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The Clinical Healthcare Provided to Homeless Communities Across the United States: A Literature Review

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Abstract

Homelessness has become a global public health concern as it results in poorer physical and mental health than age-matched people living in permanent housing (Ortiz & Roser, 2017). The area that comprises Northwest Arkansas (NWA), like other areas of the United States experiencing rapid growth, has seen a marked increase in the number of people experiencing homelessness in recent years. The homeless population is one of the most vulnerable and underserved groups of individuals in NWA and beyond.

Public health nursing as a discipline is dedicated to providing compassionate care and exceptional service for all members of communities, with special attention to those who are marginalized, underserved, and most vulnerable. A better understanding of the strengths and weaknesses regarding our care of these communities is essential. In order to understand the health needs of our Northwest Arkansas community we must be able to first identify the gaps in care faced by the rest of the homeless communities around the United States.

Background

The United States Department of Housing and Urban Development (HUD) defines someone as homeless if they are able to meet one or more criteria in the following categories: literally homeless, imminent risk of homelessness, homeless under federal statues, and fleeing/attempting to flee domestic violence (DV). These definitions and criteria allow the HUD to set national guidelines for recordkeeping on homeless individuals in order to aid them in finding reliable resources and/or permanent housing. The criteria for each of these categories are as follows

a) Category 1- Literally Homeless
    a. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
        i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
        ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
        iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
b) Category 2- Imminent Risk of Homelessness

a. Individual or family who will imminently lose their primary nighttime residence, provided that:
    i. Residence will be lost within 14 days of the date of application for homeless assistance;
    ii. No subsequent residence has been identified; and
    iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

c) Category 3- Homeless under other Federal statues
    a. Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:
        i. Are defined as homeless under the other listed federal statutes;
        ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
        iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
        iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

d) Category 4- Fleeing/Attempting to Flee DV
    a. Any individual or family who:
        i. Is fleeing, or is attempting to flee, domestic violence;

ii. Has no other residence; and

iii. Lacks the resources or support networks to obtain other permanent housing (www.hud.gov).

In 1987 the United States created an independent government establishment- the U.S. Interagency Council on Homelessness (USICH). It consists of 19 federal agencies that "help create and catalyze implementation of the Federal Strategic Plan to Prevent and End Homelessness." According to their used data collection as collected by the HUD, as of January 2020 Arkansas had an estimated 2,366 experiencing homelessness on any given day. Arkansas public school data showed an estimated 13,910 public school students experiencing homelessness over the school year in 2018-2019.

Healthcare is an important aspect of life and even more important in homeless populations as they are increasingly venerable to disease and sickness. Those who are homeless have higher rates of illness then the general U.S. population and die 12 years sooner than the national average (National Health Care for the Homeless Council, 2022). These realities of homeless individuals and their lack of healthcare access creates an importance finding ways to provide them the best healthcare possible while closing the gaps in the care they now receive. This review will allow data from the US to reflect how we could use these interventions in Arkansas and NWA.

