

Homelessness:

A Literary and Peer Review

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### Introductory Discussion

In 2001, Bob Beall sought out a solution for homelessness and hunger. With community support, a non-for-profit organization entitled public action to deliver shelter (PADS) was created. From 2003 to 2018, PADS offered housing and hot meals to those in need. In 2018, the process began to change the name of the facility to the Mattoon Haven.

The shelter is a twenty-six-bed facility located at 1812 Western Avenue in Mattoon, Illinois. This business is open twenty-four hours a day and is available via telephone at (217) 234-7237. There is also a designated webpage. Consumers can access this website on the internet by searching [www.mattoonhaven.org](http://www.mattoonhaven.org). The site states that the operation's mission is "to provide shelter, food, and services to those in need and to educate and advocate for the homeless" (The Haven, 2020, para. 1). Our group decided to complete this project at this organization due to the immense impact it has on the community and to raise awareness about the homelessness epidemic. In 2018 alone, there were 552,830 people experiencing homelessness on any given night in America (National Alliance to End Homelessness, 2018).

The Haven operates as an emergency shelter and community kitchen. The building is on the west side of town. Its destination is easy to find, and it is in a safe neighborhood. The structure is in excellent condition with minimal blemishes. The interior is clean and well furnished. The organization's staff includes friendly, helpful volunteers, and hourly/salary employees. There are six paid employees at this facility. Job titles include the executive director, shelter services coordinator, office manager, overnight staff, and support team. Also, there is a board of directors. This panel includes community members from various occupations, including lawyers, nurses, social workers, and retired teachers.

Jason Duhamell was our point of contact for this project. He is a registered nurse at Sarah Bush Lincoln Health Center. He also plays an essential role at the Mattoon Haven as the acting kitchen committee chairman and sitting board member. Jason has been volunteering at the homeless shelter for over ten years.

This organization offers a variety of free services to accommodate individuals experiencing homelessness and food insecurity. Examples include access to hot meals, laundry and shower facilities, sleeping areas, kid's clubs, and day programs. This facility does not offer transportation services. In the last fiscal year, this facility housed 207 guests and served countless meals to those in need. These accommodations are available to all qualified clients. Registered sex offenders, parolees, and anyone with outstanding warrants are not eligible to stay at Mattoon Haven. Also, clients must pass a background check completed by the Mattoon Police Department. The permitted length of stay is dependent upon the individual's zip code located on their valid form of identification. Clients that live in or around Coles county are allowed a more extended stay than others.

The goal of this organization is to advocate and care for the homeless. This institution relies heavily on the community to help achieve this goal. The Haven is funded through local, state, and federal grants, churches and local businesses, and donations. There must be a continued inflow of revenue to keep the business in operation. Other essential needs include non-perishable items, household items, and personal hygiene supplies. Adding access to transportation or weekly/monthly job fairs could improve the facility.

Under the direction of the volunteer coordinator, our responsibility was to prepare hot meals for the guests. On March 8th, 12th, and 16th, we created home-cooked meals for the

visitors. However, community members can perform numerous other jobs at the Haven. Examples include kitchen helper, station chef, baker, customer service, and assisting with a day program, such as a blood pressure clinic or book club.

This site is relevant to nursing as we will encounter and provide care to this population throughout our careers. Through volunteering, we have built a rapport with the clients at The Haven. We have impacted their lives by offering a listening ear and interacting with them. As a result, we have a better understanding of the way they live. Also, it has given us a new appreciation for the things we are fortunate enough to have. We will use this empathy and compassion when providing care to our future clients.

## Literary Review

Vulnerable PopulationsTalia:

The definition of homelessness is the absence of permanent accommodation through the acquisition and maintenance of permanent housing. (Mabhala et al., 2017). Many other factors can contribute to a person becoming homeless, such as their social conditions or social status. Social disadvantages such as childhood experiences, sexual, physical, and emotional abuse, unstable family structure, and a lack of education are all factors that contribute to the path of homelessness for some individuals. Studies show that a lack of financial stability is a contributing factor to homelessness. Still, members of the community also feel that their upbringing and social conditions also play a significant role in their homelessness. “The analysis revealed that becoming homeless is a process characterized by a progressive waning of resilience capacity to cope with life challenges created by a series of adverse incidents in one’s life” (Mabhala et al., 2017, para. 3).

