

Policy Brief
Layers of Inequities: The Challenge of Homelessness

Alessandra Lopez
Joselin Vidal-Pena
Intro to Public Administration
Professor Jung
December 4, 2022

Executive Summary

While homelessness is a national issue, “those who are homeless are not a federally protected class” (Fenley cited in Guy and McCandless, 2020). Homeless people are accommodated in homeless shelters amongst dozens of other people and are more vulnerable to catching illnesses that can be treatable such as the flu. Although homeless people are constitutionally protected from being discriminated against due to sex, race, religion, or disability, some loopholes prevent them from primary care. While no specific federal law explains homeless people’s rights, it should be up to the State to determine and define these laws. Funding is given to the homeless population but has always been a first come, first served process. Funding is an issue for the homeless population because there is not enough funding focusing on medical needs. While there are already disparities due to “inadequate social safety nets and discriminatory policies” (Fenley, cited in Guy and McCandless 2020), basic medical service rights should not be inaccessible for those who are currently in homelessness.

Statement of the Problem

Homeless people are limited and restricted in regards to access to essential medical services and care. Within the past couple of years, the world was struck with a global pandemic still currently active. The United States witnessed the economic consequences of a pandemic of this multitude and still are looking towards solutions to solve the repercussions as they continue to emerge. One hardship during this ongoing issue, is the inadequacies correlating between those who are homeless and access to basic health care and services. This issue is ongoing, but is especially highlighted as there are proactive measures placed for those residing in the United States. A public good offered nationally from our federal government is the availability of “at home testing kits” for the ongoing coronavirus. Each household is able to apply to receive four at-home testing kits for their households to determine whether or not they are positive with the virus. Unfortunately, a stipulation of this public good is a need for a verifiable residential address, something those who are experiencing homelessness do not have. When dealing with public service, it's imperative these public goods follow the guidelines and principles surrounding public service such as: integrity, honesty, accountability, transparency, and fairness. However, this public good offered to the constituents of the United States emphasizes the gap in fairness regarding the accessibility of these at-home kits for the homeless population.

This demonstrates only one barrier related to health care accessibility those experiencing homelessness face. Those who are homeless are considered to be at a higher risk regarding health due to the strenuous circumstances they find themselves to be in at present. Since they are in the higher risk category, it should be noted they are a population who is in need of steadier streamlines implemented so they can have accessible care. Notably, in the state of Minnesota, there is no requirement for health care providers to be accessible in-house to those residing in

shelters. Those who find themselves to be homeless, more often than not, find themselves to be in situations where transportation is not a resource readily available when medical needs arise. Continuing on, they also find themselves to be in unstable financial situations, which can lead to medical debt if there was an costly inappropriate facility visit, or if there was a need for costly ongoing medical treatment, such as certain classes of prescription medications. It is important to acknowledge the well-being of those experiencing homelessness and the issues needing to be addressed as a lack of proper health care and medical services can create additional barriers for those seeking stable housing. Since the state of Minnesota continues to look toward solutions towards ending homelessness, it is important to note the need for additional resources for shelters in order to keep Minnesota's homeless population healthy to promote and support housing stability for this vulnerable population.

Background

Homelessness is a continuous issue that currently inhabits the entire nation. While collecting data amongst the vulnerable population has been difficult in the past, there have been methods developed in order to obtain the appropriate information regarding numerical data to represent our homeless populations. A method used to collect data is called the "Point in Time count", otherwise known as the PIT count. This allows stakeholders working within their corresponding communities to account for the homeless population they are serving. This count allows those who are in shelters, as well as those who may be sleeping in other undesirable living conditions, such as outside, to be accounted for to adjust or adhere to additional resources and funding for each corresponding area. Typically stakeholders involved in the solution for ending homelessness are held responsible from their corresponding state to go out into the community to make sure as many people as possible can be included in the numerical data for those experiencing homelessness. According to Fenley, as cited in Guy and McCandless (2020), by the current definition of homelessness, there are around 553,000 people who are currently experiencing an episode of homelessness.

Fenley, cited in Guy and McCandless (2020), mentions how homeless shelters are major components regarding those who experience homelessness. While there are these institutions in place to provide emergency shelter to prevent those from exposure to the elements, many have faced criticism due to the nature of the shelters themselves. Typical shelters consist of "barracks-style arrangements" where there are multiple individuals sleeping in the same room, whether it be on bunk beds, mats or on the floor (Fenley, cited in Guy and McCandless, 2020). Due to the high volume of individuals and the close proximity at which these individuals must be to one another, it creates an environment where communicable viruses and diseases continue to thrive and spread. Furthermore, additional environmental factors such as disruption of slumber can contribute to poor health in these facilities. Thus creating an endless cycle for those in homelessness to continue to be exposed to various health concerns in their lives.

