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Challenges Facing Homeless People And Lessons Learned From A Hospital's Outreach To Homeless People

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Abstract

Objective
To understand the social, mental, and healthcare needs of the homeless population in the community and ways that the health care system can better adapt to help this population

Method
Physicians and social workers from a hospital in California had a one-hour per week interaction for four weeks with 23 homeless people in the community. We discussed the medical and social needs of the homeless, substance use, mental health, and housing.

Results
We identified three main themes from the discussions: first, participants faced challenges and barriers to accessing healthcare, such as competing personal needs, lack of identification documents, and lack of health insurance. Second, participants gained new knowledge of available resources in the community, and third, participants felt supported and socially connected with physicians and other attendees during the meetings.

Conclusion
The opportunity for service providers and homeless people to interact in an informal environment was reported as helpful by participants. There is a need for more research on the influence of such social interactions on the health and wellbeing of homeless individuals.

Keywords: *Homeless people; mental health; housing; social services; hospital outreach*

Challenges facing homeless people and lessons learned from a hospital's outreach to homeless people

Homelessness has become a major and intractable problem in cities in the United States.[1] Homeless people have numerous social, mental, and healthcare needs. Prior studies have shown that compared with the general population, homeless persons have higher rates of physical and mental illness and substance abuse,[2] higher hospitalization rates,[3,4] increased length of hospitalization,[5] and are more likely to die at a younger age.[6-9] Homeless people also face barriers that impair access to healthcare, such as lack of health insurance,[10] inadequate treatment for those with mental health or substance abuse,[11,12,] and daily struggles for essentials of life.[13]

To understand the social, mental, and healthcare needs of the homeless population in the community and ways that the health care system can better adapt to help these populations, Hemet Global Medical Center (HGMC) California Social Services department in association with the Internal Medicine residency program organized a four-week outreach to the homeless population. The aim of the outreach was to interact with the homeless people, better understand their needs and challenges in accessing healthcare and help link them up to resources in the community.

Method

We invited homeless people and different organizations that are involved in providing services to the homeless population in our community to a location outside the hospital for a one-hour per week interaction for four weeks. We made flyers and placed them at locations where homeless people visit, including bus stops, gas stations, liquor stores, food pantries, and the Department of Social Service building, in addition to word-of-mouth invitations. In the first week, HGMC internal medicine program director and a resident physician led the discussion on the needs of the homeless population and the challenges of accessing health care. The second week, a speaker from a local substance abuse rehabilitation center (Sage Recovery Center) led the discussion on substance use and resources available for substance use detoxification. In the third week, a therapist from a local behavioral health center led the discussion on mental health and access to mental health services. In the fourth week, a staff of a

homeless shelter program (Valley Restart Shelter) led the discussion on housing opportunities for individuals who will like to transition out of homelessness.

Every week, licensed clinical social workers were available to link individuals to resources as needed, including finding detoxification centers, scheduling mental health appointments, and assisting in enrollment for government programs. Food and beverages were provided for participants. All participants were informed of their rights and asked to sign a consent form. Participants in the survey were offered a $5 gift card as an incentive for their participation.

Data Collection and analysis

We took notes during the discussions in each meeting. Additionally, a voluntary post-outreach survey using semi-structured interviews was conducted at the end of each meeting to better understand the effect of the outreach to participants. We used a standardized question guide that included five core questions (see Appendix A) to ensure key concepts were covered while allowing flexibility in the interview structure. All interviews were recorded using an iPhone voice recorder. The recordings were transcribed and analyzed using ATLAS.ti software, version 9. We also reviewed notes taken during each discussion session to clarify and confirm elements of the transcripts. We then analyzed the data through qualitative thematic analysis.

