 1
Exercise: 1
Heart Health: 1
Self-help: 1

Question 24. 77% of participants reported that if they had internet access and access to a patient portal where they could seek advice from their health care provider they would utilize it. 23% reported that even with access to both, they would not use it.

Question 25. The most preferred method of communicating with the primary care provider was via phone call (45%). 26% preferred communicating by email, 11% reported they would prefer to use the internet through a portal system. 6% would prefer to communicate via text, or via post mail. Lastly, 6% would also prefer to not speak to their primary care provider by any of these methods and would prefer to speak to them in person, or by some other method.

Question 26. The most preferred method of communicating in order to receive lab or test results is via email (45%), followed by receiving a phone call (26%). 10% would prefer to use post mail, 9% would prefer to use text messaging to receive their lab results, 4% would use a patient portal,

and 6$ would prefer to not use any of the mentioned methods to communicate in order to receive their lab or test results.

Question 27. The most preferred method of communicating in order to receive a reminder of an upcoming healthcare appointment was by text message (40%). 26% of participants would prefer to be reminded by phone and 19% would like to be sent an email. 11% would prefer to be notified by post mail, 3% would log into a web-based portal to see if they have reminders for appointments, and 1% preferred to not use any of the above methods in order to be reminded of an upcoming appointment.

Question 28. 73 participants would use the patient portal to schedule appointments. 72 would use it for medication refills, 65 would use it for appointment reminders, 62 would use it to obtain their lab reports, 61 would use the portal to have access to a health care summary and 60 participants would use it to seek advice from their provider.

Discussion

Despite the prevailing presumption that people experiencing homelessness lack methods of communication, this study indicates that mobile phone and internet technologies are available to homeless individuals. With 82% of the sampled population having access to cellphones, 67% having access to a computer, and 70% understanding how to access the internet from a computer, our findings suggest that information technology is accessible to the population. Several participants reported already using the internet for health related uses and expressed interest in receiving information on various health topics. Both mental health and smoking cessation gained the most support (48/100 expressed interest for each). Furthermore, 77% of patients claimed interest in using the patient portal. These uses suggest that access and utilization of information technologies could result in improved health outcomes for homeless patients.

Mobile phone use found in this study is actually higher than the range of 44-62% found in Mcinnes systematic review, while internet use fell within the previous study's range. A reason for such high mobile phone use may be a result of increased government assistance. Some government programs fund free mobile devices with an allotted number of minutes per month for

individuals/families that qualify as homeless or low income (7).

From both questions 13 and 22, it was discovered that information technologies were utilized for a variety of purposes especially job seeking and applying which may reflect one the of realities of being homeless. Moreover, having access to email is critical in meeting the requirements for the patient portal in stage two of meaningful use. Fifty percent of the population served by a community health center must have access to the patient portal. Patient access is brought about through the use of email to securely log in and see their account information. 37.8% (31/85 participants) use their cell phones specifically for email. While expectantly lower than the use of cell phones for email in the general population, this result was also lower than the hypothesized 50% or greater. Total, there were 48 people that utilized email from either cellphone or computer.

There are several reasons for lower email use within this population. For instance 76 out of 100 participants were at least 40 years old. Studies have shown that across age groups there is variation in the use of information technologies (6). Older participants may lack the skills necessary to set up an email on a mobile device. Additionally, primary language may play a role in barriers to using information technologies. Over 30% of the sampled patient population were Hispanic and primarily spoke Spanish. The majority of the 18 participants that did not have a phone, or of the patients that never used a computer before were primarily Spanish speaking patients. On another note, even though there are 31 participants currently residing in transitional shelters, only 7 participants claimed to access computers within transitional shelters. Many transitional programs offer basic computer skills and internet navigation pertaining to job searching.

Since the Center for Community Health (CCH) is a popular provider for this population

on skid row, many of the homeless patients within transitional programs may already be patients seen at the CCH. It could be potentially beneficial for CCH if patients that were living within these transitional shelters learned through these courses how to make an email address, sign up for the patient portal, and learned how to navigate it.

