Running head: A DESCRIPTIVE STUDY OF THE PHYSICAL AND MENTAL HEALTH

By

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Abstract

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Intercollegiate College of Nursing

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Chair: Merry Armstrong

Identifying the self-reported healthcare needs of homeless women in Spokane, Washington has become an important issue as this population more than doubled in the past five years. The purpose of the descriptive study was to explore the physical and mental healthcare concerns of sheltered homeless women and their interest in attending informational classes/sessions. The findings from this study support the need for educational sessions held at a shelter related to the self-reported healthcare needs of homeless women.
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Dedication

This research project paper is dedicated to my husband Michael and my parents John and Elaine who provided emotional support and love throughout my graduate studies.
A Descriptive Study of the Physical and Mental Health Concerns of Sheltered Women and Their Interest in Health Information.

BACKGROUND

Homelessness is on the rise despite advanced technology and sociological safety nets. The number of homeless in the United States is estimated to range from 300,000 to millions, and is increasing at an annual rate of 25% (Kline & Saperstein, 1992). Over 13 million people in the U.S. have experienced "lifetime" homelessness which can be defined as sleeping in shelters, abandoned buildings, or bus and train stations (Link et al., 1994). As cited by the (National Coalition for the Homeless [NCH], 2002), a recent study by the Urban Institute estimates 3.5 million people in the United States experience homelessness in a given year. According to the (NCH, 2002) homelessness in the United States has dramatically increased in the past two decades.

Homelessness in Spokane, Washington is on the rise. According to the City of Spokane Human Services (2002), which maintains a count of the unduplicated homeless persons served by relevant agencies in Spokane, 7,700 homeless individuals were identified in 1999, rising to 8,817 in 2001. According to The City of Spokane Human Services Director, J. Shapiro (personal communication, January 14, 2004) 9,246 homeless individuals were recorded in the Homeless Management Information System (HMIS) for Spokane between July 2002 and June 2003. As a result, the necessity to identify and address the prevalent needs, including health issues, of this growing population has become increasingly important.

Women and families make up the fastest-growing segment of the homeless population and women head approximately 90 percent of homeless families (Anderson & Imle, 2001). The number of homeless single women in Spokane more than doubled within the five-year period between 1998 and 2003. In 1998 the Spokane Homeless Coalition identified 868 homeless single women. This number rose to 1,637 in 2000. According to J. Shapiro, City of Spokane Human
Services Director (personal communication, January, 14, 2004), there were 2,016 homeless single women recorded in the HMIS for Spokane between July 2002 and June 2003.

Homeless women without children housed in urban shelters are a largely ignored population (Kline & Saperstein, 1992). In Spokane, the Hope House, a 28 bed local urban homeless shelter, is committed to providing single women without children a safe place to sleep, eat, and shower, regardless of sobriety, mental health status and/or lifestyle. From January 2003 to December 2003, Hope House sheltered 405 women. As a part of the Hope House effort, subsidized studio apartments also are available to women on a space available basis in the interim between finding a job and being able to fulfill requirements for self-sustained housing. In 2003, the 19 apartments were fully occupied and six new apartments were added. Hope House clientele use many of the services at another downtown facility, the Outreach Center, sponsored by the Spokane Regional Health District. The Outreach Center’s primary purpose is HIV/AIDS prevention through AIDS education, one to one needle exchange, and provision of condoms, lubricant, bleach, and alcohol pads. Toiletries and some clothing are also available.

As the number of homeless single women increases, the necessity of learning more about their specific health concerns has become apparent. The project described in this paper began as a result of conversations between the Hope House staff and the researchers because of a common interest of identifying the self-reported healthcare needs of homeless women. The purpose of the study described in this paper was to explore the physical and mental health concerns of homeless women and their interest in attending informational classes/sessions held at the shelter. This paper contains information researchers gathered about healthcare concerns and interests of the homeless women using services at Hope House and the Outreach Center. The interviews and questionnaires completed for this project were a small part of a larger project, which was designed to develop educational sessions in response to the self-identified needs of project participants.

The author’s participation in this project, which began during graduate nursing studies, involved assisting with the development of the interview and checklist topics/questions; arranging
and conducting the interviews; disseminating and collecting the checklists; and collating and organizing the data.

FRAMEWORK

The Health Belief Model (HBM) was used as the framework for this project to guide the development and implementation of the needs assessment and data collection tools. The goal of the needs assessment was to identify homeless women's healthcare needs and other related factors, such as their level of interest and likelihood that they would attend educational classes or sessions, and to collect data for later educational classes.

