

Literature Review

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As we all know there is already a vast majority of interventions to help the low-income and homeless population, but although that may be correct during my cumulative experience I want to understand what can be done to help individuals who are a part of that population and have several interventions in mind that will help get their needs to be met. At times there are individuals that do not completely understand the different options that are open to them from the organization. Being able to create a better way for them to be up to date on the organization is key because it will help them be aware of what is offered to them. Those who are a part of that population are at times misinformed and do not completely know the other options that are there to help them out with whatever their needs may be. Having a better view of what the individual may need such as, focusing on access to technology, social determinants of health, trust and safety within the service provider and client, employment, and housing could make the change within these different groups of people.

According to McInnes, homeless persons experience high morbidity, and age-adjusted death rates are 2 to 4 times as high as those of the general US population. The way that the research was conducted was by looking up different articles and understanding the different amount of homeless individuals who did have a mobile device or access to technology to be able to make health-related calls or just, in general, be able to stay connected with different information they might need to look up. This is important because it brings attention to the number of homeless individuals who are potentially living in the streets without using information technology and at the same time if they do have access to these types of technologies how do they obtain it? Also bringing attention to how difficult it can get for an individual to live their day to day without being able to have access to different technologies. Some of the data that was collected expressed that the “ Factors associated with mobile phone ownership were having obtained a high school or

general equivalency diploma ( $P = .005$ ) and fewer lifetime years of homelessness ( $P = .002$ )” (McInnes, 2013). This data makes me aware of how it is more prevalent to see younger individuals with access to mobile devices due to having a high school diploma and fewer years of being homeless. This creates a potential barrier for those who are much older, at times they may find themselves not exactly knowing how to use different technologies due to being in the streets for so long and not being able to have access to it as well.

There are different ways that homeless individuals may obtain information by computer ownership and usage from different locations such as “public libraries, coffee shops, churches, friends’ homes, work, and hotel lobbies” (McInnes, 2013). Although this is something that can be considered at times there might be potential bias with wanting these individuals inside given that they are homeless. Many at times think so negatively about these individuals and it causes stigma, which can cause them to feel unwanted by others and it puts them in a dilemma of wanting and not wanting to go to these places simply to get internet and technology access. It is normal to use mobile devices and the internet for our common interests, but homeless individuals consider this to be essential because it helps them “stay connected to family members and friends. Searching for employment, keeping in touch with potential or current employers, and seeking housing were other common reasons. Although many different pros deal with being able to have a mobile device or internet access some barriers come into play when trying to obtain these things. For example, “lack of time to use computers, being asked to leave public computers, and forgetting email account passwords”( McInnes, 2013). One of my research themes focuses on the necessities that are needed by homeless and low-income individuals, which I feel like this article does a great job of expressing the importance of how being able to have access to mobile devices and internet access can make a difference in their life. Additionally, another need that necessity is for

individuals who are not homeless to simply look and not be biased about how one ended up homeless. I think this creates such a problem for many homeless individuals because at times they are doing the best they can and trying to have a better life by going out of their way and finding the resources that they need and asking questions but others find it hard to understand that. Being able to have interventions that provide basic training to homeless persons so that they can freely improve their computer, internet, and mobile phone skill can help those individuals feel more sure about what they are doing when handling these different information technologies. Being able to use mobile phones increases the “homeless persons’ engagement with health care providers and systems” (McInnes, 2013). The different interventions include “appointment reminders, notifications that laboratory results are available, and caring outreach messages to let homeless persons know that health professionals are thinking of them and are genuinely interested in their welfare” (McInnes, 2013). Simply having a mobile device and creating a better quality of life for many individuals who are experiencing homelessness, which I think can help them have a better connection with the healthcare system as well.

Secondly, the article “Tackling health disparities for people who are homeless? Start with social determinants by Amanda Stafford. She brings attention to how “being able to treat homelessness as a combined health and social issue is critical to improving the health outcomes of people experiencing homelessness. Also, the enormous economic costs of hospital care for people who are homeless can be reduced when housing and other social determinants are taken into account” (Stafford, 2017). The research method included in this article is that homeless individuals were seen by a Homeless Team that was established in June 2016 located in Perth, Western Australia. This helped many homeless individuals by providing services that were aimed at improving the health and welfare of people while they were homeless, and it also provided ongoing

healthcare and support to help individuals break the cycle of homelessness. They are partnered up with the 50 lives 50 homes project. This partnership helps the most vulnerable homeless people living in Perth. They help others by providing access to long-term housing, coupling with caseworkers and after-hour support to assist patients to secure and sustain housing. The tool that was used to collect information that relates to homelessness, risk, socialization, and daily functioning and wellness is called the Service Prioritization Decision Assistance Tool (SPDAT), this tool helps with understanding the individuals needs and being able to establish that it helps with the development of an appropriate interventions can be identified and prioritized.