This study is significant in both a societal and a clinical level. Societally, it provides context for some of the barriers that impede the use of information technologies; clinically, with these barriers exposed, community health centers can better determine effective marketing strategies for the implementation of the patient portal.

This study had several limitations. First, over the course of 6 weeks 100 participants were surveyed. The sample size could have been greater and the duration of the study could also have been longer. The participants were also restricted to patients within the CCH waiting room but it could have been beneficial to conduct a study with a broader population across the various clinics within the JWCH Institute agency. Adding additional questions to the questionnaire could also help to expose additional barriers to using information technology. For instance if patients required any special needs when using computers such as larger font size, or touch screens for those with limited motor function.

Based on our present findings and the complex health challenges of homeless populations, additional research should be conducted. One subject that remains to be explored is the effectiveness of a patient portal in improving health outcomes among homeless and low income populations. Another area of interest for this particular population at CCH may be in comparing health outcomes for patients who have been taught basic computer internet, and mobile phone skills, with those who have not had any lessons. Studies have shown that lessons in hands-on technology as well as computer skills have led to increased information technology use

and self-efficacy among technologically inexperienced vulnerable populations (8).

Recommendation

My recommendations are three fold. First, 48% of patients surveyed overall have access to an email account. While this is not enough to satisfy the meaningful use requirement, it is still important to make sure that these patients are incorporated into the health care system at the Center for Community Health. Clinical workers must reach out to patients, let them know why and how the patient portal can be an effective tool for them to begin using and make them comfortable to release their email to the clinic. Patient's may have email accounts but are anxious to let organizations have them in fear of being pestered. The clinical team should work to reduce that anxiety.

Second, many of the patients surveyed lived in transitional shelters, but were not accessing computers within those shelters. Clinic volunteers should reach out to transitional shelters in hopes of collaborating with their resume building, computer skills, or job seeking courses. These courses, where signing up for an email account may be expected, may serve as a prime location to reveal the patient portal, sign patients up, and teach them how to navigate the portal. The shelter can also provide space for CCH to post flyers regarding the patient portal and contact information.

On another note, with patient cycling times averaging around 1.5-2 hours, having small 15 minute lessons where patients can learn hands-on technology or basic computer skills could prove beneficial. As stated within the discussion section, studies have shown that there are positive effects of having hands-on technology/ basic computer skills lessons. These include self-efficacy and greater patient engagement with information technology.

Third, with 82% of patients having access to mobile phones, and 61% knowing how to

access internet off of a cellular device, I suggest looking into mobile platforms as a potential direction for the portal system. Social and mobile tools are an innovative way to transform healthcare by making it easier for consumers to get engaged in managing their own health. One prime example of this would be the popular mobile app for Kaiser Permanente's "Manage My Health Care" portal system.

Conclusion

In this study the patients sampled had significant access to information technologies among low income and homeless populations. Many of the uses for cellphones and internet were similar to uses among the general population, but there were also high levels of job searching, mental health interest, and substance abuse interest that reflected some of the issues faced with homelessness. Some potential barriers to accessing mobile devices or computers included not speaking English as a primary language, older age, and lack of any computer skills.

While many patients expressed enthusiasm for engaging with a patient portal, relatively few had the email addresses necessary to access the patient portal. With appropriate strategies, clinical workers at CCH can help patients sign up for email addresses, or offer basic computer, and hands-on technology courses in effort to increase information technological use and self-management of patient health care among their target population. Once access has improved, more research can be conducted on how the use of health information technology, such as web-based portal systems affects health outcomes.

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Appendix

Questionnaire

Section 1.Demographics

1. Gender: Male▢ Female ▢ Transgender▢
2. How do you identify yourself? African American ▢ Caucasian▢ Hispanic▢
   Other (Fill in the blank)▢_____
   a. What language do you speak?
   b. English▢ Spanish▢ Chinese▢ Other (fill in blank)▢_____
3. What is your age? _____
4. What is the highest grade in school that you completed_____
5. Do you have a high school diploma or GED? Yes ▢ No▢

Section 2.____Housing

6. Where did you sleep last night:
   - Emergency shelter
   - Transitional shelter/program
   - Street
   - With friends or family
   - In your own apartment or house
   - In a program
   - Other:_____
7. How many days/weeks/months have you been in the **same place** that you stayed last night:_____
8. Read this definition of homeless**: A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle or any other non-permanent situation**. By this definition are you considered homeless?
   - Yes
   - No
9. How many days/weeks/months have you been homeless this time, including all the different places you may have stayed_____
10. Question A: Are you currently living with anyone?_____

Question B: What is your monthly income level?