The model suggests a framework to explore the individual's perception of the threat (susceptible and serious) of certain health problems including the factors that increase or decrease the likelihood of the person taking preventive action. The model concludes that preventive action is the result of sufficient motivation to make health issues relevant, the perceived threat that one is susceptible to serious health problems and that following a particular health recommendation would be beneficial in reducing the perceived threat at an acceptable cost or without significant barriers (Becker, 1974).

In this study the HBM guided the needs assessment and data collection about illnesses or health problems that homeless women perceived as threatening or serious. The needs assessment and data collection tools were structured also to obtain information about what the women perceived as barriers to and potential benefits of attending classes. Posters encouraging the women to participate in the needs assessment and classes were used as cues to action suggested by the model. The goal was to arrange educational classes in such a way that the format, timing and location would be attractive to homeless women so that they would attend. The HBM shaped the review of the literature by providing a framework for the researcher to explore previous research in relevant areas. Figure 1 portrays the HBM as adapted for this study.
**Individual perceptions**  |  **Modifying factors**  |  **Likelihood of action**
---|---|---
Special health issues resulting from homelessness and substance abuse.  |  Homelessness  |
Perceived seriousness or susceptibility of health problems resulting from homelessness  |  Gender  |
  |  Educational level  |
  |  Substance abuse  |
  |  Characteristics of the population  |
  |  Perceived threat of health problem.  |
  |  Benefits=  |
  |  Ability to avoid or reduce health problem.  |
  |  minus  |
  |  Barriers= Commitment, time, energy, and accessibility of classes.  |
  |  Likelihood of participating in project and classes  |
Invitation to participate in needs assessment by researchers and shelter staff.  |
Signs posted to elicit participation in needs assessment and educational sessions/classes.  |

Figure 1. The "Health Belief Model" adapted for the study of the healthcare needs of homeless women.

**REVIEW OF LITERATURE**

Based on the nursing literature reviewed, frameworks used in the field of research on the healthcare needs of homeless women included the Theory of Learned Helplessness (Flynn, 1997) and the Theory of Self-Care (Anderson, 2001). The provision of interventions that provide positive emotional and social support to the homeless in the sheltered setting were common themes found in the literature.

In a study of more than 2500 homeless adults in San Francisco, Calif. (Kushel et al., 2003) found 34% of the participants reported fair or poor health. The literature reflects that physical and mental health problems are more common among homeless women than women in the general population. As found by (Bassuk, Browne, & Buckner, 1996) homeless women experience more chronic physical health problems, such as asthma (22.8 versus 5.4 percent), anemia, (17.5 versus 2.4 percent), chronic bronchitis (7.8 versus 5.8 percent) and ulcers (5.7 versus 1.4 percent) than women in the general population. Hatton, Kleffel, Bennet & Gaffrey (2001) found that homeless individuals experienced communicable health problems such as
hepatitis, tuberculosis, athletes foot, scabies, colds, flu, and sexually transmitted diseases (STDs), including HIV infection.

Kline & Saperstein (1992) estimate that between 30-40% of the homeless are chronically mentally ill, with a higher incidence of psychiatric hospitalizations reported for homeless women compared to homeless men (27.7% versus 14.8%). In a study conducted in four Ohio urban homeless shelters, 43% of women reported a history of substance abuse, and 38% of women reported a history of mental illness (Anderson, 2001). In another study, which examined the characteristics and needs of homeless single adults in New York City’s municipal shelters, mental health and substance abuse problems were reported in 21% of women (Barrow, Herman, Cordova, & Struening, 1999). Bassuk, Browne, & Buckner (1996) found homeless women suffer three times the prevalence of post-traumatic stress disorder (PTSD) than women in the general population and severe depression, substance abuse and suicide attempts are frequently associated with this disorder. Kushel et al. (2003) found 18.5% of homeless women reported having an alcohol problem, 32% of women reported either sexual or physical victimization, 57% of participants including women reported illegal drug use, and 22% reported a lifetime history of psychiatric hospitalizations.

Multiple barriers that prevent homeless women from accessing needed healthcare include psychosocial issues, minimal social support, financial insecurity, lack of transportation, high cost of care, lack of knowledge about where to go and long waits for appointments (Lewis, Andersen & Gelberg, 2003; Wood & Valdez, 1991). Fear of health providers, shame associated with specific health problems, ineligibility for services, and difficulty negotiating entry into the health care system also can be barriers for managing health care concerns (Hatton, 1997).

The most compelling finding in the literature is the need for a focal point of access where homeless persons could find support, information, referral and basic services for their health care needs. Gaps in information exist in the literature such as the self-reported healthcare issues of importance to homeless single women. Information regarding homeless women's interest in
attending classes/sessions or other forms of education on specific healthcare topics held at a shelter was absent from the literature. The gap in information supports the need for this study, which explores the self-identified physical and mental healthcare information needs of homeless women and their interest in attending classes at the shelter.

