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Exploring housing status and substance use: implications for future health fairs in Portland

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Abstract

Introduction:

Access to care has been identified as a key contributor to equitable health outcomes.¹ The Health Care Equity Fair (HCEF) is an annual, medical student-organized event that aims to bridge access to care gaps by partnering with community organizations to provide primary healthcare, preventative, and social services in downtown Portland at Pioneer Courthouse Square (PCS). Central leads from the Oregon Health & Science University (OHSU) School of Medicine (SoM) recruited over 100 committee leads, committee volunteers, and day-of volunteers from the OHSU SoM, School of Nursing, School of Dentistry, OHSU-PSU School of Public Health, and College of Osteopathic Medicine of the Pacific – Northwest to organize the event, as well as 34 community partners. The HCEF is an interdisciplinary event that allows students to refine their skills in logistics, public health outreach, media collaboration, and financial planning while working with community partners to provide direct medical care to their community. Past organizers have investigated the attitudes and motivations of HCEF volunteers to target recruitment efforts in future iterations.² The 2024 HCEF organizers decided to evaluate the demographics of fair participants to recognize where gaps in care exist and whether additional services may need to be recruited. We were interested in capturing the housing status of participants and whether additional housing or substance use services were needed. Additionally, we discussed lessons learned from the event to provide areas of improvement for future organizers.

By the end of the discussion, the audience will be able to recognize the mission of the Health Care Equity Fair and understand where improvements can be made in future iterations.

Methods:

Surveys were distributed at high traffic areas and captured data on health insurance status, county of residence, U.S. citizenship, stability of housing over the past two months, limitations impacting Instrumental Activities of Daily Living (IADLs), and substance use within the past six months that has negatively affected well-being. Out of 134 fair participants, 40 (29.9%) submitted a survey. Participants meeting inclusion criteria provided complete responses to housing stability, limitations impacting IADLs, and recent substance use, with 82.5% of completed surveys meeting inclusion criteria. Complete responses were defined as those that selected a listed option, aside from "prefer not to answer."

Results:

Among participants with unstable housing (n=21), 47.6% reported substance use within the past six months that has negatively impacted their well-being, compared to 8.3% among those with stable housing (n=13). Stable housing was associated with lower odds of recent substance use (OR=0.11, 95% CI: 0.00-0.98) and the association was statistically significant (Fisher's Exact Test, $p = 0.027$). Although complete response to limitations impacting IADLs were analyzed, no significant associations with housing stability or substance use were found.

Conclusion:

This HCEF iteration showed that additional housing services may be relevant to participants in the context of reducing harmful substance use. While many participating partners offer harm reduction services, housing support remains underrepresented. Space constraints limit the number of partners, so the addition of housing services requires the removal of others. Therefore, future organizers should consider whether they want to (1) add additional housing services and remain at PCS, (2) add additional housing services and move to a different venue, or (3) disregard this recommendation. Option (1) is straightforward but requires displacing community partners. Option (2) adds the potential costs of securing a different venue, which may reduce the funds available for other services. Option (3) is a reasonable choice if it includes the collection of data at future iterations of the fair to gain a more complete understanding of the underlying associations.

In the short-term, Option (3) is recommended along with a more robust data collection plan for the next iteration of the HCEF. While option (2) has been discussed with previous planning committees, data on service gaps and the impact of relocation remains limited.

The 2024 HCEF had reduced year-on-year attendance, which the central leads believe was due to "sweeps" that occurred during the build-up to the Portland Marathon, which pushed many potential participants away from PCS. We recommend expanding day-of recruitment teams to travel along MAX lines to improve attendance.

Limitations included the relatively low percentage (29.9%) of survey respondents and several incomplete responses on surveys. Future organizers should collect the surveys in the proximity of the hot food distribution, as this captured the majority of responses. Additionally, surveys may be tailored to be less granular to increase survey completion.

References

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