11. Do you see yourself **NOT** being homeless in the next 5 years?
    Yes ▢ No▢ I'm not homeless▢

Section 3. Technology

12. Do you have a cell phone?
    Yes ▢ No▢

13. What do you use your cell phone for?

    ▢ Phone calls ▢ text messaging ▢ email ▢ surfing the internet ▢ watching videos ▢ listening to music ▢ playing games, using applications, ▢ Other_____

14. Do you have a cellphone that can both send and receive text messages?

    Yes ▢ No▢ I don't know▢

15. How often do you use your cell phone?_____

16. Which kind of texting package you have from your phone provider? Check a box down below.

    Unlimited ▢ Greater than 250/month ▢ Less than 250/month ▢
    No texting package ▢ I don't know ▢

17. Do you have a cell phone that is able to use "apps" (A "smartphone").

    Yes ▢ No▢ I Don't Know ▢

18. Do you know how to access the Internet through your cell phone?

    Yes▢ No▢

19. Do you have access to a computer (a laptop or a desktop?)

    Yes▢ No▢

20. Where do you access your computer? (ex. Library, do they have one of their own etc.)

21. Have you ever owned a computer or used one before in your lifetime?

    Yes▢ No▢

22. Do you know how to access the Internet through your computer?

    Yes▢ No▢

    If so, what do you use the Internet for?_____

23. If we offered information on health topics, which topics from the list below would you be interested in receiving?

    ▢ Alcohol/substance abuse ▢ mental health ▢ domestic violence ▢ pregnancy
    ▢ smoking cessation None of the above ▢

    What other types of health information would you want offered to you?_____

24. If you had internet access, and access to a website where you could could communicate with your doctor for advice would you use it?

    Yes ▢ No▢

25. What would be your preferred method of communication if you were going to speak with your primary care provider?

    ▢ Phone Call ▢ Text ▢ email ▢ post mail ▢ Internet (portal)
    ▢ None of the Above (i.e. speak with the health care worker in person)

26. What would be your preferred method of communication for how you wanted to receive your lab or test results?

    ▢ Phone Call ▢ Text ▢ email ▢ post mail ▢ Internet (portal)
    ▢ None of the Above (i.e. speak with the health care worker in person)

27. What would be your preferred method of communication for how you wanted to receive any health care reminders such as for an upcoming appointment?

    ▢ Phone Call ▢ Text ▢ email ▢ post mail ▢ Internet (portal)
    ▢ None of the Above (i.e. speak with the health care worker in person)

28. For the Following types of healthcare activities, if you were to use the portal, what would you use the portal for? (Check all that apply).

    ▢ Obtain lab reports
    ▢ Seek Advice
    ▢ Schedule Appointments
    ▢ Be reminded of upcoming appointments
    ▢ Medication refills
    ▢ Have my own personal healthcare data summary (dates visited the clinic, discharge plan)
    ▢ None of the above

Questionnaire

Section 1. Demografía

1. ¿Cuál es su género? : Masculino▢ Femenino ▢ Transgenero▢
2. ¿Como se identifica? Africano Americano ▢ Caucásico ▢ Hispano▢
   ▢ Otro (Escriba cuál)_____
   a. ¿Que lenguaje habla?
   b. Inglés▢ Español▢ Mandarina▢ Otro (Escriba cuál)▢_____
3. ¿Cuál es su edad? _____
4. ¿Cuál es el grado académico mas alto que haz completado? _____
5. Tiene un diploma de preparatoria ó un equivalente (GED)? Yes ▢ No▢