METHODS AND PROCEDURES

A descriptive design was appropriate for this project. Information was obtained through interviews and completion of checklists from the women using the Hope House shelter and the Outreach Center. Some women participated in subsequent educational classes or sessions.

The facility manager and the researcher spoke to the women about the project. Signs inviting the women to participate in a survey and complete the checklists were placed in convenient locations at both facilities. Researchers spent one day at the Outreach Center personally asking the women to complete the checklists and helping them with reading the questions. Chap Sticks donated by nursing students were distributed to those women who completed the checklist and anyone else who requested them. The convenience sample included 11 adult homeless women who lived in the apartments or used the overnight services at the Hope House and 15 adult homeless women who used services at the Outreach Center. Seven of the 26 women also agreed to be interviewed regarding information about their lives and healthcare related issues.

Measurement and Instrumentation

The instruments used were developed based on constructs of the HBM; seriousness, susceptibility, perceived benefits and barriers, and on information provided by the shelter staff that was knowledgeable regarding the health problems of the women using the shelter (personal communication, September, 2001). The women identified problems such as dental abscesses/pain, bronchitis, asthma, diabetes, back pain, foot problems and stomach ulcers. Substance abuse and sexually transmitted diseases were also identified as issues for this population. An interview form and a health topic checklist were created. The interview form was
Health Concerns of Homeless Women

pre-tested on two of the women in the overnight shelter and several alterations were made. Changes included omitting questions that may have been perceived to be judgmental or had a moral undertone, such as marital status and religious affiliation. The checklist was not pre-tested.

**Forms and Questionnaires**

Two forms were created:

1. The **ICN-WSU College of Nursing Hope House Long Term Resident Interview Form** was an interview guide that included questions related to specific physical and mental health topics and areas of potential interest for health education. It consisted of thirty-seven open-ended questions, which focused on the background of individuals and their interest in healthcare information, general health, mental health, physical health, substance abuse, access to care, dental care, nutrition, and suggestions for other women to improve their lives (See Appendix A).

2. The **ICN-WSU College of Nursing Hope House Health Promotion Needs Assessment Checklist** was a questionnaire that listed topics, which could be offered in classes or informal sessions on health issues and problems that were of interest to the women. There were 48 subcategories listed under larger categories of nutrition, women’s health issues, common health problems, mental health, parenting, dental, specific health problems and medications. The participants were asked to rate their interest in classes or informal sessions on the subjects listed. Choices were: not interested, somewhat interested and very interested. Participants were asked to respond to additional questions describing the type of class, day(s) of week and time the participant would be most likely to attend classes or sessions (See Appendix B).

The women’s interview responses were recorded on paper by the investigator during the interviews. Interviews averaged 1.5 hours to complete and the checklist-averaged 20 minutes to complete. Two persons tabulated the results of the checklist and assisted in the interpretation of
the interviews. The level of measurement obtained was nominal for the interview form and ordinal for the checklist.

*Human Subject Review*

The Washington State University (WSU) Institutional Review Board approved the study for human subject participation. (See Appendix C).

*Data Collection and Management*

Data were collected through interviews conducted by contacting the participants to set up a time and place that was convenient for them. All the participants from the Hope House chose that location as the place where they wanted the interview to take place. The majority of the interviews were conducted in the participants’ apartments; others were conducted in the lounge area at the Hope House. The majority of the interviews were conducted in private and notes were written on the interview form by the researcher.

The women who participated in the interviews completed the checklist, and both the overnight guests of the Hope House and women using the Outreach Center were asked to complete the checklist, which was placed in convenient locations at each site. The women were asked to place the completed checklist in a sealed box. Eleven women from the Hope House and fifteen women from the Outreach Center completed the checklist in the months of March 2002 through September 2002.

Data management was accomplished by two researchers sorting data from the interviews into like categories and tabulating scores from the checklists. One of the research assistants summarized the interview content into frequencies. The questionnaire/interview like answers were grouped and unique answers were represented.

**RESULTS**

*Interviews*

The researcher asked seven women living in the apartments at the Hope House open-ended questions about themselves and their lives. Six of the 7 women had been living at the Hope
House for less than two years, one woman for four years. Prior to coming to live at the Hope House, four women had lived on the streets, two women had lived in transitional housing and one woman had lived in a rental apartment. Going back 3 years, five women recounted living in homes with significant others and two women said they were in detox.

