



Helping the Homeless Stay Healthy

Carolyn Hamlin Wenger

Perry H. is a 79-year-old man who works as a laborer in the Billings area. He herded goats all summer and is proud of his summer spent on the open range. Perry is a client of a clinic for the homeless. He comes in weekly to check his weight, blood sugar, and hematocrit.

Preventive care is important to homeless people. They are very aware that they cannot afford to become ill. As one client stated “If I don’t look after myself, no one else will.” Prevention and self-reliance are inter-twined concepts. Homeless people tend to lead chaotic lives. Sources of shelter and food are unpredictable, and substance abuse may compound the problems that come with living on the street. Control over one small part of life, even if it is only maintaining a healthy weight or blood pressure, becomes a significant and meaningful achievement for a homeless person.

The tendency in social services and health care is to over-pathologize the homeless, but rural homeless people share characteristics with other rural populations. They are self-reliant and hardy and favor self-care. Many have received demeaning or abusive care by other providers, and they avoid encounters with providers who have treated them poorly in the past.

Taking preventive care to the homeless

For almost 20 years the Billings Campus of Montana State University (MSU) Bozeman College of Nursing has run a clinic for primary health prevention among the homeless population in Yellowstone County. The clinic, originally funded through a National Institutes of Health Special Projects Grant, was the first organized approach to meeting the health care needs of homeless individuals and families in the Billings area. Weekly clinics continue to be conducted at the Montana Rescue Mission (MRM), which provides shelter and food to homeless people and those who may be near-homeless.

The MSU Nursing clinic serves the health needs of this population and provides a place for senior community health nursing students to engage in the independent practice of nursing. The eighteen-year history of the clinic has provided an opportunity to examine the usefulness of primary prevention as an effective approach to homeless health care. Using block grant funding from MSU College of Nursing in 1993, the clinic performed a retrospective chart review and documented the levels of prevention in nursing care that was provided to the MRM clients. The initial retrospective record review has been periodically validated not only by ongoing interest in the clinic, but also through consumer surveys and other empirical measures.

Although the population seen at this clinic includes both men and women, clients are predominantly male, which is consistent with the composition of residents at the Rescue Mission. Although the ages of people seen at the clinic have ranged from two days to 94 years, most of the clients have been in the 30- to 45-year range. Recently, however, the clinic has been seeing more people 18 to 25 years old and over 50. Predominant ethnic groups among the homeless population reflect the ethnic make-up of the area—Caucasian, American Indian, Hispanic, and African American—although minority groups are over-represented in comparison with the general population. Veterans are also a significant population among the homeless in Yellowstone County.

Combining prevention and primary care

Primary prevention includes education and counseling independent of diagnosis. Secondary prevention includes screening and education related to screening results. Clients most frequently require assistance with some kind of trauma. However, the review of patient records indicated that secondary prevention occurred in about two-thirds of the visits. Individuals primarily interested in their health, as well as persons with risk factors

such as a family history of disease, requested health screenings. Tertiary care was reflected in 11 percent of records. Tertiary care includes dressing changes, exercises, or suture removal.

Funding for the homeless clinic has come from various sources over the years. When the NIH Special Projects Grant ended, the MSU College of Nursing took over funding the clinic. When Yellowstone City-County Health Department added a Health Care for the Homeless program in 1993, the College of Nursing established a collaborative relationship with the health department to provide a wider array of services.

The combination of the two clinics increased on-site delivery of both direct medical care as well as prevention services to the homeless population. Primary medical care services include the diagnosis and treatment of chronic diseases. Managing chronic diseases is a natural extension of the clinic's focus on prevention, and nurse practitioners and physician's assistants play an important role in the delivery of these services. Nurse practitioners and physician's assistants provide medical services for both acute and chronic illnesses. Prescriptions are an important component of the health department services. Limited funding is available for those requiring specialty services.

MSU faculty speculated that homeless individuals might prefer direct medical care over prevention services. However, clients have continued to request health screenings and preventive care. Nurses from both MSU and the health department meet every week prior to the prevention clinic to discuss mutual clients. They also coordinate care by phone throughout the week.

Reaching the invisible homeless

A significant number of homeless people are not easily identifiable. Because they are not street people, they often are lost in census counts. These "invisible" homeless include people who are employed but cannot find affordable housing. Employed homeless persons do not match the stereotype of homelessness and seldom manifest problems in public. When the employed homeless can be reached, however, they are open to simple prevention activities, such as monitoring weight, nutrition education, and health screening. They will come to a clinic if it offers services before 7 AM so they can get to work on time.

Other invisible homeless are people who may hide during the day. The clinic staff often finds out about them from other clients who are concerned about their friends living in dangerous, abandoned housing or under trucking docks. As part of the clinic outreach, staff along with student nurses visit these places and talk about preventive care and health care needs with the people there. This outreach is invaluable to nursing students, who have usually not fully recognized that their role extends beyond institution walls.

Now that the Nursing Program is collaborating with the local health department, nursing students usually accompany outreach workers from the Health Care for the Homeless program to see these people.

Benefits for nursing students

Providing primary and secondary health care in a homeless clinic is a unique learning opportunity for nursing students to engage in public health nursing. It allows students to realize how very close to homelessness many people are. The main comment students make is about how much homeless people appreciate their services. In a hospital setting, patients often defer to the staff nurse. In the homeless clinic, the students are the experts, and they gain an appreciation for the opportunity to be a "real" nurse caring for some of society's most challenging health care consumers.

The clinic has proved an important service for those who find themselves without homes. The clinic's focus on preventive care, which recognizes and builds on the resilience and strengths within the homeless population, offers individuals such as Perry H. not only improved health but also the sense of personal control that comes with self-care. ■

Author

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Resources

Wenger C. Levels of prevention in a rural nursing clinic. In: *Conceptual Basis for Rural Nursing*, New York: Springer Publishing, 1998.

Annotated Resources on . . . Special Populations

CDCynergy-Social Marketing Edition. Turning Point. University of Washington. www.turningpointprogram.org.

This CD-ROM provides materials to help public health professionals analyze health problems and plan, implement, and evaluate social marketing programs to address those problems. It contains case studies, commentary from experts, and tutorials for each stage of effective program development.

Emergency Risk Communication for Public Health Professionals. Northwest Center for Public Health Practice, University of Washington. www.nwcpnp.org/erc/.

This self-paced course provides an introduction to planning for an emergency, best practices, creating effective messages, and strategies for interacting with the media and the community during times of crisis.

Lipson JG and Dibble SL (eds). *Culture and Clinical Care*. School of Nursing/UCSF Nursing Press, 2005. nurseweb.ucsf.edu/www/books.htm.

This book offers extensive information about 35 cultural and ethnic groups. Information for each group covers demographics, spiritual/religious orientation, communication, activities of daily living, food practices, symptom management, birth rituals and care, development and sexual issues, family relationships, illness beliefs, health issues, death rituals, and selected references.

Find more annotated resources online at www.nwpublichealth.org.