Methods

PICOT question

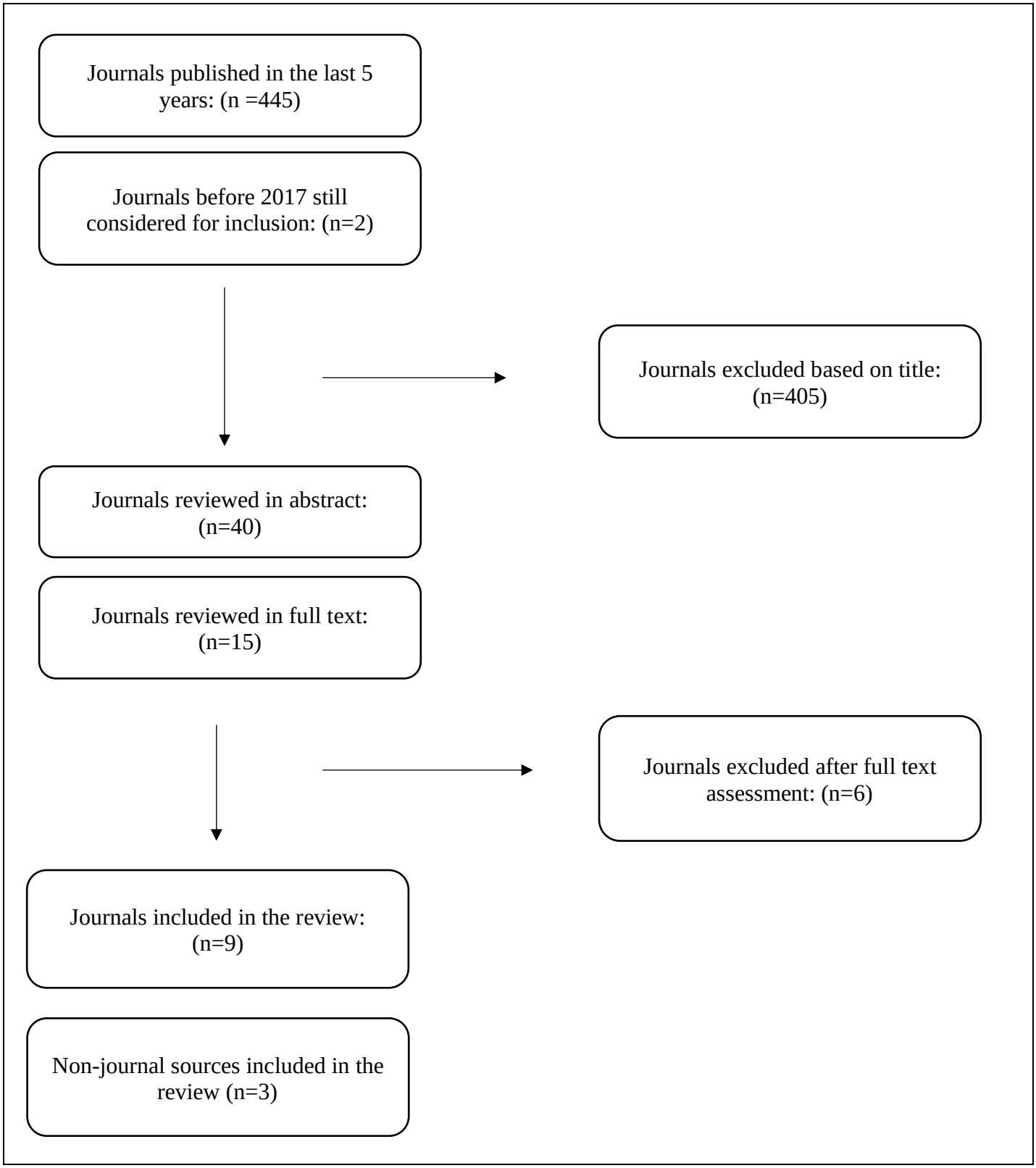
What does the scientific evidence suggest are the most effective health care interventions or models to support populations experiencing homelessness?

Information Resources and Search Strategies

Each study used in this review was pulled from one of two databases while using specific search criteria. The databases used were CINAHL Complete and MEDLINE Complete (Ebscohost). The words used to search for studies included: “Homelessness”, “Healthcare or health care or hospital or health services or health facilities”, and “United states or America or USA or U.S. or United States of America.” Each article that met the initial search criteria was included for potential review. Only full text and peer reviewed articles were considered. The source type was narrowed down to academic journals within the last 5 years (2017-2022). All duplicate articles were removed from being evaluated twice. The PICOT question was used to evaluate each article to determine its eligibility to be involved in this review.

The search yielded 434 possible articles for review with all exclusion and inclusion criteria considered. Two (2) articles that were published before 2017 were still considered based on overall relevancy and uniqueness of the study or review. Articles included as references in the 434 were also considered for review if they met all of the criteria as well. Of these 405 of them were identified as irrelevant to this specific review based on the title. Forty (40) were reviewed by abstract and 15 of those were considered for full text review. Of the total now 15 being

considered for review, only 9 were included in this review due to relevancy to the subject and possible relevancy to Arkansas and NWA. Three non-journal sources were also included in the review making a total number of 12 resources included.