Six of the seven women said that either a social worker at a local woman's day center or the case manager at the Hope House had made it possible for them come to live there. Changes in their lives were reported as sobriety, giving up control and positive attitude, making it possible to move to the Hope House. All the women expressed an interest in learning more about a variety of healthcare subjects such as women's health issues, pain management, stress management and nutrition.

Usual day. Four women described a usual day as going to AA meetings and volunteering at the shelter or other businesses, two women attended school, and one woman stayed in her apartment.

General health. Four of the seven women reported their general health as fair and the other three women reported their general health as good. The term healthy meant different things to each of the women including being free from pain, anxiety and fear; mentally and physically well; eating the right foods and exercising; not having any thought of my body at all; and having the energy to get through the bad times.

Physical health. Aspects of physical health which caused these women the most trouble or worry were dental problems, arthritis, hormonal imbalance, liver disease, insomnia and headaches.

Chronic health problems. The majority of the women reported depression and upper respiratory infections as the most common chronic health issues. Other chronic health problems included allergies, migraines and hepatitis C. Most of the women took prescription medications for their chronic illnesses.
Mental health issues. Three of the biggest concerns voiced were worries about their financial situation, children and the future. Others included “not being loved,” “not fitting in,” and “being misunderstood”. Mental health issues that caused the women the most trouble included depression, mood disorders and PTSD. Three of the women reported they were the most worried about going crazy; three women reported their greatest worries as depression and stress.

Most of the women reported talking to counselors and sponsors about the things that upset or stressed them. Two of the women reported talking to their pets to relieve stress. All of the women reported doing solitary activities such as reading, playing with pets, resting and/or baking to help them cope with stress. All of the women had received mental health counseling, with the majority receiving services through a local mental health center. Six of the seven women reported taking antidepressants.

Substance use. Six of the seven women reported sobriety. One woman reported drinking alcohol one week ago and two women reported occasional marijuana use. Five of the seven women had been in drug or alcohol treatment and reported a good experience overall.

Access to care. Four of the seven women reported receiving health care from a low cost clinic or urgent/emergency care. Two women had a private physician. One used the Veterans Administration Hospital (VA). The women using the low cost clinic and the VA were unsatisfied with the care and services. Comments included: “It’s like an assembly line” and quality of the help was poor. Women who had a private physician were satisfied with the care they received. The women reported things that get in the way of accessing health care services included no insurance, depression, distance, and procrastination. Suggested ways to enable themselves to get health care sooner included an onsite clinic at the shelter, insurance, and education about available services. The women reported getting their prescription medications with medical coupons or from free clinics. Most of the women reported they could not afford to pay for over the counter medication and vitamins/herbs.
Dental Care. All of the women reported lack of routine dental care because they did not have dental insurance and/or money to pay for these services. Two women had dentures and the others reported getting abscessed/problem teeth pulled at the low cost clinic. Six of the seven women needed glasses and received glasses through state funding or low cost programs.

Nutrition. All seven women reported that they ate meals in their apartment. Six of the seven women reported their biggest concerns about getting healthy foods were cost and not getting enough fresh foods.

Suggestions for other women to improve their lives. Suggestions were to take responsibility for your actions and get help from social programs. The women reported that to have “faith and believe in you” and “never give up” were the most important lessons learned in life’s struggles. Faith in God and family gave most of the women the strength to keep going. Three of the seven women reported needing education to have a better life. Others reported that staying sober and reaching for goals was important to improve their lives.

Needs Assessment Checklist

Eleven women using services at the Hope House and fifteen women using services at the Outreach Center completed the checklist. The health related topics of interest and the numbers of women from the Hope House shelter and Outreach Center whom expressed an interest in those topics are shown in Table 1. The asterisk represents the number of women in that particular setting who indicated they would be most likely to attend a class on the topic.