Those who are experiencing homelessness tend to run into various barriers in an attempt to sustain themselves. Compared to those who are housed, those who are experiencing homelessness tend to not only have an increased mortality rate, but also are known to receive care that is not equal (Del Buono et al, 2022). Seiler and Moss (2011) state, “the rates of both acute and chronic health problems are extremely high among the homeless”. They continue to mention those who are homeless “are uninsured and often lack access to the most basic healthcare services (Seiler and Moss, 2011). In terms of the need for medical care, “caring for this population is complex, challenging, resource-intensive, and a certainty for emergency physicians throughout their careers” (Del Buono et al, 2022).

Recommendations

- At least one LPN staff at each shelter in the state of Minnesota.
- Medical-related transportation services.
- Shelters link with local pharmacies that provide discounted rates per referral.

Homeless people rely on hospitals’ emergency rooms for any medical need. However, many refuse to visit one due to the fear of being given a high medical bill. Hospital visitation is the most efficient way for homeless people to receive treatment as they can provide medical care for a patient at no upfront cost. Homeless people do not have regular check-ups; therefore, they seek medical assistance once their health situation is noticeable and sometimes deadly. There are clinics in Minnesota that allow a more affordable service to the community. However, it still involves having some finances available, which as noted previously, many households experiencing homelessness struggle having stable income. In a research study by Travis P. Baggett et al. (2010), homeless people were asked about their medical needs. Many participants lacked medical care and prescription medication. These two issues have impacted the well-being and self-worth of homeless people who do not have the courage or tools needed to help them get out of their situation. Shelter and food are the top priority in shelters, but those two topics only encompass a small need a homeless person is worried about. When someone is experiencing medical needs, access to medical care and medication is required.

In Minnesota, advanced practice registered nurses (APRNs) are allowed to write prescriptions, and their salary is lower than that of a general physician. Considering these factors, one APRN can be stationed to work at every shelter in Minnesota. These APRNs will be able to conduct physicals, see patients for follow-ups, and have the ability to see patients who can be easily treated by providing certain medications, such as antibiotics. When a homeless individual gets released from a hospital, they typically do not seek out continuing aftercare services since they do not have a general doctor or primary physician due to lack of insurance. Prescriptions can sometimes be unaffordable and unattainable due to various reasons. However, in addition to hiring APRNs, Minnesota can provide the necessary funds to partner with local pharmacies and big corporation pharmacies, such as Walgreens, to allow discounts on medications for the

homeless. These referrals would only be distributed to those who are experiencing homelessness. The referral can be sent out regardless of whether or not they received initial care at the shelter or prescribed medication due to visiting an emergency room. The prescription partnership will give the homeless a more affordable and attainable price so they can make their health and wellbeing a priority. Lastly, transportation is another costly barrier for homeless people to seek medical treatment. Most who are in shelters do not have a form of reliable transportation. Furthermore, if they do not have a stable income to pay for bus trips or taxi rides, they are forced to walk as a means to attain basic care. Transportation availability at all shelters for medical needs will assist with this barrier. Currently, if there has not been assigned case management services, those working in the shelter environments do not offer transportation as a service. When a homeless person has a life-or-death medical need, they often times refuse emergency medical transportation because they know they must find a way to pay the fee for using that service afterwards. Whether it is through public transportation, taxis, or ambulances, the cost is out of their affordability. Medical-related transportation services will also allow homeless people to receive rides back to the shelter when released and cleared from the hospital to return. Although there are bigger cities located within the state of Minnesota, there are many rural locations scattered throughout. Local pharmacies are not always easily walkable distances. With the transportation service, the state will allow the homeless to seek treatment and help them with their medical needs.

