

# Physical Disability, Homelessness, and Health

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# Acknowledgement

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- Agency for Healthcare Research and Quality
- ILH Housing and Support Services for People with Physical Disabilities
- Study Participants
- Staff from homeless shelters

# Background

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- Previous research shows
  - People with physical disabilities are often described as having “thinner margin of health”<sup>1</sup>
  - Substandard living environments have shown to be associated with poor health conditions among
    - general population
    - homeless people
    - older adults
    - people with serious developmental and mental illnesses
  - Implication: any “misfits” between individuals and their environments can lead to adverse health outcomes
  
- Little is known about
  - People with physical disabilities living in a homeless shelter
  - How living conditions affect their health and access to health care and social services

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<sup>1</sup> Institute of Medicine (IOM). (1991). *Disability in America: Toward a national agenda for prevention*, eds. A. Pope and A. Tarlov. Washington, D.C.: National Academy Press.

# Objectives

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- To understand ...
  - Characteristics of people with physical disabilities living in homeless shelters
  - Health and physical functioning
  - Services and supports they needed but didn't receive
  - Barriers to needed health care and services
  - How living environments contribute to health and access to health care and social services

# Methods

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- Target study participants
  - 18-64 years old
  - Used an assistive device or technology for ambulation
  - Lived in a homeless shelter in the District of Columbia (DC) or on the street
  - Recipients of DC Medicaid, DC Health Alliance, or no health insurance
  
- Recruitment efforts
  - Contacted each shelter by phone, letter, e-mail, in-person visit
  - Distributed flyers at train or subway stations, soup kitchens, etc.

# Methods (Cont.)

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- In-person interview (09/2006-07/2007)
  - 1/2 hour - 3 hours (Ave. 45 minutes)
- Semi-structured questionnaire
  - Socio-demographics, self-perceived health status, physical functioning, access to care and services, housing and neighborhood
- Interview Locations
  - Homeless shelters, soup kitchens, or on the street
- Remuneration
  - \$20 gift card per complete interview

# Characteristics of Study Participants (N=84)<sup>2</sup>

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	<u>Ave. (SD)</u>	<u>Percent</u>
<input type="checkbox"/> Age (year)	52.5 (7.4)	
<input type="checkbox"/> Male		76.2
<input type="checkbox"/> African Americans/Black		91.7
<input type="checkbox"/> Marital status		
<input type="checkbox"/> Single/never married		38.1
<input type="checkbox"/> Divorced		31.0
<input type="checkbox"/> Education		
<input type="checkbox"/> Grade 12 or GED		36.9
<input type="checkbox"/> Some college or technical school		32.1
<input type="checkbox"/> Medicaid recipients		70.2
<input type="checkbox"/> Lived in current shelter <5 years		92.6
<input type="checkbox"/> Lived in a house/apartment prior to shelter		67.5

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<sup>2</sup> 13 shelters, 1 on the street