Table 1
Interest Expressed in Health Topics

<table>
<thead>
<tr>
<th>TOPICS OF INTEREST</th>
<th>HOPE HOUSE N=11</th>
<th>OUTREACH CENTER N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding inexpensive nutritious food</td>
<td>10 (3*)</td>
<td>14</td>
</tr>
<tr>
<td>Low fat foods</td>
<td>8 (2*)</td>
<td>9</td>
</tr>
<tr>
<td>TOPICS OF INTEREST</td>
<td>HOPE HOUSE N=11</td>
<td>OUTREACH CENTER N=15</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>How to avoid food poisoning (safe food storage)</td>
<td>6 (1*)</td>
<td>13 (1*)</td>
</tr>
<tr>
<td>Diet during substance abuse recovery</td>
<td>6</td>
<td>10 (1*)</td>
</tr>
<tr>
<td><strong>WOMENS HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammograms and Pap smears</td>
<td>7 (1*)</td>
<td>13 (2*)</td>
</tr>
<tr>
<td>PMS</td>
<td>5 (1*)</td>
<td>8</td>
</tr>
<tr>
<td>Irregular or heavy periods</td>
<td>6 (1*)</td>
<td>6</td>
</tr>
<tr>
<td>Hormone balance</td>
<td>8 (2*)</td>
<td>12</td>
</tr>
<tr>
<td>Menopause</td>
<td>4 (2*)</td>
<td>11 (2*)</td>
</tr>
<tr>
<td>Avoiding sexually transmitted diseases (STD)</td>
<td>7 (1*)</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>HIV/AIDS prevention</td>
<td>5</td>
<td>12 (2*)</td>
</tr>
<tr>
<td>Preventing bladder infections</td>
<td>5</td>
<td>11 (1*)</td>
</tr>
<tr>
<td>Getting treatment for STD</td>
<td>4</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>Vaginal health</td>
<td>7 (1*)</td>
<td>11</td>
</tr>
<tr>
<td>Avoiding sexual abuse</td>
<td>6</td>
<td>11 (1*)</td>
</tr>
<tr>
<td>Sexuality</td>
<td>6 (1*)</td>
<td>10</td>
</tr>
<tr>
<td><strong>COMMON HEALTH PROBLEMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing pain</td>
<td>8 (2*)</td>
<td>12 (4*)</td>
</tr>
<tr>
<td>Dry skin, rashes, and scabies</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Foot pain</td>
<td>8 (1*)</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>Back pain</td>
<td>9 (2*)</td>
<td>13 (2*)</td>
</tr>
<tr>
<td>Street safety</td>
<td>6</td>
<td>10</td>
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<tr>
<td>Infections</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>How to talk to your doctor</td>
<td>7</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>Athletes foot</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Body odor</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding relapse</td>
<td>10 (1*)</td>
<td>11 (1*)</td>
</tr>
<tr>
<td><strong>PARENTING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal behavior for different ages</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Effective discipline</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Common childhood health problems</td>
<td>4 (1)</td>
<td>9</td>
</tr>
<tr>
<td><strong>DENTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abscesses</td>
<td>8 (3*)</td>
<td>8 (1*)</td>
</tr>
<tr>
<td>TOPICS OF INTEREST</td>
<td>HOPE HOUSE N=11</td>
<td>OUTREACH CENTER N=15</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Toothaches</td>
<td>9 (2*)</td>
<td>8</td>
</tr>
<tr>
<td>Infections in mouth</td>
<td>8 (2*)</td>
<td>9</td>
</tr>
<tr>
<td><strong>SPECIFIC HEALTH PROBLEMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body/Head lice</td>
<td>3 (1*)</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>Skin infections</td>
<td>4</td>
<td>10 (1*)</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise and diabetes</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>How to improve diet</td>
<td>4 (2*)</td>
<td>11 (3*)</td>
</tr>
<tr>
<td>Managing medications for diabetes</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Signs of high and low blood sugar</td>
<td>6</td>
<td>8 (3*)</td>
</tr>
<tr>
<td>Avoiding sores and infections</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using inhalers right</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Differences in medications</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Coughs and colds</td>
<td>7 (1*)</td>
<td>7</td>
</tr>
<tr>
<td>Coping with heat/Avoiding dehydration</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Eye infections</td>
<td>6 (1*)</td>
<td>4</td>
</tr>
<tr>
<td><strong>MEDICATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What should be refrigerated</td>
<td>5 (1*)</td>
<td>7</td>
</tr>
<tr>
<td>How long can you keep medications</td>
<td>5 (1*)</td>
<td>7</td>
</tr>
</tbody>
</table>

(*) Number of women who indicated they would be most likely to attend a class on the topic.

DISCUSSION

The participants and sites for data collection were easily accessible and the facility managers were helpful in recruitment and facilitating participation. A lack of initial spontaneous response by the homeless women in filling out the checklist forms necessitated encouragement by the researchers and shelter staff to gain the women’s participation. The assessment tools, developed using the HBM as a guide, were effective in capturing necessary data which was used to identify the women’s healthcare needs and other factors such as their level of interest and
likelihood that they would attend educational classes or sessions. The assessment tools also were useful in identifying the format and timing of classes preferred by the women.

A major difference noted in the data was that the women at the Outreach Center expressed a greater interest than the women at the Hope House in the topic areas related to HIV/AIDS prevention; avoiding and getting treatment for STDs; avoiding sexual abuse; preventing bladder infections; vaginal health; mammograms; Pap smears; body/head lice; skin infections; management of diabetes; how to avoid food poisoning (safe food storage); and nutrition during substance abuse recovery. The differences in the level of interest among various topics may reflect diverse living circumstances of both groups.

