THE HOMELESS POPULATION

A LITERATURE REVIEW OF HEALTH CARE ACCESS WITH A CASE-STUDY OF AUTUMN WEST AND THE HOMELESS OUTREACH NURSING CENTER PROGRAMS IN MILWAUKEE, WI

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Introduction
Over 3 million individuals are homeless in the U.S. on any given night.

Homelessness is an expansive social issue that cannot be solved by a single intervention.

- may be better addressed when focusing on smaller components such as health disparities
Methods
Methods

- **Literature Review**
  - Search engines used: *PubMed, ProQuest* and *Wiley InterScience*
  - Keywords: *homeless* and *mental health*
  - Reviewed abstracts to determine relevance, and further narrowed search by using only articles with available full-text

- **Field Study**
  - Conducted at Autumn West and the Homeless Outreach Nursing Center
  - Observed staff and homeless-client interactions
  - Used observation notes to create fictional reflections of homeless clients
Scope & Characteristics
Of the U.S. Homeless Population
According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who:

- Lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) An institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings\(^1\).
Scope & Characteristics

- The extent of the homeless population is difficult to estimate.
  - On any given night, an estimated 700,000 to 2 million people are homeless according to the National Law Center on Homelessness and Poverty.
  - The Center for Disease Control National Prevention Information Network estimates that up to 3.5 million people are homeless on any given night.
  - It is believed that the rise in homelessness over the past two decades is largely due to a shortage of affordable housing and simultaneous increase in poverty.
# Scope & Characteristics

## Homeless Demographics

**In the United States**

<table>
<thead>
<tr>
<th>Sub-Group of Homeless Population</th>
<th>% of 2006 Homeless Population</th>
<th>% of 2000 Homeless Population</th>
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</thead>
<tbody>
<tr>
<td>Familial Status</td>
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<tr>
<td>Single Adult Men</td>
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<td>Unaccompanied Minors</td>
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Data from National Law Center on Homelessness & Poverty and U.S. Conference of Mayors²
Health Disparities

3% of homeless report having HIV/AIDS
- Homeless individuals make up 3% of entire population, but make up 30-50% of those with AIDS

26% report other acute health problems
- Tuberculosis, pneumonia, STIs, etc

26% of homeless suffer from severe mental illness
- Only 6% of the U.S. population overall suffers from severe mental illness\textsuperscript{2,3}
While possible solutions to the needs of homeless persons, especially the mentally ill, are being debated, patients, resources and policies are moving in opposite and conflicting directions."
Health concerns:

Children & Adolescents

- Lacking immunizations, seizure disorders, diabetes, STDs, hypercholesterolemia, upper respiratory infections, dermatitis, fungal infections, tattoo infections, cellulitis, trauma, and pregnancy

Adults

- Sexual and physical victimization, substance abuse, infectious diseases and STIs, diabetes, upper respiratory infections, urinary problems, hypertension, skin disorders, dental problems, vision problems, and mental illness
Lack of Access

Health Concerns

Mental Illness

- a national study was conducted with a cohort of 1,482 homeless individuals from 18 communities across the U.S.\(^8\)

- Individuals were assessed by medical providers to determine diagnosis

Study Diagnoses Results

- 50% major depression
- 31% schizophrenia
- 24% personality disorder
- 19% anxiety disorder
- 16% bipolar disorder
- 30% other psychoses

Medical providers assessed that 74% of the study subjects should receive mental health services
Access Issues

- Tudor-Hart’s ‘inverse care law’ suggests that individuals with the greatest healthcare needs have the most difficulty accessing healthcare services\(^9\)

- Barriers identified by researchers and clients in various studies include cost, fear, long wait-times, limited transportation, inconvenient locations and operating hours, poor provider-consumer relationships, and lacking insurance\(^{10,11}\)
Lack of Access