# Main Reasons for Moving to Shelters

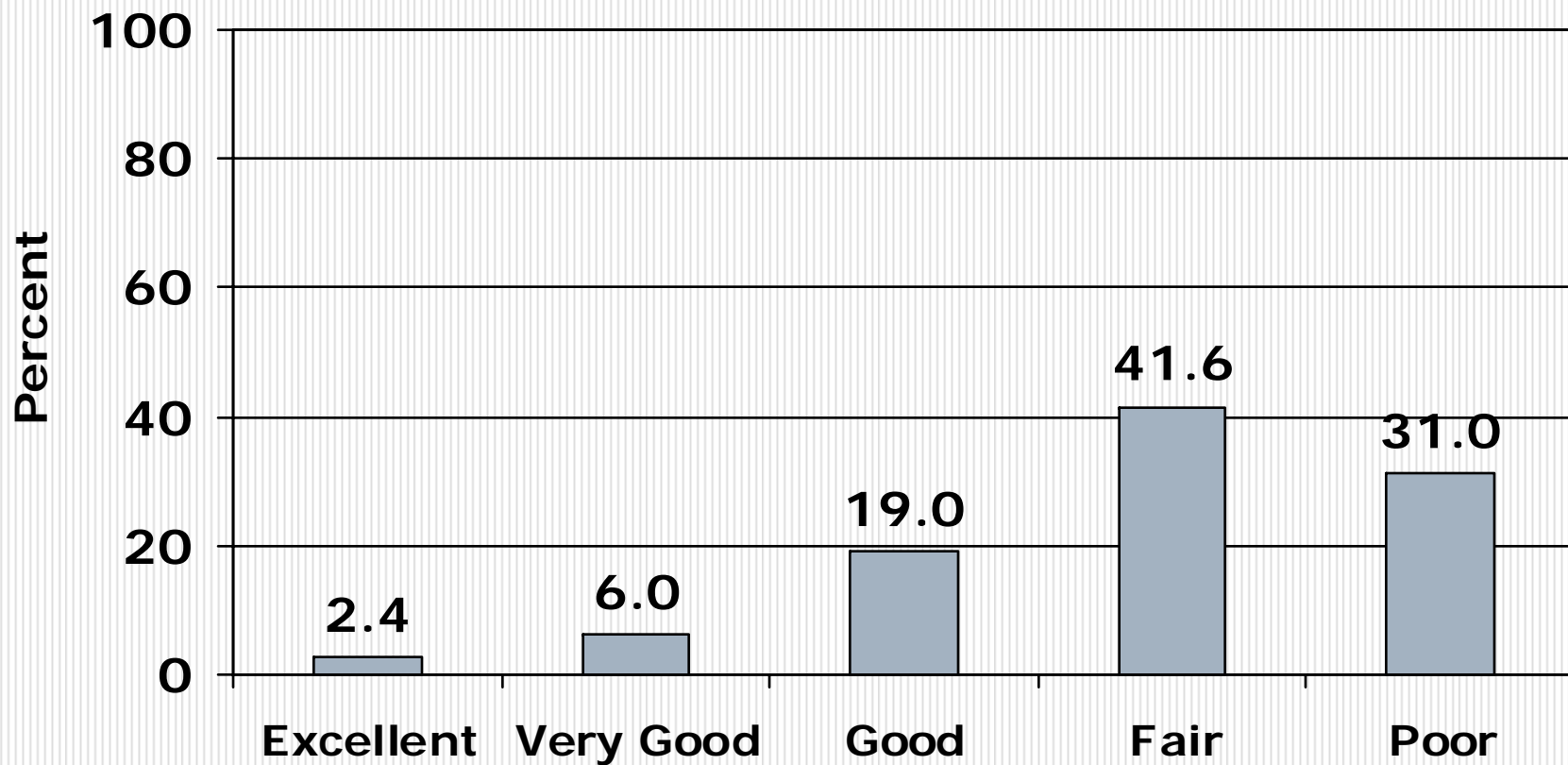
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- No place to go (e.g., family related issues)
- No money (e.g., could not work to pay rent)
- Difficult to get food and medical care
- Wanting to be independent
- Waiting for a public housing that is accessible



# Self-Reported Health Status

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# Chronic Illnesses

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- Multiple chronic illnesses
  - Ranged from 0 – 17
  - On average, 5 chronic illnesses per person
  
- Prevalent chronic illnesses Percent
  - High Blood Pressure 69.0
  - Arthritis 65.5
  - Depression 48.8
  - High cholesterol 35.7
  - Diabetes 27.4
  - Asthma 26.2
  - Anemia 22.6
  - Heart disease 22.6

# Physical Disabilities

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	<u>Percent</u>
<input type="checkbox"/> Knee/hip related impairment <sup>3</sup>	26.2
<input type="checkbox"/> Paralysis	19.0
<input type="checkbox"/> SCI, <sup>4</sup> spine related diseases <sup>5</sup>	11.9
<input type="checkbox"/> Leg/foot related problems <sup>6</sup>	11.9
<input type="checkbox"/> Neuropathy	7.1
<input type="checkbox"/> Amputation	3.6
<input type="checkbox"/> Multiple sclerosis	3.6
<input type="checkbox"/> Others	16.7