Journals published in the last 5 years: (n =445)
Journals before 2017 still considered for inclusion: (n=2)
Journals excluded based on title: (n=405)
Journals reviewed in abstract: (n=40)
Journals reviewed in full text: (n=15)
Journals excluded after full text assessment: (n=6)
Journals included in the review: (n=9)
Non-journal sources included in the review (n=3)

Author	Study Type	Study Purpose	Key Findings
Oppenheimer et al., 2016	Systematic review	**"…**assesses the relationship between homelessness history and physical and mental health outcomes as well as between homelessness history and health risk behaviors and economic precariousness as important intermediaries of subsequent health outcomes."	- "A history of homelessness has a persistent and lasting influence on health behaviors… and behavioral health outcomes…" - "The utility of representative public health surveys to capture population health trends in homelessness and housing instability and suggest that this approach may be expanded to other states."
Klop et al., 2018	Systematic review	"…aims to summarize evidence about the concerns, palliative care needs and preferences of homeless people, as well as barriers and facilitators for delivering high quality palliative care."	"A patient-centered, flexible and low-threshold approach embodying awareness of the concerns of homeless people is needed so that appropriate palliative care can be provided timely. Training, education and experience of professionals can help to accomplish this."
Roncarati et al., 2021	Prospective cohort study	**"**We assessed the ability of high-risk criteria developed by Boston Health Care for the Homeless Program to	**"**Our results confirm that the high-risk for mortality criteria predicted significantly high mortality rates but

		identify increased mortality during a 10-year cohort study (January 2000–December 2009) of 445 unsheltered adults."	also that those in the lower-risk group experienced excess mortality compared with sheltered individuals and the general Massachusetts population"
Hwang et al., 2001	Population study	**"**This study characterizes health care utilization prior to death in a group of 558 homeless adults in Boston"	**"**This study concludes that homeless persons may be underusing health care services even when they are at high risk of death."
Fernandez et al., 2022	Qualitative phenomenological study	**"**The purpose of this study was to explore experiences of housing instability among WLH and to understand its role in their ability to adhere to antiretroviral medication and remain retained in care."	**"…**our findings, underscore the need for housing as a public health strategy that can improve HIV care outcomes..."
Thorndike et al., 2022	Qualitative study	"…examined perspectives of people experiencing homelessness and staff members at community-based homeless health and service organizations in San Francisco's Mission District on unmet medical and behavioral health needs and barriers to accessing care."	"Four primary themes of health needs were identified across the two groups: (1) untreated mental illness, (2) untreated substance use disorder, (3) food and nutrition insecurity, and (4) physical injury and disability."
Qian & Hauser, 2022	Qualitative cross-sectional study	"To describe the perspectives of homeless service providers who work for Chicago organizations that primarily serve persons	"...this study provides a rich description of HSP experiences and their attitudes toward their work, PEHs, and homeless healthcare, suggesting overall

		experiencing homelessness."	positive attitudes toward the population of those experiencing homelessness while having mixed attitudes regarding healthcare for these individuals."
Mabhala et al., 2017	Qualitative analysis	"This study aims to examine the stories of homeless people to gain understanding of the social conditions under which homelessness occurs, in order to propose a theoretical explanation for it."	"…led us to conclude that they believe that their social condition affected their life chances…"
McWilliams et al., 2022	A scoping review	"To investigate the scope of practice of nurse-led services for people experiencing homelessness, and the influence on access to healthcare."	"Optimized nursing scope of practice can facilitate access to healthcare for people experiencing homelessness."
Ortiz-Ospina & Roser, 2017	Preliminary collection of relevant material	"This entry studies available data and empirical evidence on homelessness, focusing specifically on how it affects people in high-income countries."	HUD reports and statistics on homelessness 2007-2016
Arkansas Legislative Task Force to Study Homelessness, 2008	Final reports and recommendations	To determine the causes of homelessness in Arkansas and provide recommendations for relief	Statistical reports of homelessness in Arkansas as of 2007
National Health Care for the Homeless Council, 2019	Fact sheet	"This fact sheet outlines how health and homelessness are intertwined—and why housing is health care."	"The Solution: Housing is Health Care"

Results

Health Concerns

Homelessness and a history of homelessness has proven to be a large factor to predicting worse health outcomes and higher risk behaviors. In a 2016 study of residents in Washington state there was a strong link of adult homelessness to poor physical health as well as linkage for adverse childhood experiences (such as homelessness in childhood) to poor mental health outcomes. Poor physical health can also be linked to the emotional and traumatic factors that occur from housing instability as well as the increased risky behaviors that follow suit. Preventative care may be one of the largest keys in treating the health concerns of these individuals due to the connections between homelessness and worsening health (Oppenheimer et al., 2016).