- Nursing Outreach
  - A successful outreach program must have a foundation of core values and principles that motivate interventions.
  - Outreach workers must approach homeless clients with respect and kindness, offering hope for a healthier future\textsuperscript{12}.
  - Embracing a “no wrong door” approach is crucial for successful outreach efforts—many outreach programs are highly segmented, and clients can get lost in the system\textsuperscript{7}.
    - With a connected system, homeless persons are more likely to seek additional needed services and maintain their progress.
Lack of Access

- **Integration**
  - Some experts believe integrating homeless individuals into mainstream healthcare is a more viable option

  - Homeless individuals should register with a general practitioner to improve the quality of their healthcare\(^{13}\)
    - This would improve the patient-practitioner relationship
    - Healthcare records would be better tracked
    - By maintaining a regular provider, preventive and primary care would be offered and utilized more often
    - Healthcare disparities could be minimized
Advocacy Efforts

Multiple Streams Model\(^5\)
- Three streams: problems, policies and politics
  - Clearly defined problems can steer policy creation; and strong policies receive political support and funding
  - If homeless healthcare advocates better understood and utilized this model, increased funding could lead to stronger programs

Research
- Research efforts must be increased as current studies are scattered and disconnected\(^4\)
  - Small, localized studies produce irrelevant results and recommendations for the overall homeless population
- The homeless population and its needs are misunderstood, and advocacy efforts may be misguided if research is not improved
Field Study in Milwaukee, WI
Autumn West & Homeless Outreach Nursing Center
Field Study

- Milwaukee, WI’s homeless population
  - Most recent “Point in Time” survey was conducted January 26, 2009
    - 2,000 individuals were homeless that night in Milwaukee
    - 38% of those individuals interviewed indicated that they suffered from some mental illness

- My field study was conducted June-August 2009 within the Autumn West & Homeless Outreach Nursing Center programs
Autumn West Safe Haven

The mission of a safe haven

“to serve hard-to-reach homeless persons with severe mental illness who are on the streets and have been unwilling or unable to participate in supportive services”\textsuperscript{15}

Autumn West is a 19-bed safe haven

They do not provide direct health services, but work in close coordination with the Homeless Outreach Nursing Center, the Milwaukee VA, and the Mental Health Complex at Froedtert Hospital
Autumn West

Staff responsibilities
- Seek out and bring in clients from the streets and local shelters
- Enroll clients in employment training
- Aid in job seeking
- Ensure clients receive necessary medical attention
- Serve as client advocates to obtain any potential disability benefits as it relates to their mental and physical health status
Homeless Outreach Nursing Center (HONC)

Operates in two primary ways

- Direct client care/outreach at local meal program, church and homeless shelter sites
- Outreach to interview and evaluate individuals with suspected severe mental illness, and bring them in for treatment

Much of their outreach efforts are referral-based from other community programs
Field Study

- Autumn West & Homeless Outreach Nursing Center
  - These programs are not flawless, but they demonstrate the potential for success in addressing the poor health conditions of the homeless population.
  - They have improved access to healthcare for many Milwaukee homeless; even with limited resources, they continue to reach out to members of the local homeless population.
  - Autumn West and HONC staff approach homeless individuals as respectable and worthy members of society, creating relationships of trust and understanding that aid in the success of their outreach efforts.
Conclusion
The size of the homeless population is substantial and cannot continue to be overlooked.

More research must be conducted to better understand the population’s health and access needs.

- Study locations and cohorts need to be diversified; studies limited to a specific geographical region cannot be readily applied to all other regions.
Conclusion

- Nursing outreach is currently the best method for reaching the homeless population
  - The current social and economic climate of the United States, and the disarray of the current healthcare system serve as a deterrent for homeless individuals to seek mainstream care
  - Many homeless individuals are forced to forgo proper healthcare

- Healthcare workers must seek out homeless persons in need of services to improve health outcomes among the population and reduce health disparities
References


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15 “In From the Cold: A Tool Kit for Creating Safe Havens for Homeless People on the Street.” U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration.