

# Research paper on the culture of homelessness and accessing health care

[Business](#), [Strategy](#)



## INTRODUCTION

The homeless are amongst the vulnerable groups of human beings all over the world. All continents and countries of the world are presently dealing with the challenges posed by the ever rising numbers of the homeless individuals. A homeless person can be simply be defined as" any individual who is absolutely, periodically, or temporarily without shelter, as well as the person who is at substantial risk of being on the street in the immediate future." For decades now, the homeless have found solace in the sidewalks, neighborhood and municipal parks, alleys, and playground that have consequently become their actual homes. In fact the statistics in 2010 indicated that at least one in 50 American children experiences homelessness annually and this figure has been projected to grow exponentially as time goes by. These statistics support the premise that homelessness in the United States of America is a very dreadful and notorious social challenge. This challenge was worsened in the recently experienced global economic recession between the years of 2008 and 2010. In that period, most Americans lost their sources of livelihood and thus eventually their homes due to the inability to meet loan and mortgage repayments. As a result, the homelessness challenge in the country is currently more obvious and tricky.

As earlier mentioned homelessness is a social problem and thus is attributed to the existing disparities in social status. Though, homelessness can be caused by a wide range of factors, economic a disparity in the societal income status is the dominant factor. The other factors that can result to homelessness include domestic violence, war, physical and or emotional

breakdowns, amongst other factors not mentioned in this thesis. The disparities in the societal income status enshrine disparities in both salary remuneration and access to affordable and quality housing units. USA has the most disturbing statistics as far as statistics on economic disparities between the rich and the poor. For instance, the richest 10% Americans have an average income of \$93, 000 while the poorest 10% have an average annual income of \$5, 800. This is worsened by the fact that over 17% of the American population is termed as poor while the percentage stands at 11% in other industrialized countries. This thesis shall consequently examine the culture of homelessness across the globe with focus on access to quality and affordable health care. The scope of the study shall be limited to Canada with allusion to the USA and other industrialized nations if need arises.

## **THE EMERGENCE OF HOMELESS PEOPLE IN CANADA**

Canada is a country of many paradoxes. First of all, the country has an approximate population of 30million people of which 80% of this population is urban. Second, Canada has one of the most stable economies in the world and to this effect is among the few countries that have budgetary surpluses as opposed to deficits. The Canadian healthcare and social system can be ranked as of the best in the world. Despite all this, Canada still faces a risk of being overwhelmed by the homelessness challenge. Presently, the Canadian federal government terms homelessness as a crisis. It must however be clarified that homelessness is a pretty new challenge to the Canadian government and society. This does not dispute the fact there have been Canadians who were homeless and poorly housed since time immemorial.

The number of homeless Canadians increased in the latter years of the 20th century. This is solely attributed to the fact the Canadian government has always been completely committed to providing its citizenry with quality and affordable housing and has put in place support mechanism for the disadvantaged in the society. The most interesting fact in all this is that the government committed to providing quality and affordable housing even though this is not enshrined in the constitution.

The question is: how did homelessness become a challenge and a crisis to the Canadian society? The Canadian homelessness challenge can be traced to as recent as the 1980s and the situation got worse in the 1990s. This was mainly as a result of the economic changes that occurred at the local and global arenas. Specifically, the Canadians experienced policy changes that resulted to trade liberalization and de-industrialization which had a profound impact on the country's economic landscape. The immediate impact was felt by the social and housing services sector and as a result economically disadvantaged Canadians could no longer access affordable and quality housing. As a direct consequence most of these disadvantaged Canadians became homeless and resorted to living on the streets, alleys and parks. However, the largest influx of these Canadians to the streets was as a result of the dismantling the national housing framework in 1993. In this new dispensation, the federal government encouraged the citizenry to own their own houses rather than rely on the government to provide the housing. The government also introduced Canada Health and Social Transfer framework in 1995. The overall effect of this framework was the reduction in government funding especially in the wellbeing of disadvantaged Canadians.