Talia:

Many different marginalized groups make up the homeless population. Children aging out of foster care make up a large portion of the homeless community. When children age out of foster care, they are no longer eligible to live with a foster parent and forced into living on their own and supporting themselves. Studies examine the protective factors and associated risks among children that age out of foster care. “Protective factors included having at least a high school education, being currently enrolled in school, and having a full-time job. On the other hand, the strongest risk factors contributing to homelessness were having been incarcerated, as

well as having been referred for substance abuse” (Kelly, 2019, para.2). When protective measures are not taken, these vulnerable populations become at risk for chronic homelessness.

### Chronic Homelessness

#### Abby M:

To be considered chronically homeless, an individual or head of a household must meet a specific definition of a homeless person with a disability and have been living in a place not meant for human habitation, emergency shelter, or in a haven for the last twelve months continuously. It could also be on at least four occasions over the previous three years, where they total twelve months. In this specific study, the US Department of Housing and Urban Development (HUD) has changed the way they scored local applications for homelessness assistance funding and maximized their services for chronically homeless people. As a secondary goal, they have created a plan called the “Open Doors” project that proposes to end youth and family homelessness. The HUD’s request for a budget was very high and considered dead on arrival due to the size of the funding and limited legislative calendar (Duffield, 2016). This proposal sets a centerpiece for the next administration. They have created a paradigm that studies the connection between cause and consequence throughout the lifespan. We have to omit the mistaken assumption that homeless people only require housing. Homelessness involves a plethora of variables.

#### Abby M:

The Department of Housing and Urban Development has also created multiple ways to measure homelessness. A common approach is through Point-in-time, which are counts of people who are sleeping in shelters or the streets. These figures reflect the number of people who

are homeless on any given night (Ospina, Roser, 2020). They use sources of data from registries at shelters and counts of sheltered homeless people provided by care organizations. Based on their figures, homelessness remains a vital policy problem; in 2016, around 550,000 people experienced homelessness. Asking people directly about their experiences with homelessness through phone interviews or in-person using a survey with simple questions can help give a viewpoint of what they go through, it isn't all about the statistics. We never have a good idea of how high homeless rates are, so with plans to measure amounts of homelessness, it shows us a community, of how common this issue is. In addition to prevalence, it is imperative to compile data on the potential effects of homelessness.

#### Health Issues

##### Kylie:

A cohort study, published in 2017, assessed the geriatric homeless population. This experiment took place in Oakland, California. The participants lived among four different locations: unsheltered areas, multiple areas such as hotels and shelters, periodically with family and friends, and group housing. The researchers evaluated if they could perform five activities of daily life (ADLs), such as bathing, dressing, eating, transferring, and toileting, as well as six instrumental activities of daily living (IADLs). These included using transportation, handling medications, managing money, applying for benefits, finding a lawyer, and finding a job. Almost 40% of participants expressed trouble performing one or more of the activities of daily living, and approximately 49% reported difficulty with one or more of the IADLs (Brown et al., 2017). The results indicated that the homeless population required moderate assistance. It is crucial to address this issue as medical conditions can arise following neglect.

Kylie:

A recent study reviewed 17 articles regarding foot-related problems within the homeless population. It is not uncommon for the participants to walk up to 5 miles a day or stand on their feet for 5 hours a day, leading to these problems. Due to this, there is an increased risk of physical injuries, lack of proper hygiene, and lack of appropriate footwear. The homeless suffer from a variety of different foot complications, with up to 57% of participants suffering from calluses and corns (To et al., 2016). The lack of properly fitting shoes contributes to many of these issues. Among those with diabetes, 41% of the 488 homeless shelter residents had difficulty walking, 42% had lost sensitivity in one foot, and 17% experienced the loss of a lower limb (To et al., 2016). Participants in one study received protective footwear, and 86% reported significant improvement (To et al., 2016). Interventions such as screenings improved these foot-related issues with this population. Some subtypes are more prone to developing these issues than others. In 2018, data was compiled and made into a bar graph. The content includes the number of people experiencing homelessness divided into individuals, families, chronically homeless, youth, and veterans.