The three different individuals who were in these cases were all a part of an altering life-changing experience and throughout those life-changing moments all of them were admitted to the hospital and their bills at the end were above the 100,000 range. They were all asked the same question, “what do you need to be safe?” (Stafford, 2017), and all three answered along with the same answer, “a stable place to live and a stable source of income”. All of these individuals had different social determinants of health issues that made a difference in the amount of help every one of them got. Some faced adverse life experiences such as “trauma, poor educational outcomes, involvement in drugs, unstable relationships, erratic work history, and at times imprisonment” (Stafford, 2017). Helping these individuals with housing first and helping them with medical and social care, as a result, can improve their lives but also reduce the amount of public-serving spending. It is good to keep in mind that these different adverse experiences can be hard to get over, which makes it ten times harder for these individuals to be able to reach out and get the help they may need.

Furthermore, for my second theme, I included that there are many different ways to help the low-income and homeless population. According to Magwood, there is a different way to look

at how one helps those who are a part of those populations. For example, getting rid of “ anti-oppressive approaches and provide, refer to, or advocate for the health and structural interventions using the principles of trauma-informed care” (Magwood, 2019). The different tools that were used to get the results were Critical Appraisal Skills Programme (CASP), Risk and Vulnerability frameworks, Confidence in the Evidence from Reviews of Qualitative research (CERQual) all of these were very important in gathering information on how the interventions worked effectively towards their given populations. Completely respecting and being non-judgmental towards the individual who may need help. Different factors that influenced structural interventions were permanent housing, case management, income, interventions for substance abuse, and women - and- youth-focused interventions. The main point that was touched was that those who were homeless individuals valued the sense of trust and safety within the help that they were getting. “The establishment of trust allows for the development of self-identity and small daily interactions that contribute to broader social connections” (Magwood, 2019). Those who are seeking help have already gone through so much that the last thing that they need is getting a negative treatment where they go seek help. Service providers at times may take the situation lightly and not care about the situation the individual may be in and are looking for quick solutions that may or may not be helpful to the client. The first contact that is made between a client and service providers or primary care practitioners can lead to better outcomes if the service providers take their time and engage in a meaningful conversation that shows that they care about the clients wellbeing.

In the article “Low-income employees’ choices regarding employment benefits aimed at improving the socioeconomic determinants of health” the research was done by “working in groups, low-income employees from the Washington, DC, and Baltimore, Md, metropolitan area which they expressed their thoughts and preferences for employee benefit packages to address

socioeconomic determinants of health”( Danis, 2007). The reaching economic alternatives that contribute to health tools allow individuals an opportunity to express their views on different services that dealt with employment benefits within a fixed budget. The majority of those who participated would choose employment by what different benefits the employer had to offer. For example, “health care, paid vacation, retirement, disability pay, job flexibility, training, family time, wellness plan, and different nutritional programs” (Danis, 2007). As for my third theme I stated “what are the other different sources that are offered to these populations”, and this article completely goes hand in hand with this theme. The result was that the low-income employees were able to understand their economic status, personal lifestyle choices, and health insurance status which they understood that all of these contributed to their health. Being able to recognize this on their own made it a lot easier to know what to look for when it came to their own employment needs and job searches.

Similarly, according to Kirkpatrick, food insecurity is a large problem that many individuals go through especially those who have financial constraints, which leads to “compromised dietary intakes, and poor physical and mental health” (Kirkpatrick, 2017). The Household Food Security Survey Module was used for this study and it helped with “characterizing families that are food secure or insecure, a state indicative of compromises in the quality and/ or quantity of food consumed by adults and/or children” (Kirkpatrick, 2007). This study was able to shed light on how affordable housing plays an important part in being able to afford household foods. Those who were a part of a subsidized housing program have a lot fewer issues with food insecurity than families in market housing. However, many of those living in subsidized homes find it hard in meeting their own needs and often this has a link to mental health issues, physical health outcomes, and self-related health issues. Although different

accommodations are being made for those who are a part of the low-income population, there is a barrier that does not completely allow them to live a secure and stable life due to employment, housing, and food insecurities. All these factors make an impact on one's quality of life and it is important to know if individuals are getting the right help and also housing when it comes to choosing where to live.

In conclusion, many interventions are being established to help those who are a part of the homeless and low-income population. Being able to address one's necessities, making awareness of the resources an organization may provide, and keeping in mind how to assist these individuals is very important because it can make a difference in the quality of one's life. These different themes have a huge importance on how one goes around trying to make changes and help these two different populations. The literature I went over gave me so much information and a different viewpoint on how many individuals although they may be getting help already from the government, health care, caseworkers it can still not be enough. That is something that I put attention to, which opened my eyes to how there are so many different gaps that get in the way of how one lives their life, whether it is with housing, food insecurities, and lack of knowing where to seek help.



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