The reduced funding had most impact on healthcare, post-secondary education and social welfare services. This further aggravated the homelessness challenge. These changes that were initially viewed upon as economically predisposed the country to extreme poverty risks. This is because; the low-income earners were unable to cope with this changing economic landscape. Thus, more and more Canadians became susceptible to homelessness and the number of homeless Canadians grew at alarming rate with each passing day. On the other hand, the strategies and measures in place to serve the needs of the homeless were not growing at the same rate and thus the federal government was eventually overwhelmed. This posed a challenge to the provision of essential services such as quality healthcare to the homeless Canadians.

## **HOMELESSNESS AND THE RESULTANT HEALTH RISKS**

Homeless people are subject to numerous health problems. For starters, the homeless are more susceptible to the risk posed by death in general. To this effect, empirical data indicates that the mortality rates among the homeless are 9 and 31 times for the male and female genders respectively as compared to the mortality rates of ordinary Canadians . Also, death rates amongst the homelessness in Toronto are one and a half times higher than the death rates experienced by the homeless in the USA. It has also been determined that the homeless are hospitalized 5 times more than the sheltered citizens and stay in hospital for longer periods than the rest of the Canadian population. As result of a wide range of factors, the homeless worldwide are disease prone. These factors that predispose the homeless to

disease include but are not limited to adverse poverty, difficulty in healthcare access, non-compliance to medical therapy and treatment, mental and cognitive deficiencies and the harmful environmental conditions that the homeless are exposed to as a result of their state. As a result, most homeless people have been found to suffer from ailments associated with scores of years older than them. This implies that even the young homeless Canadians suffer from diseases most prevalent in the elderly citizens. Although the homeless suffer from the same illnesses as the sheltered citizens; the illnesses in homeless Canadians are usually characterized by much worse symptoms.

The most common health disorders among the homeless in Canada include seizures, chronic obstructive pulmonary disease, arthritis and other musculoskeletal disorders. Terminal health conditions such as hypertension, diabetes, and anemia often go undiagnosed and hence untreated resulting to massive losses in life amongst the homeless. Other notorious health disorders include respiratory problems, oral, dental, skin and foot disorders. In fact, skin problems amongst the homeless pose a major challenge to most health care givers all over Canada. These skin disorders include cellulitis, impetigo, venous stasis disease, scabies and body lice. Foot disorders amongst the homeless are attributed to the insufficient footwear, overexposure to moist conditions, walking and standing for lengthy periods of time, hygiene related issues and body tremors. Also, detection of foot disorders amongst the homeless is still in its primitive stages hence most disorders go undetected. These foot related health problems include: areonychomycosis, tinea pedis, corns callouses and immersion foot.

As the years advance, the prevalence of the homeless to contracting tuberculosis (TB) is increasing. In fact, healthcare providers are of the opinion that TB tests should be conducted in all homeless people with severe and persistent coughs. This is because, for the better part of their life, the homeless are exposed to factors that favor the development of TB in their bodies. These include their crowded living quarters, their large populations that are always in transit and the poor ventilation that is a characteristic of their living environment. Research has revealed that most of the current detectable TB cases amongst the homeless are primary cases rather than reactivated older cases. It must however be noted that studies conducted concerning TB infections amongst the Canadian homeless are few. The available statistics concerning the occurrences of active TB in the homeless indicate that non-compliance with treatment directives, prolonged incubation periods before detection and drug resistance have made the fight against the disease more complex. Alcoholism, HIV/AIDS and poor nourishment have also contributed to the worsening of the TB situation amongst the homeless in Canada.