VeteransSydney H:

An observational study observed 33 Veterans Health Administration (VHA) facilities to assess acute-care facilities that benefit high-risk homeless veterans. The 33 facilities served over a total of 14,000 patients (O'Toole et al., 2016). These facilities provided hygiene care, which included on-site showers, hygiene kits with every day to day necessities, and laundry (O'Toole et al., 2016). This action allowed patients to learn how to prioritize their health care needs. Some of

these facilities also provided transportation, an on-site clothes pantry, a food pantry, and on-site food assistance (O'Toole et al., 2016). These actions promoted physical, mental, and social recovery. These facilities also worked on reducing the stigma surrounding homeless veterans. The facilities which provided these options of care saw a reduction in emergency room visits and hospitalization (O'Toole et al., 2016). If more health care facilities that work with high-risk homeless populations included health care options similar to these, then more people may be able to benefit and have the opportunity to get back on their feet.

Sydney H:

Another study conducted regarding homeless veterans screened for food insecurities through six clinics for homeless veterans from June to December of 2015. The data was collected by reviewing the results of initial screenings and responses from interviewed staff members (O'Toole et al., 2017). The study used a total number of 270 patients with food insecurities, with an average of 93.1% being male (O'Toole et al., 2017). More than half of the patients reported food insecurity within the last three months and had an average of at least two meals a day, with 27.3% saying they only average one meal a day (O'Toole et al., 2017). Around 20% had diabetes, and 43.5% of those patients stated that they experienced hypoglycemia symptoms when they were unable to obtain food. The results showed that the initial screening for food insecurities had an excellent response from both clinic staff members and patients. The results also showed that the prevalence of food insecurity is high, nearly 50%, in the population studied (O'Toole et al., 2017). This study is beneficial because it identified how high food insecurities are in vulnerable communities. There could be better opportunities to provide help to decrease the number of those who struggle with food insecurity in these areas if there were more

screenings. Many studies express how vulnerable populations are affected. In addition to veterans, another marginalized group involves women.

### Women

#### Tahija:

Research shows that homeless women are said to have more mental health problems than women who are no longer homeless and are a growing percentage of the typical homeless population. Also, homeless women are at higher risk of having alcohol or drug use disorders. A complete assessment of the modern literature that published homeless ladies ride various mental fitness issues along with depression, anxiety, post-traumatic stress sickness and alcohol, and different drug use disorders (Duke & Searby, 2019). Studies in this literature overview point out that some girls have pre-existing mental health problems that precipitate homelessness while others boost mental illness because of their homelessness. Domestic violence was additionally recognized as an antecedent to homelessness, though further research is required (Duke & Searby, 2019). The research study results show that the homeless cohort is a complex one with distinct needs. Refined assessment techniques and sketch terrific offerings can tackle the intellectual fitness desires of homeless women and mental health nursing exercises regarding caring for homeless women (Duke & Searby, 2019).

#### Tahija:

Homelessness and the effect it has on pregnant women is an essential aspect of their health care needs. Women who are homeless are much less likely to acquire preconception care or prenatal care in the first trimester, and they tend to have fewer prenatal visits overall than their housed counterparts (Azarmehr et al., 2018). Homelessness for the duration of pregnancy can

increase the chance for many maternal, fetal, and neonatal complications. Barriers to appropriate prenatal care include logistical, psychosocial, intellectual, and attitudinal issues. Although all ladies face plausible boundaries to most effective care, girls who are homeless are particularly susceptible and experience these limitations to a higher degree (Azarmehr et al., 2018). Nursing strategies for prenatal care of homeless pregnant ladies consist of therapeutic communication, focused assessment, and upstream interdisciplinary approaches (Azarmehr et al., 2018).

In conclusion, homelessness is an evolving epidemic that affects hundreds of thousands of families and individuals each day. These marginalized groups are at an increased risk for developing severe medical conditions due to their lack of resources. Fortunately, facilities such as The Haven, offer services and accommodations to suit the needs of these individuals and families free of charge. Communities must ban together to protect this vulnerable population.

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