Advantages and Disadvantages

Stakeholders such as Community Action Partnerships and Coalitions to End homelessness advocate for the homeless population in Minnesota; however, it has been challenging to develop an effective strategy to help end homelessness. While the recommendations mentioned are not an immediate solution on a macro level, it is on a micro level. Stakeholders that solely focus on macro-level resources to end homelessness, can in turn cause delays or create additional barriers for those who are experiencing the social issues first hand. Homeless households bear the burden of relying on a system to promote change and they cannot continue waiting on a drastic change, while seeing no additional services put into place. With these recommendations, it can promote and boost higher levels of care and support for those who are in homelessness. However, it is known there may be some stipulations or circumstances that do arise with these particular recommendations. Therefore it is important to address potential advantages and disadvantages that the recommendations can face when implemented for stakeholders.

Advantages

- Having an APRN at the shelter can help decrease the gap of disproportionality between homeless people and their medical needs.
- Provides additional care to promote overall well-being and help the homeless.

- Well-being is being promoted by giving homeless people the opportunity for follow-up care after hospitalizations.
- Gives access to prescribed medications.
- Homeless people will not accrue more hospital debt for basic medical care.
- Help

Disadvantages

- APRNs may not have the desire to work at a homeless shelter as the pay may be lower.
- APRNs may face scheduling conflicts with the patients.
- The APRN will have limited business hours, and not all patients may be seen immediately due to a lack of healthcare staff.
- Some pharmacies will deny the prescription partnership, making it difficult to reach the partnership goal.

Conclusion

The global pandemic's ongoing healthcare crisis highlighted the disparities between those who are housed and those who are, by federal definition, considered homeless. Public goods, in the form of "at home testing kits" were distributed in order to assist residents in the United States to determine whether or not individuals were positive with the virus. Unfortunately, if a household did not have a verifiable address, the household was not eligible to receive this public good. Because of this stipulation, those who experience homelessness were not eligible to receive these at home testing kits. While this instance was highlighted, it is not the only example of inquiry involving those who are homeless and having access to basic health care and services. Those who experience homelessness are considered to be in more vulnerable states regarding their health due to the circumstances they find themselves in. While it has been difficult to determine accurate numbers to represent the homeless population, there are some methods currently in place, such as the PIT count. Furthermore, the research currently existing regarding healthcare services and those in homelessness corroborate the populations need to have access to appropriate healthcare services and treatment.

While there is no policy or procedure put in place in the state of Minnesota regarding healthcare services in-house for shelters, it is important to note the benefits of having additional resources available to those experiencing homelessness to continue to promote support in finding stable housing. There are three recommendations that can be implemented to additionally help bridge the gap between healthcare services and those experiencing homelessness. One, is to require at least one APRN, to be housed and accessible to those utilizing emergency shelter's services. This would provide those who were needing minor physician visits to get appropriate and accurate care. The second recommendation is having shelters provide medical related transportation services. For those who are needing a higher level of care, if there is lack of appropriate transportation, then there is an increased chance for their medical need to escalate to a potentially fatal situation. Since some of the population faces the potential of having no

insurance or non-stable income, accommodating their circumstance can further promote a livelihood where stability is achieved. The third and final recommendation is partnering with local pharmacies and providing discounted rates for those needing after care for medical services such as prescription medications. These recommendations combined, while having minor disadvantages, ultimately can assist in shrinking the current gap between those in homelessness receiving appropriate medical care and services. In turn, having these additional resources for those experiencing homelessness continues towards the mission of ending homelessness in the state of Minnesota.

References

Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: A national study. *American Journal of Public Health, 100*(7), 1326–1333. <https://doi.org/10.2105/ajph.2009.180109>

Del Buono, B. C., Salhi, B. A., Kimmel, A. E., Santen, S. A., Jarrell, K. L., White, M. H., Brown, C. K., & Moll, J. L. (2022). Prioritizing homelessness in emergency medicine education: A concept paper. *AEM Education and Training, 6*(S1). <https://doi.org/10.1002/aet2.10753>

Guy, M. E., McCandless, S. A., & Fenley, V. M. (2020). Layers of inequity: the challenge of homelessness. In *Achieving social equity: From problems to solutions*. essay, Melvin & Leigh Publishers.

Paradis-Gagné, E., Kaszap, M., Ben Ahmed, H. E., Pariseau-Legault, P., Jacques, M. C., & Potcoava, S. (2022). Perceptions of mobile and acute healthcare services among people experiencing homelessness. *Public Health Nursing*. <https://doi.org/10.1111/phn.13150>

Seiler, A. J., & Moss, V. A. (2011). The experiences of nurse practitioners providing health care to the homeless. *Journal of the American Academy of Nurse Practitioners, 24*(5), 303–312. <https://doi.org/10.1111/j.1745-7599.2011.00672.x>