The majority of women from both settings identified that they would be most likely to attend an informal class with unlimited number of participants held on weekdays in the evening for approximately one-hour. The topic of the class was identified as the most important thing in deciding whether or not they would attend a class/session. Other deciding factors were convenience and location of the class.

The information obtained from participants regarding their learning needs and preferences on session structure and timing directed the intervention phase of the project. The intervention phase included promotion and provision of classes or informal sessions by nursing professionals or professionals in allied fields in areas of interest that were identified by the women. Classes/sessions for specific health related topics/concerns have been held at the Hope House Shelter since January 2003. Posters were placed at the shelter to inform women of the topics, date and time of the class. Class schedules were coordinated with the shelter manager to avoid time conflicts and encourage participation. Topics of classes held at the shelter have included “Hormone Balance” and “How to Talk to Your Healthcare Provider”. Participation was fair for the first session and good for the second session. The participants were asked to complete a one-page questionnaire/evaluation after each class. Feedback from the participants was positive
regarding content and understandability of the information presented, time of the class, and the overall program.

**IMPLICATIONS**

Nurses are uniquely positioned to develop clinical interventions to facilitate the delivery of health care and improve health outcomes among homeless women (Hatton, 1997). This may be an area of practice appropriate to masters prepared nurses. For the project discussed in this paper, graduate-nursing students assisted with the preparation, assessment and evaluation phases. Graduate nursing students and faculty plan to present information on the healthcare topics of interest to the homeless women at the shelter. The experience of working with homeless women to identify important healthcare needs and conduct classes on related subjects provided a valuable learning experience for the students and faculty involved in the project.

The time commitment for the interview, perceived difficulty filling out the checklist and revealing personal information to strangers may have been barriers to participation in the project. The researchers helped some of the women fill out the checklist for a variety of reasons, including lack of comprehension and short attention span. The sheltered women who volunteered to participate in the project might have experienced a higher level of functioning and/or acceptance in terms of their homelessness and current living situation than those women who needed additional encouragement or did not participate.

Findings from this study were congruent with the review of the literature. Physical and mental health issues such as respiratory conditions, hepatitis, STDs, substance abuse and depression were common problems for homeless women. Health issues of concern identified by the women that were not well addressed in the literature included chronic back/foot pain and dental problems, such as toothaches and abscesses. The discrepancies in the health problems identified by the women at the Outreach Center compared to the women at the Hope House reflected their increased exposure to STDs, substance abuse and transient living conditions. Nursing interventions targeted towards meeting the healthcare needs of homeless women are
necessary and relevant as demonstrated by the findings from the literature and this study. The researchers attempted to minimize barriers such as lack of transportation, minimal social support, and financial insecurity that prevent homeless women from accessing health care services by holding free educational classes/sessions at the shelter. Luck et al. (2002) found providing a variety of services at a single site enhanced access to health care for homeless persons with limited transportation. Lewis et al. (2003) found homeless women preferred to have a variety of health preventive services offered at the same location. Hatton et al. (2001) also articulated the need for increased community health nursing services in homeless shelters including health assessment and health education. This project was a beginning effort to provide ongoing health education in a shelter.

The findings from this study will be added to the body of knowledge on homeless women and healthcare to contribute to our knowledge about community based programs that provide social support and health promotion programs to this population.
Health Concerns of Homeless Women

References


Appendix A

Health Concerns of Homeless Women - 19 -

Intercollegiate College of Nursing – WSU College of Nursing
Spokane, WA  Spring 2002

Hope House
Long-Term Resident Interview Form

1. How long have you been living at Hope House?
2. Where were you living before you came to Hope House?
   And where—before that? (Go back about 3 years).
3. What is your usual day like?
4. How did you come to be living in Hope House?
5. Were there any special happenings or people that you think made it possible for you to come to live in Hope House?
   What or who were they?
6. What changes in you do you think made your move to Hope House possible?

General Health

7. On a scale of 1 to 10, with 1 being terrible and 10 being excellent or great, how would you rate your overall health?
8. What does it mean to you to be healthy?
9. What aspects (or parts) of your health or well being cause you the most trouble or worry?
   Physical health?
   Mental health?
10. Is (that) bothering you right now? (If yes) Tell me more about that.
11. If you could change one thing about your health, what would it be?
12. What worries you most about your physical health?
13. Where do you usually eat?
   a. What concerns do you have about getting enough “healthy” food?
14. What worries you most about your mental health?