Because of these worse health outcomes and other factors, homeless individuals are at an increased risk for death. One study of the Boston homeless population found that their mortality risk was 15 times higher than the Massachusetts general population. They placed homeless individuals into high-risk groups and low-risk. Both of the groups seemed to have higher health and death concerns than the general population, while the high-risk group often had the worst outcomes and risks of them all. Therefore, they concluded that “sleeping unsheltered for any amount of time may be an independent risk factor for increased mortality” (Roncarati et al., 2021, p. 451).

Barriers to Care and Unmet Needs

Those in the homeless population often have chronic conditions, comorbidities, high rates of morbidity and a lower life expectancy than that of the general population. This means that palliative care is much needed within this population. A study was done linking the needs of homeless individuals and palliative care. They found that while the need is high, end of life care is not prioritized by homeless individuals. There are many reasons for this including common substance dependency, lack of knowledge, lack of healthcare coverage, etc. Due to these barriers homeless individuals need a unique approach to palliative care.

This study also shined a light on the fact that homeless individuals don't receive or have knowledge of care services during the years before they would need palliative care as well. Therefore, preventative care is usually out of the question. So far, the need for palliative care overall is unattainable in many homeless populations. This leaves palliative care services in the large area of unmet healthcare needs of homeless individuals (Klop et al., 2018).

Homeless women living with HIV (WLH) may find themselves with treatment options, however even with these treatments they still suffer suboptimal outcomes compared to their housed counterparts. It was found that many barriers to adherence to these medications are present in homeless WLH. These barriers may include storing and misplacing medication, inconstant access to medication, healthcare disruptions, privacy and stigma issues, and physical and mental comorbidities. Even with care services and medication availability to the homeless population, there is so much more to consider when treating chronic and even acute conditions (Fernandez et al., 2022).

Not only do homeless individuals recognize barriers to their own care but trained medical professionals also have an eye to see what aspects are not being met in these communities. Both homeless individuals and medical staff in the San Francisco Mission District agreed on unmet needs of mental illnesses, physical injuries, disabilities, food insecurity, and substance use disorder care. Barriers to providing this care included past poor healthcare experiences, competing priorities of the homeless individual, and high provider turnover rates (Thorndike et al., 2022).

Healthcare Utilization

It is often seen that homeless individuals and communities do not receive or seek out many types of care (general or specialized). The reasons may be that there aren't enough services for these individuals to take advantage of and/or that there is a lack of outreach for these services. (Klop et al., 2018) A 2001 study also found that in a year before the death of 588 homeless individuals in Boston, 27 percent had no outpatient, emergency, or general hospitalization visit occurrences. It was concluded that due to the lack of healthcare utilization, some of these deaths could have been prevented if these individuals had been seen by a healthcare professional in that year (Hwang et al., 2001).

Homeless individuals sometimes feel judged or shamed by those who are giving them the care they need. This is just another factor in the low utilization of health services by the homeless population. If we were able to provide compassionate care 100% of the time this population may utilize services more often. It is important to adhere to this feedback by homeless individuals

when assessing the reasons that they may not utilize care that is available to them. Fear may play a factor in the absence of seeking out care (Qian & Hauser, 2022).

Solutions & Implications for Practice

Healthcare professionals should be assessing risk of homelessness as well as unstable housing, history of homelessness, etc. to allow for indication of potential poor health outcomes and the start of preventative care in these patients. In addition, public health surveys are a vital piece of information that should be utilized in all states and locations to better serve the homeless population of that location (Oppenheimer et al., 2016).

Self-management of care when one is homeless is sometimes an impossible task. There are many factors that not only go into staying well but also healing from sickness. The upkeep of services and ensured adherence to regimens is important for care in homeless populations. It is also essential that all factors are taken into consideration before drawing up the care plan of a homeless client (Fernandez et al., 2022).

Building trust with patients is one of the most important aspects of medical care. When you are caring for those who do not have housing and are increasingly venerable, this is even more essential. Homeless patients often feel as if they are not treated with respect and patience when they are receiving medical care and may be increasingly likely to seek it out if this was not the case. This aspect of care can be feasibly improved in any setting or situation where a homeless individual is seeking care (Thorndike et al., 2022).