Results

A total of 23 people attended the meetings. However, only 15 were interviewed. Of those interviewed, 7 were males (47%) and 8 females (53%) and were aged 29 to 68 years old. Two participants identified as homeless veterans. The mean interview length was 4 minutes (range = 3-7 minutes). We identified three main themes from the discussions in the meetings and the interviews: first, participants faced challenges and barriers to accessing healthcare and second, participants gained new knowledge of available resources in their community, and third, participants felt supported and socially connected with other attendees during the meetings.

A. Challenges faced by homeless people

Participants reported that needs such as food and housing and struggles to find places to shower make homeless people less concerned about their physical and mental health. They also reported that barriers such as lack of identification documents such as driver's license and criminal records, among others, limit homeless people's access to resources because places like mental health facilities, welfare offices, and pantries require identification (ID) cards and certain programs do not enroll those with criminal records. Participants also discussed how difficult it could be to keep their personal belonging from being stolen. Additionally, participants reported that many homeless people do not have health insurance because though many are eligible for Medicaid, they find it challenging to complete the paperwork needed to enroll or renew their health insurance. Program participants were glad to learn of centers that provide ID and birth certificate vouchers, free meals, and free showers for the homeless population.

"I wanted to get my ID (identification card) because it was stolen, but I could not afford to pay $35 to get it replaced. Knowing how I can get a voucher, I'll go tomorrow."

"I knew about Valley Restart from other people, and I knew it takes a while for people to get in, but I didn't know I can go there for daily showers and meals. I just need to bring my ID."

B. Increased knowledge of available resources

Participants reported that they had a better understanding of the resources available in the local community for homeless people and how to access these resources and expressed interest in attending similar interactive sessions in the future. Participant also expressed how frustrating it is to know that there are resources out there that people are not aware of because organizations are not spreading the word.

"You know, I wish more companies will do what you guys are doing because I know a lot of people that need to know about these resources."

"It's nice to know that the doctors are getting involved and asking questions on how they can help the homeless people because I don't see much of that."

a) Increased knowledge of mental health resources

In general, participants valued information on how to access mental and behavioral health services and other services that the behavioral health clinic provides. Participants were also surprised to learn that the local police department collaborates with social workers from the behavioral health department when responding to calls for people in a mental health crisis to prevent physical harm.

"You know, I was diagnosed with schizophrenia 5 years ago, but I stop taking my medication because I became homeless, and I didn't know where to get my medication. Now that I know the clinic (behavioral health clinic) can help me, I can start to take my medication again."

"I think it's pretty cool that the clinic (behavioral health clinic) partners up with a clothing boutique to exchange my dirty clothes for clean clothes."

b) Increased knowledge of housing resources

Participants discussed how it was helpful to have a speaker from the local homeless shelter program, Valley Restart, discuss the enrollment process and what type of resources the shelter provides for people experiencing homelessness. Many of the participants indicated familiarity with Valley Restart but expressed frustration about the facility's long waiting list. However, after listening to the speaker, participants

expressed feelings of hopefulness and excitement to come in and fill out an application. Participants also indicated their desire to spread the word on available housing resources to those who may qualify for them.

"I heard about Valley Restart, but I heard their waiting list can take up to a year. But now that I heard her say it can take less, I can go there and give it a shot."

c) Feeling supported and socially connected

Participants largely felt supported by and socially connected with the other attendees. Participants indicated they enjoyed the social support and connections in the meetings.

"Having the food and having a little gathering with other people that are homeless made me feel like I'm not alone."

> *"It felt good being around people, you know. I like being around people because I don't like to feel isolated, and people look at me weirdly because I'm homeless. It was nice to talk to others and not feel scared."*

"People being together, you know. People are laughing and sharing with others that I can relate to, and it was friendly."

Discussion

Our study highlights the needs and challenges of the homeless population in accessing healthcare and lessons learned from outreach to the homeless population. These findings are important in planning and designing similar outreach programs for the homeless population by organizations that work with homeless populations.

