# Perceptions of Resources and Homelessness

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## Introduction

The World Health Organization (WHO, 2018) report health inequalities are avoidable but need to be recognized and addresses.

The Centers for Disease Control and Prevention (CDC, 2013) state that the first step in remedying disparities and inequalities is to identify the problem.

If the homeless needs are not accurately assessed, then this population is at risk for poorer outcomes.

Knowledge of identified needs would allow non-profit organizations to use their financial resources to provide services where they are most needed.

## Significance of the Problem

The Department of Housing and Urban (HUD) Development's 2017 Annual Homeless Assessment Report (AHAR) to Congress reported that homelessness rose by 1% from 2016 to 2017(Henry, Watt, Rosenthal & Shivji, 2017).

Life expectancy 44 years for homeless versus 78 years for general population (Gerber, 2013).

The homeless population has substantial health disadvantages (Fazel, Geddes, & Kushel, 2014; Nusselder et al., 2013) including mental illness and drug dependence (Fazel, Khosla, Doll, & Geddes, 2008).

### Clients seeking services from a non-profit organization in East Tennessee

## Purpose

The purpose of this project is to identify the priority of needs (spiritual, medical, food, and clothing) of the homeless clients seeking services from a non-profit program in East Tennessee and how this information affects the providers of care.

The focus of this research project is significant for agencies and marginalized individuals, such as the homeless, in order to improve the effective use of agency resources.

## Theoretical Framework
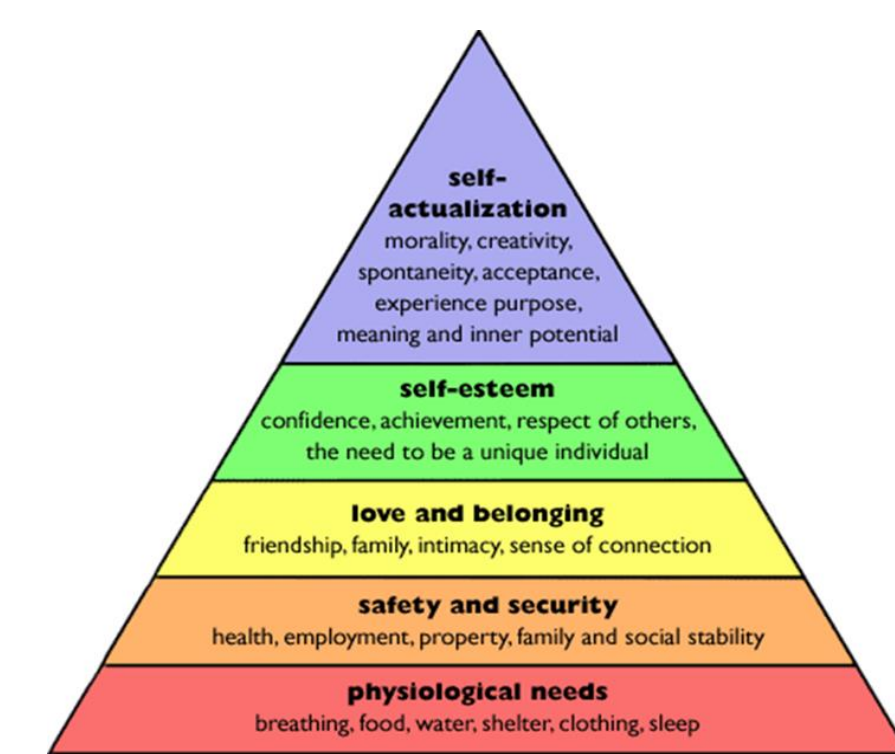
Maslow's Hierarchy of Needs

## Methodology Phase One

Use a convenience sample to administer the "Under the Bridge Data Collection Tool" to clients seeking services from a non-profit organization in East Tennessee

## Methodology Phase Two

Administer the "Under the Bridge pre-intervention collection tool" to the providers of service at a non-profit organization in East Tennessee, present PowerPoint of results, then administer post-intervention data collection tool after PowerPoint