The perspective of the providers of care is important to consider as they may see unmet needs that the homeless individual does not. As the sympathy for homeless individuals in the

general population of the U.S. goes down, providers must continue to serve these patients with the same respect and dedication as they would any other. Some individuals experiencing homelessness also experience issues with substance abuse. This leads to feelings of being judged and looked down upon when they seek care. However, a recent study showed that overall healthcare providers seem to continue to show empathy towards their homeless patients. These providers often feel as if they were given the chance, they could provide real sustainable solutions for their clients and combating their homelessness. It is important that we involve those on the frontlines of these issues within our talk of solutions as well (Qian & Hauser, 2022).

Homeless individuals are often well aware of the conditions that may have led to their homelessness. They can see and understand the disadvantages they may have had that has placed them where they are now. When creating solutions to homelessness that then can create solutions to care of these individuals the perspective of homeless individua's is also one to consider (Mabhala et al., 2017). Solving the issue of homelessness for an individual may be on of the many important factors in ensuring that they are able to engage in their own healthcare by breaking down their barriers in receiving it.

One study found that when optimizing the nursing scope of practice, access to healthcare for homeless individuals can be improved. When increasing the scope of the most saturated field in healthcare you can reach more patients and provide them with better care. More educational programs for nurses could aid in this issue. Due to the broad range of skills it takes to care for the homeless population, nurses may be the best fit to help combat these issues of care (McWilliams et al., 2022).

It was recommended in 2008 by the Arkansas Legislative Task Force to Study Homelessness that more funding be provided statewide to provide services to homeless individuals in Arkansas. A lack of funding is a huge barrier to providing care and shelter for homeless communities. They also suggested that we distribute this funding equally to medical care and housing of these individuals in our state. We have seen recent findings cited above that fixing the root issue of homelessness may also aid in providing medical care to these communities. Partnerships between DHS and other programs were also encouraged as this may be a way to reach smaller areas of the state being overlooked (Arkansas Legislative Task Force to Study Homelessness, 2008).

A fact sheet on Homeless and Health by the National Health Care for Homeless Council in 2019 shared some insight on possible solutions. They state that housing and healthcare are both essential and are connected to one another. Healthcare has a place in ending and preventing homelessness. They cite that homelessness can create new health problems for individuals and exacerbate existing ones. Healthcare services are more effective when a patient is not experiencing homelessness and has steady housing available to them. Further proving that to have a healthier society we must ensure and invest in housing for our homeless and at-risk communities.

Discussion

Summary of Main Findings

It is essential in caring for the homeless population in Arkansas that we also fund and identify ways to help people find sustainable housing. Many studies have shown over again that if people have housing then they can have better health outcomes and greater adherence to health plans that they could keep track of. Mental health is also a crucial aspect of healthcare of homeless individuals and should be considered just as any other physical conditions would be. Barriers to care can often be mended by funding for greater services and healthcare professionals adjusting their current practices.

Arkansas and NWA homeless communities would benefit from taking these findings and applying them to our own services. Provider burnout is an issue that may be tackled separately from providing care to the homeless communities, but it does affect the availability of care in general and therefore affects the availability of care in these communities at a disproportionally greater rate. Individuals want to be treated with compassion and respect and it should be no different for those that are homeless. If we can find a way to reach out to these communities while also refraining for judgement and providing quality care, we can take a huge step in mending the gaps in care of homeless individuals in Arkansas.

Nursing Implications for Practice

Nursing is the largest healthcare profession nationwide. (AACN, n.d.). Therefore, we have an obligation to seek out and ensure the best care possible for our patients. Nurses provide the most face-to-face care with their patients and have a profound impact on their overall health and well-being as well as in their preventative care and teaching. To aid in the healthcare of

homeless communities in Arkansas nurses can expand their practice and become certified in additional skills. We can treat our homeless patients with dignity and create care plans that meet them where they are. We can and should provide them with non-judgmental care and education that is specifically tailored to a homeless individual.

As of the year 2020, there were 45,220 registered nurses in the state of Arkansas (Arkansas Minority Health Commission, 2021). This large of a workforce has the potential to greatly impact the advocacy and support offered to vulnerable populations such as the homeless. Every change that can be made to the nursing practice to benefit these homeless individuals and communities must be backed and pushed for by our nurses. We can take this knowledge and review of literature to create better care for the homeless individuals who need it and create overall a healthier Arkansas.

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