

2009

Access to Health Care Services: Recommendations for Homeless Shelters from Women Shelter Consumers

Newman, Jennifer

Newman, J. & Walsh, C. A. "Access to Health Care Services: Recommendations for Homeless Shelters from Women Shelter Consumers". 4th Annual Students' Union Undergraduate Research Symposium, November 18-19, 2009, University of Calgary, Calgary, AB.

<http://hdl.handle.net/1880/47642>

Downloaded from PRISM Repository, University of Calgary

Access to Health Care Services: Recommendations for Homeless Shelters from Women Shelter Consumers

Jennifer Newman, Faculty of Medicine
Christine A. Walsh, PhD, Faculty of Social Work
University of Calgary

Literature Review

The link between homelessness, health and the access to health care has been examined, with men most often the focus. The needs and experiences of the homeless vary greatly by gender¹. Women are additionally burdened due to their reproductive and sexual health needs², their higher risk of physical and sexual violence³, and often greater childcare responsibilities⁴. Despite the major health burden associated with homelessness, access to services is insufficient⁵. There are numerous barriers to meeting health care needs². Homeless shelters can provide an important site for overcoming these barriers.

Study Objective

To collaborate with women who are homeless to determine their current access to health care services and provide recommendations for shelter site, situation and service to meet their health care needs.



www.jonathangreenwald.com

Methods

Seventy-six women shelter consumers in six Canadian urban cities: Halifax, Montreal, Ottawa, Toronto, Calgary, and Vancouver participated in individual qualitative interviews about aspects of shelter **site** (built environment), **situation** (community/location) and **service** (on site services). The open nature of the interview allowed women to explore and discuss topics that were not the direct focus of the research such as health and access to health care services.

Participant Characteristics

Age range: 16-65. Average: 37
Ethnicity: Majority Caucasian, Also: African, Caribbean, Aboriginal, Asian, Hispanic
Relationship status: Majority single, Also: Divorced, separated, widowed, and in committed relationships
Pathways into homelessness: Economic disadvantage, Also: Violence and abuse from partners, divorce/widowhood, substance abuse and health concerns.

Acknowledgements

Thanks to the women for sharing their knowledge and stories, and also to the shelters and community agencies across Canada who supported us in speaking with women. Jennifer Newman was supported by the Program for Undergraduate Research Experiences (PURE) award and the study was funded by the Social Science and Humanities Research Council Strategic Grant Homelessness and Diversity Issues in Canada.

Results

Women participants identified numerous concerns regarding access to health care related to homelessness, presented with illustrative quotes.

Barriers:

Lack of access. Women emphasized the importance of having access to a telephone, a physician, and to counselling services.

"It seems like the [access to] doctors are very limited. Yeah, that seems to be the big issue, the family doctors are hard to come by."

Adherence to treatment. Women were often unable to adhere to the treatment regime due to long waiting times and a lack of transportation.

"It was really hard to get methadone; they picked names at random. It wasn't enough and if you tested positive twice, they cut you off."

Shelter problems. The shelter was cited as being a barrier to accessing needed services for some women.

"There was issues where my daughter was missing her doctor's appointments because [...] they lost tons of stuff on me, they lost appointments for me, they cancelled appointments for me."

Counselling. Women emphasized the importance of having a consistent counsellor with whom they could build rapport.

"But the counsellor I have isn't, I think I know more than she does. I was talking to her and she really didn't know which way to go. This lady she's on her high horse. You're not supposed to be like that."

Preventive services. Some women expressed interest in accessing preventive services such as exercise equipment or nutritious meal options as a means of promoting healthy lifestyles that would ultimately impact their overall quality of life while staying at their shelters.

Medication delivery. Medication distributed by shelter staff was noted by some women as impeding their independence and hampering appropriate care. Shelter staff were perceived to be overworked and consequently medication was not always provided according to prescribed treatment.

"It's a good thing I looked in the cup because they gave me the wrong dosage, dangerous, too much"

Facilitators:

Shelter services. The shelter was noted as a positive factor in contributing to women's access to health care services. Specifically, women spoke about the importance of receiving feminine hygiene products, condoms, diapers, formula, respite care and medications as well as on-site access to health care.

"We have a nurse on site. Which I think is wonderful. She's usually here for probably an eight hour day, which is amazing..."

Shelter staff. Women described support from shelter staff as being critical in accessing needed services. This included simply being someone who was willing to listen, providing money for bus tickets or cab fare, and helping to make doctor's appointments.

"It's kind of, it's good to have someone at the same time, it's like having a life coach in a sense. It's kind of like a family so it gives you kind of like a sense of family, so I think that was really helpful because it keeps me focused and helps me."

Counsellors. Counsellors were identified as crucial for women with emotional health issues and was often their primary source of support.

"I feel really, really relieved by talking to the person. I'm saying the counselling is really important because it is relief from long time pressure or something like that because you have a confidential that is the specialty of a person."

Treatment services. On-site treatment services for addictions were recommended by women participants.

Medication distribution. Most study participants were satisfied with shelter staff distributing medication, suggesting it was efficient, safe, and provided support for women who had difficulties complying with treatment regimes.

Situated downtown. Most women felt that the downtown area ultimately acted as a facilitator in accessing services. Critical services such as methadone treatment programs, meal programs, clinics, hospitals and disability offices were situated in the core.



Figure 1: Influences on Access to Health Care Services of Women who are Homeless

Women shelter consumers have complex health needs which need to be addressed by effective health care services. Homeless shelters can facilitate or impede women's access to health care services, and ultimately their health and well being, as indicated in Figure 1.

Recommendations

Site- Shelter design needs to be considered in order to optimize the health care access and health for shelter consumers.

Situation- Shelters need to be situated in a location which provides greater opportunities for "one stop shopping", or the necessary comprehensive care to meet shelter consumers' often complex health needs.

Service- Most of the recommendations to improve access to health care concern the service delivery model. What needs to be improved:

- Access to transportation.
- Access to, and quality of, on-site counsellors for emotional health needs.
- Availability of on-site health care and other treatment services for addictions.
- Access to education about nutrition, disease, health and health care services.
- Training of shelter staff and health care workers about the needs of shelter consumers.
- Collaboration between service providers to provide comprehensive health care regarding prevention, intervention and treatment.



www.thelivingend.files.wordpress.com



Khandor & Mason (2008)³

References

- 1- Walsh, C.A., Rutherford, G.E., & Kuzmak, N. (2009). Characteristics of Home: Perspectives of Women who are Homeless. *The Qualitative Report*, 14 (2), 299-317.
- 2- Gelberg, L., Browner, C.H., Lejano, E., & Arangua, L. (2004). Access to women's health care: A qualitative study of barriers perceived by homeless women. *Women & Health*, 40 (2), 87-100.
- 3- Khandor, E., & Mason, K. (2008, June). The Street Health Report 2007 Research Bulletin #2: Women & Homelessness. *Street Health Report 2007*. Toronto, Ontario, Canada: Street Health; Sistering; Ontario Women's Health Network.
- 4- Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: mental health, support and social care needs. *Health and Social Care in the Community*, 15 (3), 246-253.
- 5- Weinreb, L., Goldberg, R., & Perloff, J. (1998). Health characteristics and medical service use patterns of sheltered homeless and low-income housed mothers. *J Gen Intern Med*, 13, 389-397.