## Data Collection Tools Phase One and Two

## Results from Phase One

Survey Question : Most important service?
UTB August 29, 2018

- Clothing 16%
- Food 41%
- Medical 16%
- Spriritual 27%
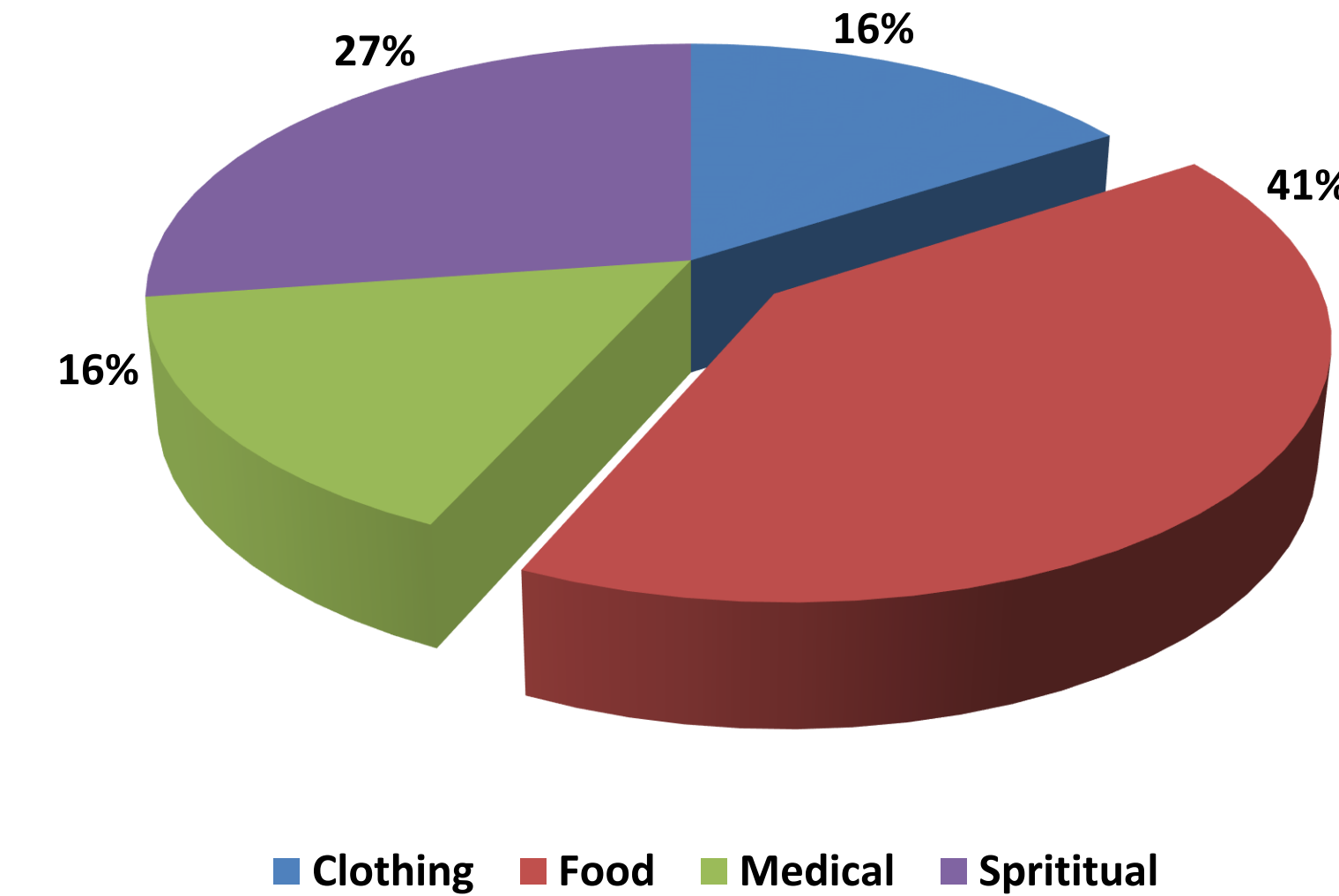
Survey Question: Other Service Needed? UTB August 29, 2018

