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Understanding the Causes Health Disparities among the Homeless

A Review of Literature

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Abstract

800,000 Americans are currently homeless (Wen, Hudak, & Hwang, 2007). Homeless individuals suffer from a myriad of preventable and chronic physical and mental health issues creating a health disparity among the homeless in comparison to general health population. This literature review defines the term “episode of care” and suggests that understanding the episode of care is an effective health intervention that may alleviate the apparent health disparities among the homeless. The episode of care consists of healthcare access, utilization, and the typical treatment plan for the homeless. This paper examines three major barriers that hinder the homeless from access and utilization of healthcare which are Socio Economic Status (SES), uncompassionate Stereotype Threat and the comorbidity of mental health and substance abuse among the homeless. The implication of this paper were the gaps that were not addressed due to the general dearth of research on the subject. Future research should investigate how the Affordable Care Act (2010) impacts the health of the homeless since its aim is to provide health insurance for the entire US population.

Keywords: health disparities, episode of care, health interventions, homeless

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What are the causes of health disparities among the homeless population?

Over 6% of the United States population has been homeless, and at any time, as many as 31 million people are, or are at imminent risk of being homeless (Gordon et. al, 2005).

Homelessness is defined as the lack of permanent overnight housing. which affects people of all ages and gender (Daiski, 2006; Crane, et al, 2005). The homeless often experience poorer health outcomes and higher rates of morbidity compared to the general population due to lower a socioeconomic status and the hostile living conditions associated with homelessness. Homeless individuals tend to be more vulnerable and susceptible to a myriad of health-related issues such as chronic illnesses including AIDS and Tuberculosis (Daiski, 2006).

Nearly 40% of homeless individuals are reported to have some type of chronic health problem (Schnazer, Dominguez, Shrout, Caton 2007). Increased rates of infectious diseases and chronic medical conditions have been reported ranging from community-acquired pneumonia, tuberculosis, HIV, cardiovascular disease and chronic obstructive lung disease. Some cancer risk factors are also higher in among the homeless in comparison to the general population, including sun exposure, cigarette smoking, and alcoholism. Psychotic and affective disorders are also common, with prevalence rates ranging from between 10% and 13% for psychotic incidence and 20% to 40% for affective disorders. (Daiski, 2006) People who lack stable housing are more likely to use the emergency department as their primary source of care. According to Schanzer, Dominguez, Shrout, and Caton (2007) 20% to 30% of all adult emergency room visits consist of the homeless. Homeless patients are admitted to inpatient units five times more often and have average lengths of stay that are longer than people that are housed (Schnazer, Dominguez, Shrout, Caton 2007). The study also found that homelessness is largely associated with shorter

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lifespans and have less life chances in comparison to the housed individuals (Schanzer, Dominguez, Shrout, Caton 2007).

Although much research considers the comorbidity of substance abuse and mental illness among the homeless population, little to no research addresses and explores the overall physical health status of the homeless. This paper address the general dearth of research regarding what a typical “Episode of Care” for the homeless individuals. It also discusses the main barriers that hinders the homeless from equal access and utilization of healthcare services that may lead to the health disparities among the homeless population.

Episode of Care for the Homeless

The term *Episode of Care*” is commonly defined as the period of time during which a specific disease, illness or a health care problem, is present. It is characterized by an onset, or beginning, and a resolution, or ending, between which the health problem state applies (Hornbrook, Hurtado, & Johnson, 1985). Understanding the typical episode of care for the homeless may enable researchers and public health workers to develop future health interventions for the homeless. Although, upon extensive research there were no studies directly focused on the typical episode of care of for homeless individuals. This gap in literature may be significant in addressing the health disparities among the homeless population and may be important in developing future health interventions for homeless in the future.