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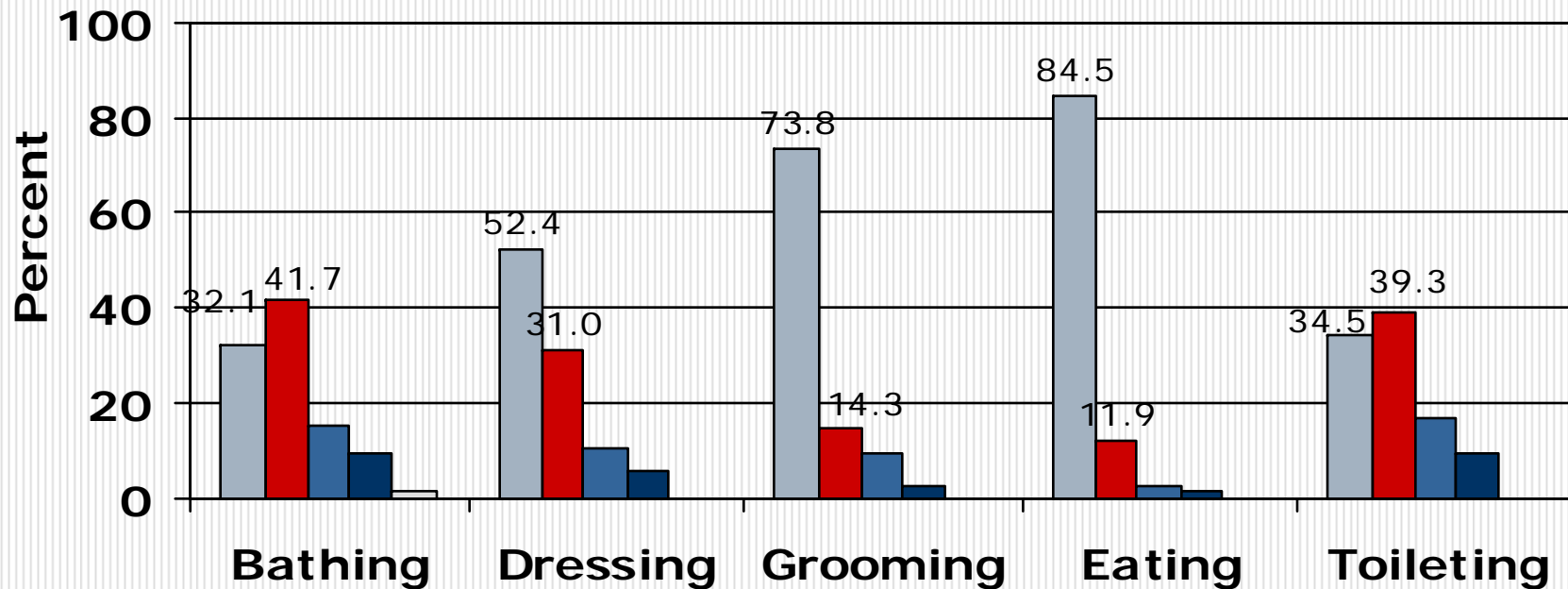
<sup>3</sup> Arthritis on knees , fractured or injured hip

<sup>4</sup> Spinal cord injury

<sup>5</sup> Spinal stenosis , spinal nerve damage, lumbar degenerative disc diseases

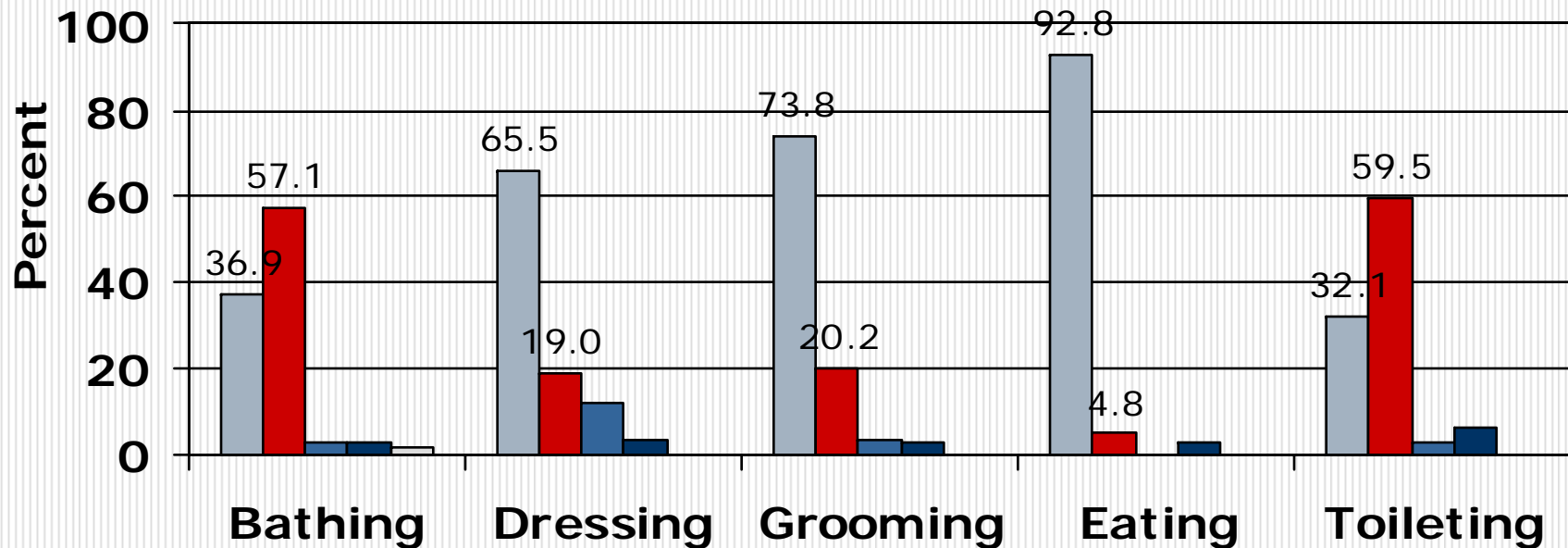
<sup>6</sup> foot ulcer, gout, muscle removal, etc.