- Clothing
- Felon Resource 6%
- Food 4%
- Hygiene 29%
- Jobs 7%
- Medical 3%
- Resources 13%
- Spiritual 4%
- Other 9%
- Nice, everything good 3%
- No Suggestion 16%
- 6%
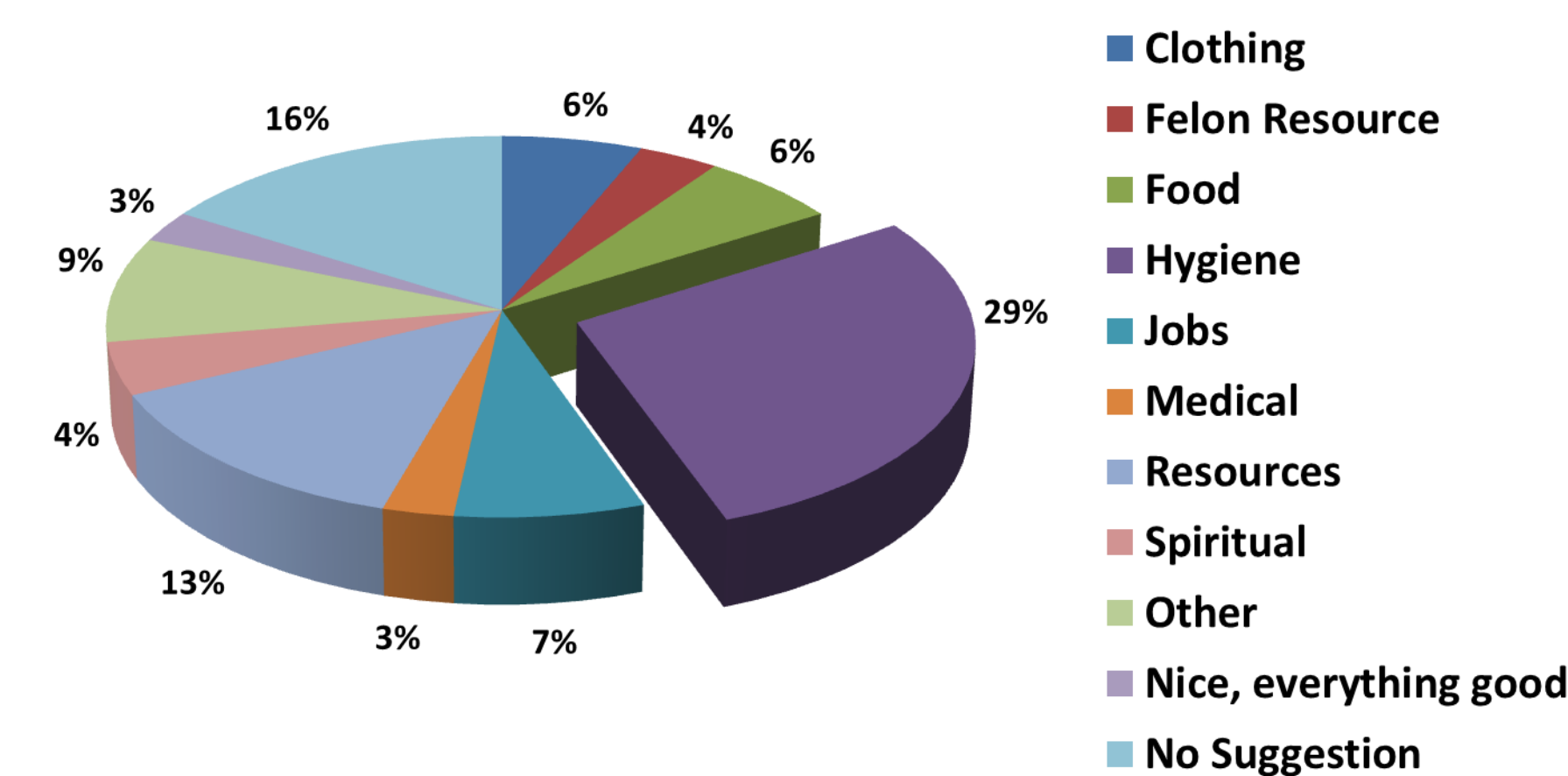
Types of Hygiene Services August 29, 2018