Other dominant health problems experienced by the homeless are related to sex-related disorders. Sexual abuse is one of the factors that push people to the streets. According to research findings, 25% of the homeless people have experienced physical and sexual abuse and is the reason they are on the streets. Thus, a majority of the homeless suffer from reproductive as well as sexual disorders. This is accelerated by the fact that most of the homeless citizens engage in "survival sex" to help cope with their dire situation. In addition to this, the homeless are more susceptible to contracting sexually

transmitted infections (STIs) as compared to the sheltered citizens. Of all the STIs the HIV virus poses the greatest threat to the homeless Canadians. STIs amongst the homeless are common due to the aforementioned survival sex, multiple sex partners, inconsistency in use of condoms and the widespread use of needles to “do drugs.” The homeless are also prone to unplanned pregnancies; this is because they are ignorant and uninformed concerning the available birth control methods. To this effect, presently, 10% of the homeless female aged between 14 and 17 years are pregnant.

Substance abuse is also wide spread amongst the homeless. Alcoholism is the most common form of substance abuse amongst the homeless and accounts for 60% of all drug addictions. The illegal drugs that are commonly abused by the homeless Canadians are cocaine and marijuana. Studies indicate that substance abuse predisposes the homeless to mental as well as emotional disorders. The other common form of substance abuse amongst the homeless is overdose on prescription drugs. Substance abuse amongst the homeless is gender differentiated; men are more at risk compared to women. Finally, physical bodily harm is another common threat to the health of the homeless citizens. Statistics indicate that at the very least 40% of all the homeless in Toronto have been subjected to assault while 21% of the women have been raped in 2011. This causes injuries and if unchecked might result to death amongst the homeless. Other causes of bodily harm amongst the homeless include accidents from fall and cars in general.



## **HOMELESSNESS AND THE HEALTHCARE SYSTEM**

The Canadian health care system unlike the ones in other industrialized nations is structured around the principle of universal health care for all. Despite this, the homeless citizens in Canada still face numerous challenges in their bid to access quality and affordable healthcare. It is important to note that the homeless have more health use needs compared to all societal vulnerable groups. Most of the health needs of the homeless are usually catered for in the emergency departments. A majority of the homeless populace do not own health cards as a result they cannot secure or keep health appointments. Also, if and when the homeless can access health service, this access is characterized by inconsistencies in seeking medical consultations and non-compliance whenever they receive medical instructions. The homeless access Medicare in a discontinuous manner; their migratory nature does allow the health care providers to make follow up visits. Also, lack of permanent address makes liaison between healthcare providers and the homeless citizen strenuous. It is a fact that homelessness is characterized by tough living conditions thus it is always a struggle for the homeless to gain access the basic necessities of life. Thus, as a result, competing needs in the lives of the homeless supersede the necessity of healthcare. In addition, the homeless lack the financial muscle to sustain the dietary standards that normally accompany medical prescriptions. The homeless have also been demoralized by the dehumanization that they are subject to whenever they seek medical care. Whenever the homeless access medical services they are always ignored, rushed, brushed aside, or out rightly treated rudely. Given that we are in the 21st century, this

discriminatory treatment in the Canadian based on societal status is unacceptable. This discrimination occurs both implicitly and explicitly. In fact, there is this perception doing rounds in medical circles that the homeless are “freeloaders.” This stigma that the homeless face whenever they seek medical services is one of the reasons they do not frequently access healthcare in Canada. Thus, the homeless have eventually lost trust and confidence in the health care system and do all they can to avoid reliance on the medical care system. This discriminatory treatment also alludes to a widespread societal intolerance towards the homeless Canadian citizens. This discrimination that the homeless are subjected is worsened by the biases and misconceptions that the health practitioners hold against them. To this effect, the health services that the homeless people normally receive are usually general in nature and narrowly structured and hence prone to gender biases. The Canadian health system for the homeless is structured in a way that it favors men more at the expense of women and children. This implies that most health strategies targeting the homeless are inappropriate and ineffective as far as women and children are concerned. The thesis shall go ahead to stipulate some of the barriers that homeless women specifically face and thus alludes to the fact that the homeless female Canadians are in dire need of differentiated healthcare. Women often face the risk of sexual victimization. This is evident in several ways and they include engaging in commercial sex as a survival strategy, lack of access to contraception and hence they experience unplanned pregnancies. Homeless women experience difficult pregnancies characterized by lack of prenatal and postnatal care, nourishment challenges coupled with exposure to harsh

