



The New Face of Homelessness: Study of the needs and concerns of homeless women 45-64 years of age

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Introduction

Background

- The number of homeless women has increased nationally, especially among women ages 45-64 years old.
- Homelessness puts many older woman at a disadvantage when accessing healthcare.
- Research with this population could provide insights for practitioners across disciplines including medical, social service, and funding providers.

Aim

The aim of this study is to identify needs and concerns of homeless women ages 45-64 living in the St. Louis area.

Methods

Participants

- Between October and November 2014, 1 focus group with 6 formerly homeless women and 7 face-to-face interviews with currently homeless women between 45-64 years old were conducted.
- Mean age of participants was 55.
- Participants were African American (n=9), white (n=3), and "other" (n=1).

Qualitative Interviews

Questions focused on identifying barriers to healthcare, resources needed, and interactions with providers and healthcare system while homeless.

Sample interview questions:

- What are the barriers you have experienced in accessing healthcare as a homeless woman?
- Can you share an experience where your health care needs were not met?
 - What were some of the things which made it a challenging experience?

Health Survey

- 13 participants completed the health survey.
- Most (69%) of the women reported needing dental insurance.
- Half (50%) of the women reported having no health insurance.
- The women reported many health concerns including heart problems (n=11), troubles with breathing (n=12), stomach issues (n=11), trouble with their vision (n=11), and arthritis (n=11).
- Many of the women had experienced mental health issues (n=10) and domestic violence (n=8) in addition to currently needing substance abuse counseling (n=3).

Results

Preliminary themes related to identifying the needs and concerns of homeless women were coded using a community-academic partnered approach. Exemplar quotes from the major themes are given below.

How Participants Became Homeless

Life events:

"I didn't become homeless years ago because I was married 23 years, I lived in Ohio. And my husband died very suddenly at the age of 46 of an asthma attack on Thanksgiving day. He died in my arms, he was a workaholic, and I was just stunned."

Mental illness:

"I became homeless through severe depression. I was suffering from a mental illness and I became homeless, but when I began to wake up I found me a shelter, a women's shelter to go to and through that alone it helped me find myself a place to live."

Health Status

Sick/ill:

"Unfortunately, I'm not healthy. I'm not healthy mentally, and being homeless really aggravated that quite a bit, as well as my arthritis. I have fibromyalgia, I have bone loss, my teeth are coming out. I have premature cataracts, I have a stressed heart. I have allergy related asthma, COPD, bone spurs in my neck, herniated discs in my back, as well as pinched nerves."

Staying healthy:

"I'm staying off of illegal, illicit drugs. I am also going to each and every doctor that I need to go to. I am proactive on trying to be as healthy as I possibly can with the conditions that I have."

Barriers to Accessing Healthcare

Lack of resources:

"Let me tell you, if you don't have insurance, you're just really out of luck. If you don't have any form of insurance, they don't see you. You will die at Warren's Hospital just trying to get through emergency because they're so slow and ineffective. I'm going to be honest with you, even with having Medicare and partial Medicaid, it's still difficult. Because no doctors, hardly anyone wants to take them."

Flaws in healthcare system:

"The big thing is, you don't always get to see the same doctor so if you have something special, does this doctor even know, sometimes they read your file, but that's a big thing. But that was even when I was in the medical, the HMOs, you're hopping from doctor to doctor and everybody was changing. I got this specific problem, does this doctor even know me? So yes, to be able to see the same doctor."

Social Stigma

Interactions with medical providers:

"It is very difficult because I try to articulate the things that I'm going through, the issues that I have, and my situation. A lot of times, your past is held against you. You don't want to say well I used to drink and I used to do drugs. You don't want to say those things because then, you're looked at like you're still that same individual that has not grown up and not matured."

Healthcare system:

"The people that need the most help are the people that are poor, the people that are homeless, the people that are simple, they don't have the wherewithal and these young kids that are working there, their lack of professionalism, their attitude it stinks. The doctors only give you five minutes. I don't know where they get these people from, but it's wrong. The people that need the help the most ... and they're dying because they're not being followed through. It's not controlled. It's not being thorough and it's wrong. It's just wrong."

Discussion

- Participants reported many health problems, including a number of chronic health conditions such as diabetes and heart conditions that require routine medical care.
- Lack of resources (e.g. health insurance) among this population makes routine medical care difficult to access and increases use of emergency room services.
- Participants express concerns they do not receive quality medical care due to social stigma among medical providers and healthcare staff they attribute to their histories with homelessness, substance abuse, and mental illness.

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