15. What health problems have you had in the past that you think are chronic or that you have had over and over again?
   (How long have you had ___________)
   (What do you do to take care of ___________)
   (What medicines do you take for ___________)

16. What prescription medicines are you taking now?

17. What drugstore medicines are you taking now? (Name, dose, frequency if available)
   Do you take any vitamins, supplements or herbs? Which ones?

18. If you need medicine, where do you usually get it?

Mental Health

19. What are your three biggest concerns, stresses, or worries?

20. Who do you usually talk to about the things that upset or stress you?

21. Tell me about the things you do to help you cope with your stress?

22. Have you ever had mental health counseling? Tell me about that.

23. Are you taking any medicine for mental health problems?
   Which ones (medications)?
   Where do you get your medicine?

24. Tell me about your drinking.
   How much do you drink per day? Per week?

25. Tell me about your street drug use.
   What have you used most recently?
   What have you used a lot of?

26. Have you been in drug or alcohol treatment? What was that like for you?
Health Concerns of Homeless Women

Health Care

27. Where do you go for help when you are sick?
   Are you satisfied with the care you get there?

28. What gets in the way of getting health care?

29. What would help you get health care sooner?

30. Where do you go for help when you have problems with your teeth?

31. Do you need glasses?
   How do you get new ones when you need them?

Other

32. What suggestions would you give to other women who would like to be able to improve their lives?

33. What is the most important thing you have learned in your struggles?

34. What gives you strength to keep going?

35. What do you need to have a better life?

36. What are you curious about or would you like to know more about regarding illness or health care for yourself?

37. Are there specific health topics you want to hear about?

Is there anything else you would like us to know?

If you have any health concerns right now I can provide you with information about them. Or, I can give you a referral to the ICN Clinic at the YWCA.
Please help us, so we can help you!

WSU College of Nursing faculty and students have been asked to help Hope House residents and overnight guests learn more about health problems and issues that concern them. We can hold classes or meet with small groups and individuals at Hope House at times that would be best for you. BUT, we want to make sure we provide the kinds of information that you really want and need. Please take a few minutes to answer the questions on the next few pages so we will know the types of classes, discussions, or information you want and the health learning opportunities you would be most willing to attend.

All information you give us will be confidential. No one except the WSU nursing students and faculty will see your checklist. You do not need to put your name on the checklist. The information from your checklist will be combined with that from checklists completed by others when we are finished talking with Hope House residents and guests about their health needs. You do not have to complete the checklist if you don't want to. You can stop completing the checklist at any time and not answer any individual question(s) that you don't want to answer. Whether or not you complete the checklist will have no effect on the services you receive from Hope House.

There is little or no potential risk to you if you participate in the needs assessment. Some people may become anxious about recognizing health needs they were aware of by filling out the checklist. Important potential benefits of completing the checklist are that we might be able to offer you information and learning opportunities that could help you improve your health. In addition, we might learn things from the needs assessment that help ICN nurses and other health care providers help residents and guests in other facilities like Hope House.

By completing this checklist, you are indicating that you understand the purpose of this needs assessment, your rights as a participant in the needs assessment, and that you agree to participate.
If classes or informal sessions on health issues and problems were held at Hope House, how interested would you be in learning about:

(Place a ✓ or a X in the column that describes how interested you are in the topic.)

<table>
<thead>
<tr>
<th>Interested</th>
<th>Not Interested</th>
<th>Somewhat Interested</th>
<th>Very Interested</th>
</tr>
</thead>
</table>

**Nutrition**

- Finding inexpensive nutritious food
- Low fat foods
- How to avoid food poisoning (safe food storage)
- Diet during substance abuse recovery

**Women's Health Issues**

- Mammograms and Pap smears
- PMS (premenstrual symptoms)
- Irregular or heavy periods
- Hormone balance
- Menopause
- Avoiding sexually transmitted diseases
- HIV/AIDS prevention
- Getting treatment for STDs (sexually transmitted diseases)
- Preventing bladder infections
- Vaginal health
- Avoiding sexual abuse
- Sexuality

Please put a ✓ next to the 3 or 4 topics listed above that you would be most likely to attend a class on.
(Place a ✓ or a X in the column that describes how interested you are in the topic.)