Barriers to Healthcare Access and Utilization

Socio Economic Status (SES)

Homeless individuals generally belong to a lower SES and are therefore more prone to diseases and adverse life experiences making the homeless a vulnerable population. According to

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Galea & Vlahov, (2002), SES indirectly shapes health by affecting the resources available to the homeless therefore SES is an important health factor among the homeless. SES is a combined measurement of an individual's education occupation and income. According to Daiski (2006) most homeless individuals desire employment however they do not obtain it due to many reasons such as negative perceptions, stigmas, or misconceptions about the homeless. (Daiski, 2006 Hwang et al., 2010) studies corroborate and mention that homeless individual's income and are treated as societal outgroups that affect their SES. Employment is essential for individuals to access and utilize healthcare resources and services especially in United States. Due to the United States' unequal access to healthcare may causes a significant health disparity among the homeless population (Daiski, 2006).

Access and utilization of healthcare are significant determinants in ensuring positive health outcomes for the homeless. The effects of medical and psychiatric diseases tend to be more serious for homeless individuals, who often lack access to primary care (Gordon, Haas, Luther, Hilton, & Goldstein, 2010). Studies conducted in various urban centers in the United States have found increased rates of unmet needs of care among homeless people living in urban encampments in Los Angeles, California, 41% felt there was a time in the past 6 months when they had needed to go to a doctor but did not, leading to a worse health condition and a greater health inequity among the homeless (Hwang et al., 2010). According to Gordon et al, (2010) homeless individuals living in the city are likely have greater access to public transportation that could facilitate access to health care services. The study also found that the severity of homelessness and its impact on health may be assessed by defining the stability and vulnerability of the current origin and duration of homelessness (Gordon et al., 2010). Additionally, according

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to (Martins, 2008) Homeless individuals tend to put off going to the hospital until their health problems becomes severe. Homeless individuals argue that their health becomes less of a priority than “the essentials” food, water and clothes. Understanding how a community perceives and aids the homeless may have a significant impact on the health of the homeless. (Gordon et al., 2010). Furthermore, according to Nickasch & Marnocha, (2009) many homeless people have who have unmet physical needs that may lead to a downward spiraling of their health (Nickasch & Marnocha, 2009). Access and utilization of healthcare is a vital factor in increasing positive health outcomes for the homeless. However, due to the direct and indirect outcomes of a lower Socio Economic Status homeless individuals are at a disadvantage, creating an apparent health disparity among the homeless

Uncompassionate Care, Treatment and Stereotype Threat

Research has found that homeless individuals also struggle with stereotype threats, stigmas, prejudices, misconceptions about their personality, and character as a human being (Daiski, 2006; Hwang et al., 2010). In another study conducted by Nickash & Marnocha, (2009) participants described their life as being controlled by external surroundings. They described a lifestyle with unfulfilled physical needs, unaffordable and unavailable health care, and perceptions of uncompassionate care. Majority of homeless people have an external locus of control. External locus of control is the belief that one’s behavior will not lead to valued reinforcement that is available in the environment and therefore not under one’s control. The occurrence of reinforcement is believed to be a function of factors out of one’s control such as luck, chance, or randomness (Davis, 2013). Therefore, most homeless individuals feel they have no control of their everyday circumstances which may add to their overall stress levels and

