Mobile Phone and Internet Access Among Low Income and Homeless Populations

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Introduction

• Expansion of the Internet
• Meaningful Use: Portal System
• 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.
Background

- In the span of a year, more than 190,000 men, women, and children experience homelessness throughout Los Angeles County.

- 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.

- 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%.

- 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.
Methodology

- In order to carry out SA1, literature was reviewed on the topic of technological use in healthcare and a 28 question questionnaire was constructed and validated, collecting information on demographic variables, housing, technological accessibility and preferred methods of communication between patient and health care professional.

- 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 random number generator was utilized, choosing numbers corresponding to chairs in the waiting room between 1 and 25. The data was collected and tallied.
Results

- 100 total participants
- 82% of patients had access to a cell phone
- 61% reported that they know how to access the internet from their cell phones.
Results

The number of study participants vs. How long they reside there for a duration of time

- up to 1 year
- over 1-3 yrs
- over 3-5 yrs
- 5-10 yrs
- over 10 years

Locations of Access to Computers

- Have their own (26%)
- Library/public place (33%)
- Transitional shelter (7%)
- Work (5%)
- No access (20%)

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Discussion

• 5 Patients have access to a computer but no cellphone, 19 have a cellphone but no access to a computer, and 13 have neither a cellphone or access to a computer

• Questions raised
  • Is language a barrier that needs to be overcome?
  • Are there a lack of technological skills due to age?

• Further points of research
  • Longer and more extensive study
  • Greater population (reach out to more clinics)
Recommendations

• First and foremost. Have the clinical workers reach out and collect emails. There are still 48% of patients with emails, and that is not reflected currently within the system.
• Collaborate with transitional housing programs on skid row.
• Hands-On Technology lessons
• Mobile Platform
Conclusion

• Adding a patient portal at this time is going to require creative strategies to obtain email addresses
  • Language, age, and computer skills may be potential barriers to implementation
• Given that there are many unmet health needs and medical complexities, Implementing a patient portal may be a critical step in improving health outcomes for vulnerable populations.
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