- Bathrooms 32%
- Dental 3%
- Haircuts 7%
- Hygiene 3%
- Laundry 3%
- Showers 52%
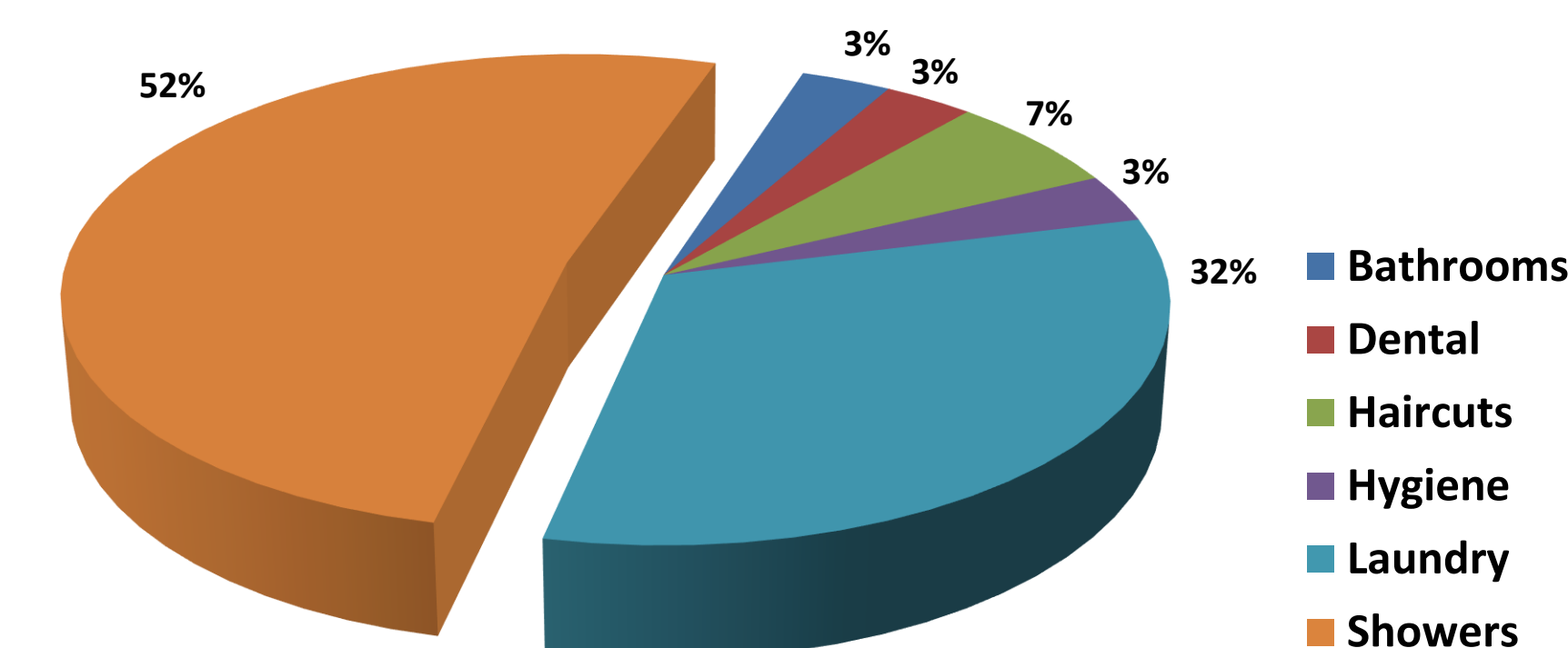
## Results from Phase Two

Phase Two Results of Stakeholders

### Most Important Service

| | Spiritual | Medical | Food | Clothing |
|---|---|---|---|---|
| Pre-test | 4 | 1 | 3 | 0 |
| Post-test | 5 | | 3 | 0 |

### Other Service

| | Hygiene | Career/Job | Resources/Housing | Mental Health |
|---|---|---|---|---|
| Pre-test | 0 | 4 | 2 | 2 |
| Post-test | 2 | 2 | 2 | 2 |

## Implications for Practice

Nurses and other stakeholders, who assess and address the needs of homeless individuals, can contribute to their overall health and achieve health equity.

Advanced practice nurses are situated where they can assess priority of needs for the homeless.

Non-profit organizations benefit from knowing the priority of needs, as stated by their clients in order to improve the allocation of resources.

The homeless clients gain resources from having their priority needs met.

## Discussion and Recommendations

Three outcomes for this research were met.

Priority of needs as described by the clients seeking services from the organization were identifies.

Additional needs not currently provided by the organization were identified.

Minimal change in the stakeholders' perception of needs was noted.

## References

Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis. PloS Medicine, 5(12). https://doi.org/10.1371/journal.pmed.005025

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## Contact information

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