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affects their overall health status. Another study that corroborates with (Nickasch & Marnocha, 2009) argues that homeless people's attitudes toward healthcare services are shaped in part by their previous healthcare experiences, and affect their propensity to seek care in the future (Wen et al., 2007). Wen et al., (2007) findings indicate that perceptions of "welcomeness and unwelcomeness" are a potentially critical reasons why homeless individuals do not actively seek medical care when necessary. These findings suggest that the provision of effective care for homeless people may be tied to the ability to create a welcoming environment for the homeless to feel safe and secure. Furthermore, the study also suggests that many unwelcoming experiences involved nonclinical staff such as receptionists, and volunteers. According to Martins (2008) Homeless people are often labeled, stigmatized and disrespected by the healthcare providers and by the public solely for being homeless. In a study conducted by Daiski, (2006) homeless participants claimed that the social isolation and emotional distress they feel is much more painful than the physical hurt they are experiencing. The lack of social support and acceptance from their peers and the community may be contributing factor to the health disparity among the homeless. A study conducted by (Agans et al., 2011) investigated the public attitudes towards the homeless and found that age, gender, and political affiliation are consistent predictors of attitudes about the homeless, the study also argues that people who have higher levels of education are more aware of the systemic injustices rooted in a society that May cause homelessness. A study conducted by (Toro and Oko-Riebaui, 2015) explored the level of sympathy toward the homeless and found that the attitudes and opinions about the homeless are contingent on the varying levels of education, in such a way that those with increased sympathy toward the homeless blame the homeless less for their current situation and happen to have higher levels of education than those

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who have lower levels of education and are unsympathetic to the homeless population. (Toro and Oko-Riebaui, 2015) also argues that people with lower levels of education are those who discriminate most against the homeless. It seems that both studies done by (Agans et al., 2011 and Toro and Oko-Riebaui, 2015) corroborate in that an individual's level of education is a significant factor in determining the individual's attitudes and opinions about the homeless. Additionally, (Toro and Oko-Riebaui, 2015) suggests that the government should do more to help the plight of the homeless by increasing the public's awareness of the structural forces that cause homelessness and that some are more susceptible to homelessness than others. (Agans et al., 2011) suggest that if the general public alters their perceptions towards the homeless it may also alter their behavior towards the homeless that may improve the homeless population's overall health outcome by decreasing the isolation, stigma and stereotype threat that homeless people feel daily.

From a homeless individual's perspective, the general attitudes of society especially healthcare professionals can frequently be difficult to deal with especially when they feel that people make negative assumptions about their character as a person because of their homeless status and judge their character due to their present circumstances (Wen, Hudak & Hwang, 2007; Daiski, 2007; Nickash & Marnocha, 2009; Williams & Stickley, 2010). Research has found that the homeless feel they are treated unfairly and are perceived as worthless, which may result to loss of confidence and social isolation which may affect their health in both direct and indirect ways. (Rae & Rees, 2015).

Uncompassionate care, the misconceptions and the negative attitudes towards the homeless and the is a significant barrier that hinders the homeless from seeking help in the case

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of a health emergency. The Stereotype Threat, the misconceptions about their character and uncompassionate care and treatment they receive from health care professionals causes a large emotional toll on the homeless. Often, the general public forget that the homeless are people too that desire respect and social support from their family, peers and community. The lack of social support, the negative perceptions treatment among the homeless may increase a homeless individual's susceptibility to negative health outcomes in comparison to an individual who is housed.

Mental Health and Substance Abuse

Mental health disorders are also prevalent among homeless across the United States with varying diagnoses such as psychosis, depression, and personality disorders. (Fazel, Khosla, Doll, & Geddes, 2008) states that the closure of large psychiatric institutions, shortage of low-cost housing and the lack of community-based support systems and services are significant factors that contribute to the increased prevalence rates of mental illnesses among the homeless. These factors also contribute to the increased mortality rates among the homeless. Homeless people suffer from increased prevalence rates of suicide, alcohol, and drug abuse. The presence of serious mental disorders in the homeless are also likely to contribute to increased rates of violent victimization criminality and longer periods of homelessness (Fazel, Khosla, Doll, & Geddes, 2008). The most common mental disorders are alcohol and drug dependence, psychosis and depression. Prevalence rates are higher among the homeless in comparison with the general population. Fazel, Khosla, Doll, & Geddes (2008) states that alcohol and substance abuse is usually co-morbid with depression and psychosis. Homeless individuals commonly suffer from mental health disorders, substance abuse and addictions. Depression may also be underreported

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among the homeless and may be the leading risk factor for the rise in of suicide rates. The presence of a personality disorder is associated with poorer health outcomes, treatment of depression and may lead to an increased risk of deliberate self –harm (Fazel, Khosla, Doll, Geddes, 2008). A large number of the homeless population suffer from mental health illnesses and is one of the major reasons why homeless individuals are unable to seek medical attention due to their inability to comprehend the severity of their illness and are not cognitively able to take the necessary steps and actions to cure their illness. The state of the mental health of the homeless may be a significant health determinant of the health disparities among the homeless.