<table>
<thead>
<tr>
<th>Interested</th>
<th>Not Interested</th>
<th>Somewhat Interested</th>
<th>Very Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Health Problems</strong></td>
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<tr>
<td>Managing pain</td>
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<tr>
<td>Dry skin, rashes, scabies</td>
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<tr>
<td>Foot pain</td>
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<td>Back pain</td>
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<td>Street safety</td>
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<td>Infections</td>
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<td></td>
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<tr>
<td>How to talk to your doctor</td>
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<tr>
<td>Burns</td>
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<td>Athletes foot</td>
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<tr>
<td>Body odor</td>
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<tr>
<td><strong>Mental Health</strong></td>
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<tr>
<td>Avoiding relapse</td>
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<tr>
<td><strong>Parenting</strong></td>
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<td>Normal behavior for different ages</td>
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<td>Effective discipline</td>
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<tr>
<td>Common childhood health problems</td>
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<tr>
<td><strong>Dental</strong></td>
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<td>Abscesses</td>
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<td>Toothaches</td>
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<tr>
<td>Infections in the mouth</td>
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<td></td>
<td></td>
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</tbody>
</table>

Please put a • next to the 2 or 3 topics listed above that you would be most likely to attend a class on.
(Place a ✓ or a X in the column that describes how interested you are in the topic.)

<table>
<thead>
<tr>
<th>Interested</th>
<th>Not Interested</th>
<th>Somewhat Interested</th>
<th>Very Interested</th>
</tr>
</thead>
</table>

**Specific Health Problems**

- Body lice
- Head lice
- Skin infections
- Diabetes
  - How to improve diet
  - Exercise and diabetes
  - Managing medications for diabetes
- Signs of high and low blood sugar
- Avoiding sores and infections
- Asthma
  - Triggers
  - Using inhalers right
  - Differences in medicines
- Coughs and colds
- Coping with heat / avoiding dehydration
- Eye infections

**Medications**

- What should be refrigerated?
- How long can you keep medicines?

Please put a • next to the 2 or 3 topics listed above that you would be most likely to attend a class on.
What topics not listed above would you like to learn more about?

Please put a ✓ or a ✗ next to the statements below that describe the type of class you would be most likely to attend:

Type:

_____ I’m not interested in any sessions of any kind

_____ Formal class with unlimited number of people

_____ Informal classes with just a few people

_____ Classes that are mostly informal discussion

_____ Individual discussion with a nurse

_____ Doesn’t matter to me

Comments:

Day of the Week:

_____ Weekday

Which day? _____________

_____ Weekend

Which day? _____________

Comments:

What time of day would you most likely attend a class?

_____ Morning

_____ Afternoon

_____ Evening

Comments:

How long do you think a class should usually be?

_____ Half hour

_____ 1 hour
More than 1 hour

Other

Comments:

What is the most important thing for you in deciding if you will attend a class or session?

Anything else you would like to tell us:

Thank you very much for taking the time to help us!
Appendix C

Washington State University College of Nursing
Spring 2002

Hope House Health Promotion Needs Assessment
Interview Consent Form

WSU College of Nursing faculty and students are conducting a needs assessment research project to learn about health problems and issues that concern Hope House residents and overnight guests. The information in this consent form is provided so that you can decide whether you wish to participate in this study. It is important that you understand that your participation is completely voluntary. This means that even if you agree to participate you are free to withdraw from the study at any time, or decline to participate in any portion of the study, without penalty. You do not have to answer any individual question(s) that you don’t want to answer. Whether or not you complete the checklist will have no affect on the services you receive from Hope House.

If you agree to participate in the study, an ICN graduate student or faculty member (Dr. Merry Armstrong or Dr. Kris Miller) will contact you to set up a time and place for the interview that is convenient for you. Your name will be given a code number and the list with names and code numbers will be stored in a locked file. Only the code number will be used to identify you and your responses from that time on in the study.

No one will be present at the interview or able to hear the interview except you and the interviewer. The interview will take approximately 30 to 45 minutes. The interview will not be tape recorded, so the interviewer will make notes during the time you are talking to make sure that she can remember all the points that are important. The notes from the interview will be stored in a locked file cabinet and no one will see them except the ICN faculty and graduate students. Your answers to the questions will be combined with those of others so there will be no way to identify which responses are yours.

Some people may become anxious if they recognize health needs they were not aware of by answering some of the questions in the interview. All of the nurses conducting interviews have information they can give you if you become concerned about health problems and they can also refer you to the ICN People’s Clinic for additional help. Important potential benefits of participating in the study are that we might be able to offer you information and learning opportunities that could help you improve your health and we will learn things from the study that will help health care providers develop better services and programs for people who reside in or use community shelters.
This study has been reviewed and approved by the Institutional Review Board of Washington State University. If you have questions about the study please feel free to contact Dr. Kris Miller (324-7251), Dr. Merry Armstrong (324-7257). Thank you for your time!

Dr. Kris Miller  
324-7251

Dr. Merry Armstrong  
324-7257

CONSENT STATEMENT:
I have read the above comments and agree to participate in this study. I understand that if I have questions or concerns regarding this project I can contact the investigators at the above location or the WSU Institutional Review Board at (509) 355-9661.

Participants signature  
Date

Printed name