Our study found that homeless people have competing needs such as food and housing and struggle to find places to shower, which make them less concerned about their physical and mental health. This agrees with previous studies that reported that homeless people are less likely to have a usual care source and more likely to forgo needed medical care because of other competing demands.[13] Similarly, our study found that many homeless people do not have health insurance because though many of them are eligible for Medi-Cal (a program that helps with medical costs for some people with limited income and resources), they find it challenging to complete the paperwork needed to enroll or renew their health insurance. The difficulty in enrolling or renewing health insurance reported by homeless people in our study may partly explain the persistent higher rates of emergency department (ED) visits by the homeless population.[14,15] Having health insurance coverage will enable homeless people to access primary care, which will lower ED visits and hospitalizations. However, this is not the case, and data have shown that homeless people in the United States continue to have a high rate of ED visits and hospitalizations compared to non-homeless individuals.[14,15]

Participants in our outreach also reported struggles to find places to shower. This is similar to findings in a study in Los Angeles County, California, where 56% of homeless people reported difficulty accessing basic water, sanitation, and hygiene services (WaSH).[16] The study found that women, Hispanics, and mixed-racial groups significantly had more difficulty in accessing laundry services, drinking water, and showers, and a fifth of participants reported skin infections attributed to their reduced access to WaSH services.[16] We think that increasing access to WaSH services for the homeless population will improve the dignity, health, and living conditions of the homeless population and reduce the cost of medical care from preventable diseases.

Most participants indicated that the outreach was beneficial to them because it provided them information on local community resources, which they were unaware of prior to participating in the outreach. This finding highlights the need for more research on the effectiveness of the information dissemination methods currently used by programs that provide services to the homeless population to discover what is most effective for the homeless population. Effective information dissemination methods have been found to be those that are adapted to the target audience and their cultural and socio-economic backgrounds, identify and utilize opinion leaders as a resource and involve the information recipients as participants in the process.[17]

The outreach provided an opportunity for connection among participants, allowing participants to interact and socialize with each other. Participants expressed appreciation for the opportunity to be in the company of other homeless people in an informal, friendly, and non-judgmental environment and indicated that they felt comfortable sharing their stories. Stressful life events such as homelessness have been found to be associated with poor mental and physical health and substance use.[18] However, developing social support is related to better physical and mental health status in homeless people.[18-20] This highlights the need for more programs that provide opportunities for homeless people to integrate into social networks and the building of specific social support systems within those networks. There is also a need for more research on the influence of such social networks on the health and wellbeing of homeless individuals.[20]

There are limitations to our findings. Perhaps most importantly, the participants who were motivated enough to attend our outreach meetings might be different from those who did not attend, and our findings may not be generalizable to all homeless people in Hemet, California. Similarly, our study was limited to homeless people in Hemet, California, and its environs and our findings might not be generalizable to all homeless populations in the United States. Despite these limitations, however, we learned several lessons from our outreach that will be salient to

organizations and programs that work with homeless populations.

In conclusion, this data suggests that many homeless people are unaware of some resources in their local communities, and an outreach program to homeless populations is helpful in providing them information on local community resources. The opportunity for service providers and homeless people to interact in an informal environment was reported as helpful by participants. There is a need for more research on the influence of such social interactions and networks on the health and wellbeing of homeless individuals. Programs to address the mental and physical health of the homeless population may be more effective if they also address other pressing needs of homeless people and their barriers to seeking and/or staying in care.

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Ethical approval: Outreach and study were approved by Hemet Global Medical Center. Informed consent was obtained from all interviewees.

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Appendix A

Semi-structured Interview Guide

1. What type of information were you hoping to get from this meeting?
2. Did you learn something new that you were not aware of? If so, please tell me what was helpful for you to know?
3. Are the resources that were provided in today's meeting did you find them helpful? If so, can you tell me which resources were beneficial for you to know?
4. What else would you have like to learn in today's meeting that was not said?
5. What was one thing that you enjoyed from today's meeting?