Discussion

The aim of this paper was to define the typical “*Episode of Care*” for the homeless and suggest that by understanding what the typical Episode of Care for the homeless it may be an effective way to develop future health interventions for the homeless. Understanding how the homeless access health care services and health care providers, public health workers are more inclined to better recognize and acknowledge the needs of homeless individual and the specific needs of that homeless community in general. The concept of episode of care consists of two major aspects being access and treatment. This review of literature explores the overall physical health status of homeless.

The paper discusses the three most significant barriers that hinder the homeless from access and utilization of healthcare which are SES, uncompassionate care misconceptions and mental health disorders. This study found that the low SES of the homeless may be a significant barrier to positive health outcomes due to the fact that SES is measurement of an individual’s educational attainment, occupation, and income. SES both directly and indirectly impacts and

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shapes the health of the homeless due to its ability to provide essential resources for the homeless by using one's social capital or monetary resources, therefore SES is a social determinant of health. Overall a large amount of the literature argues that access to healthcare and a consistent primary care physician may improve the health status and quality of life among the homeless. Homeless individuals rarely have the opportunity to have the same healthcare providers treating them that may result in health disparities among the homeless continuity of care for homeless is a subject area that has the most significant gap. Due to the low SES of the homeless they often do not have access to consistent healthcare providers. As a result, their patient history may not be streamlined and cause confusion among the treatment plans of the homeless.

Another major barrier that may cause a health disparity among the homeless is the uncompassionate care and treatment, misconception and Stereotype Threat that the homeless feel. Much research corroborates that and suggests that the misconceptions, stigmas, prejudices and the uncompassionate care of the healthcare providers are factors that hinder the homeless from seeking medical care when an emergency occurs. Understanding the typical treatment plans for the homeless may lead to decreasing the quality gap that the homeless experience and improve the quality of care they receive from healthcare providers.

Lastly, the comorbidity of the substance abuse, and the increased prevalence rates of mental health illnesses among the homeless is the final major barrier that limit homeless from access and utilization of healthcare that may lead to improve life chances, and the overall health status and quality of life. The mental health illnesses among the homeless range from acute to severe that may physical hinder them from actively seeking medical when needed due to their inability cognitively process to make the appropriate decisions to improve their health.

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From a Public Health perspective, preventative care is an important aspect of health however, there is little to no research to address preventative measures that homeless individuals should do to prevent both physical and mental health illnesses in the future instead much focused on the overall prevention of becoming homeless thus, preventative care is another significant gap in the literature.

This paper suggests that aside from understanding the episode of care of the homeless and if they have access to continuity of care or retain the same primary care physician an effective intervention to alleviate the physical health disparities among the homeless. The paper also suggests that both long term and short term interventions are needed to decrease the apparent physical health disparities among the homeless. Social support groups, health communication techniques such as social and print media should be implemented to advocate for healthier lifestyles among the homeless.

The implications in of this literature review address the limitations of the research which include preventative care, continuity of care access and treatment plans for the homeless. Future research should also investigate how the Affordable Care Act established in 2010 would affect the homeless as it is now mandatory to have it as insurance if they do not have a private health insurance such as Kaiser Now that the Affordable Care act has been established future research should be able to address the gaps in literature regarding the general treatment plans of the homeless or their continuity of care which may alleviate future health disparities among the homeless and provide them with better life chances and improve their overall health outcome and decrease the apparent health disparity among the homeless population.

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