climatic conditions. These women are also exposed to a violent atmosphere and hence are prone to post-traumatic stress disorder, clinical depression, anxiety disorders, and substance abuse. Homeless women also experience gynecological problems that include fertility issues abnormal vaginal discharge, severe pelvic pain, and skipped periods and breast lumps amongst many other disorders. All the above mentioned challenges are not adequately covered by the current Canadian health care system tailor-cut for the homeless. This further asserts the fact that the health care system is extremely prejudiced not only towards the homeless in general but also to vulnerable groups of the homeless especially women and minors. The discrimination is also evident in the fact that most homeless Canadians suffering from chronic disorders do not have personal or family doctors. This implies that they do not have access to specialized medication needed to manage these kinds of ailments. In fact, homeless citizens with both mental disorders and substance abuse problems do not receive adequate healthcare to enable them cope with their hostile living conditions.

## **MEASURES THAT CAN GUARANTEE THE HOMELESS HEALTHCARE ACCESS**

Given the current inequalities that disfavor the homeless in accessing healthcare, there is need for both the federal and state governments in Canada need to formulate effective strategies to address this. This thesis shall proceed to discuss some of the proposed strategies that will have the most impact in streamlining the Canadian healthcare system. It must be mentioned that most of these strategies have been tested and approved in different part of the developed world. These measures include the following.

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The government can begin by investing heavily in health literacy amongst the homeless citizens. Health literacy is internationally defined as “ the extent to which people have the ability to obtain, understand, and communicate health information and to assess it.” This is a preventive strategy targeted at sensitizing the homeless on the necessity of healthcare services to their holistic wellbeing. For this strategy to be effective, it is necessary that the various stakeholders in the health sector collaborate. This implies that the success of this strategy is not the sole responsibility of the various governments. This can be achieved through the use of Health Promoting School/Coordinated School Health Programs. The sole aim of this strategy is to encourage the homeless to act on social and environmental elements of health.

Another strategy that can be applied to ensure that the healthcare needs of the homeless citizens are met is by using the “ home” and care nursing approach. This is a modified approach of the more common sheltered home and care nursing approach. The term home in this case does not refer to your ordinary shelter because this refers to the space occupied by the patient at the specific time. Thus, the nurses must be educated fully on the need to accept the spaces as homes and the strategies they need to be able to do so. In essence, these homes are the spaces that the nurses and patients psychologically create. This strategy is based on the principle of “ habitus” proposed by, Pierre Bourdieu, a French philosopher and sociologist. This strategy is double-edged in significance. This is so because the homeless get to access healthcare services regardless of where they migrate to and the health practitioners (the nurses) get to learn how treat the

homeless more humanely. Also, treating the homeless in their habitats is beneficial because they now can readily accept the medical care. Finally, the long-term and most effective solution to tackle the challenges posed in the provision of healthcare to the homeless is by tackling the homelessness issue. This implies that the government needs to formulate strategies that target the causes of homelessness. Specifically, these measures should be pegged on addressing social inequality and poverty issues. This can only be achieved through improving income and wages commanded by the people so that they can access better health care. This includes focusing on such initiatives as Modernizing Income Security for Working-Age Adults (MISWAA) program and making the frameworks such as the Ontario Disability Support Program (ODSP) more accessible to the relevant beneficiaries. Finally, for people to live a stable and healthy life, they need access to quality and affordable housing. The government needs to review its housing policies as the current state of homelessness in Canada is as result of breakdown in the policy formulation, implementing and monitoring processes.

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