Section 2. La Vivienda

6. ¿Dónde dormiste anoche?: ▢ refugio de emergencia ▢refugio de transición ▢la calle ▢con amigos ó familia ▢en su propio hogar ▢en un programa ▢ otro:_____
7. ¿Cuantos días/semanas/meses haz estado en **el mismo lugar** que te quedaste anoche?:_____
8. Lea esta definición de indigente**: Un indigente es un individual sin hogar permanente que ala mejor vive en la calle, se queda en un refugio, mission, cuarto con facilidades, edificio abandonado ó un vehículo ó Cualquier otra situación no permanente.** Por esta definición , es usted un indigente?
   i. Sí ▢ No▢
9. ¿Por cuantos días/semanas/meses ha sido un indigente? _____
10. Pregunta A ¿Actualmente vive con alguien?_____
    a. Pregunta B: ¿Cuál es su ingreso mensual?_____
11. ¿Se ve usted no siendo indigente en los proximos 5 **años?**
    i. Sí ▢ No▢ I'm not homeless▢

Section 3. Tecnología

12. ¿Tiene un teléfono celular? Sí ▢ No▢

13. ¿Para que usa su celular?
    a. ▢ Llamadas ▢ mensajes de texto ▢ correo electrónico ▢ Navegando el internet
    b. ▢ viendo videos ▢ escuchar música ▢ jugar juegos, uso de aplicaciones ▢Otro_____

14. ¿Tiene un teléfono celular que puede mandar y recibir mensajes de texto?
    i. Sí ▢ No▢ No sé▢

15. ¿Con qué frecuencia usas tu teléfono celular?_____

16. ¿Qué tipo de paquete de mensajes de texto tiene con su proveedor de telefono?
    ilimitado ▢ Mas de 250/mes▢ Menos de 250/mes▢
    Ningun paquete de mensaje de texto ▢ No sé▢

17. ¿Tiene un teléfono celular que puede usar "applicaciones"? (Un "smartphone").
    Sí ▢ No▢ No sé▢

18. ¿Sabe cómo acceder al Internet a través de su teléfono celular?
    Sí ▢ No▢

19. ¿Tienes acceso a una computadora?
    Sí ▢ No▢

20. ¿Dónde tiene acceso a su computadora? (Libreria, en casa, etc.)

21. ¿Ha tenido alguna vez una computadore o utilizado una antes en tu vida?
    Sí ▢ No▢

22. ¿Sabes cómo acceder a Internet a través de su computadora?
    Sí ▢ No▢

23. Si respondio si, para que uso el internet?_____
    ¿Si ofreciéramos información sobre temas de la salud, qué temas le interesaría de la lista?
    ▢ Alcohol/ abuso de estupefacientes ▢salud mental ▢ violencia domestica
    ▢ embarazo ▢parar de fumar ▢ Nada de anterior
    ¿Qué otro tipo de información de salud quiere que se le ofrezca a usted? _____

24. ¿Si usted tubiera acceso al internet y acceso a una página web donde podría comunicarse con su médico para consejos, lo utilizaría? Sí ▢ No▢

25. ¿Cuál sería su método preferido de comunicación si vas a pedir consejo a su doctor?
    ▢Llamada telefonica ▢Mensaje de texto ▢correo electronico ▢correo postal ▢Internet (portal) ▢ Nada de anterior

26. ¿Cuál sería tu método preferido de comunicación para recibir sus resultados de laboratorio?

    ▢Llamada telefonica ▢Mensaje de texto ▢correo electronico ▢correo postal ▢Internet (portal) ▢ Nda de anterior

27. ¿Cuál sería tu método preferido de comunicación para recibir recordatorios medicos, como para su próxima cita?
    ▢Llamada telefonica ▢Mensaje de texto ▢correo electronico ▢correo postal ▢Internet (portal) ▢ Nada de anterior

28. Para los siguientes tipos de actividades de cuidado de la salud, ¿si fueras a utilizar el portal, para que usaría el portal? (Marque todas las que apliquen).

    ▢Recibir resultado de laboratorio

    ▢Pedir consejos

    ▢Programar citas médicas

    ▢ recordos de próximas citas

    ▢Ordenar medicamentos

    ▢ Tener mi propio resumen de datos médicos personales (fechas que visitó la clínica, plan de alta)

    ▢ Nada de anterior