# Activities of Daily Living



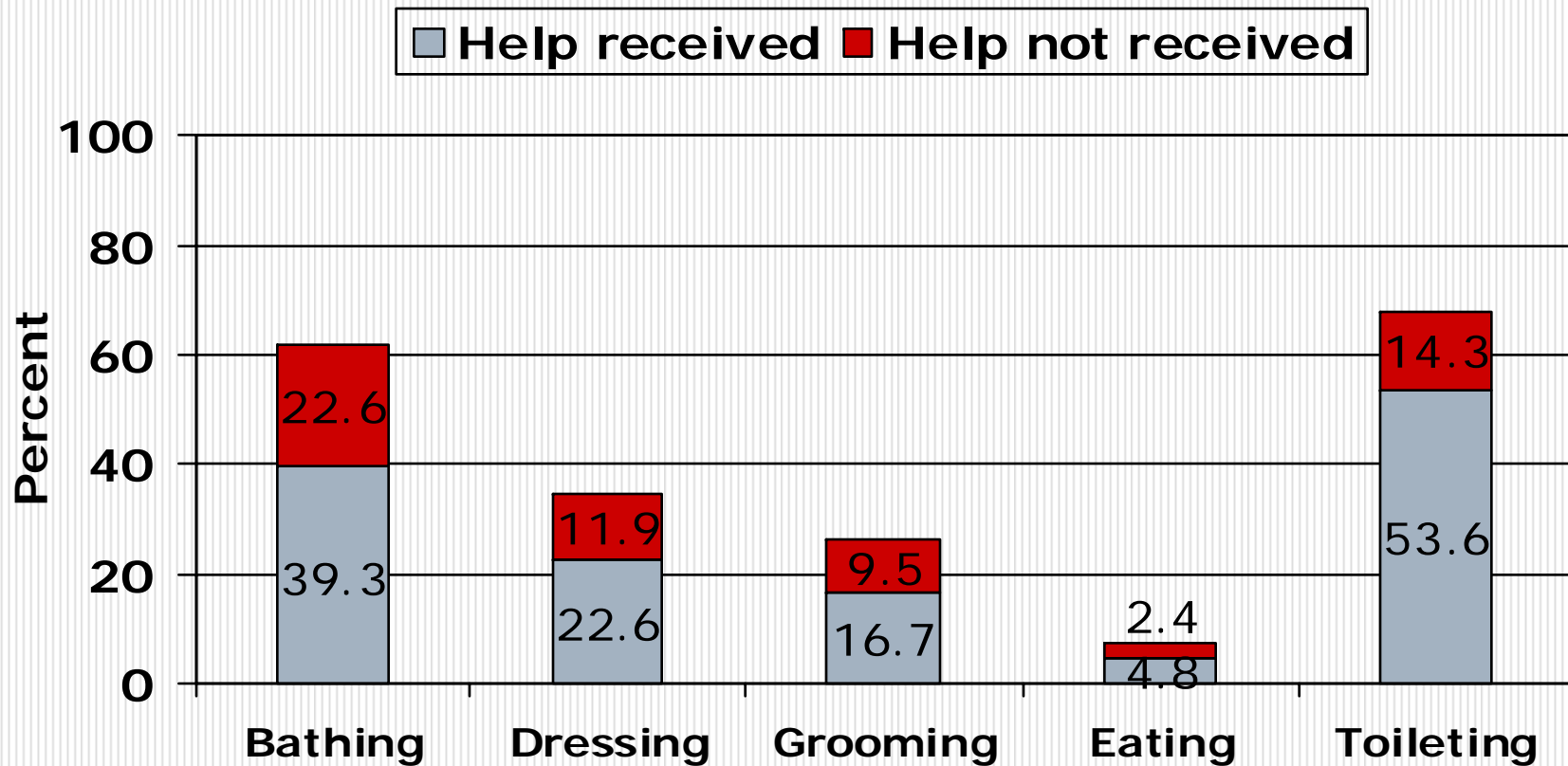
# Type of Assistance Needed for Daily Activities

None Equipment Person Equipment and Person Missing



# Needed Assistance for Daily Activities

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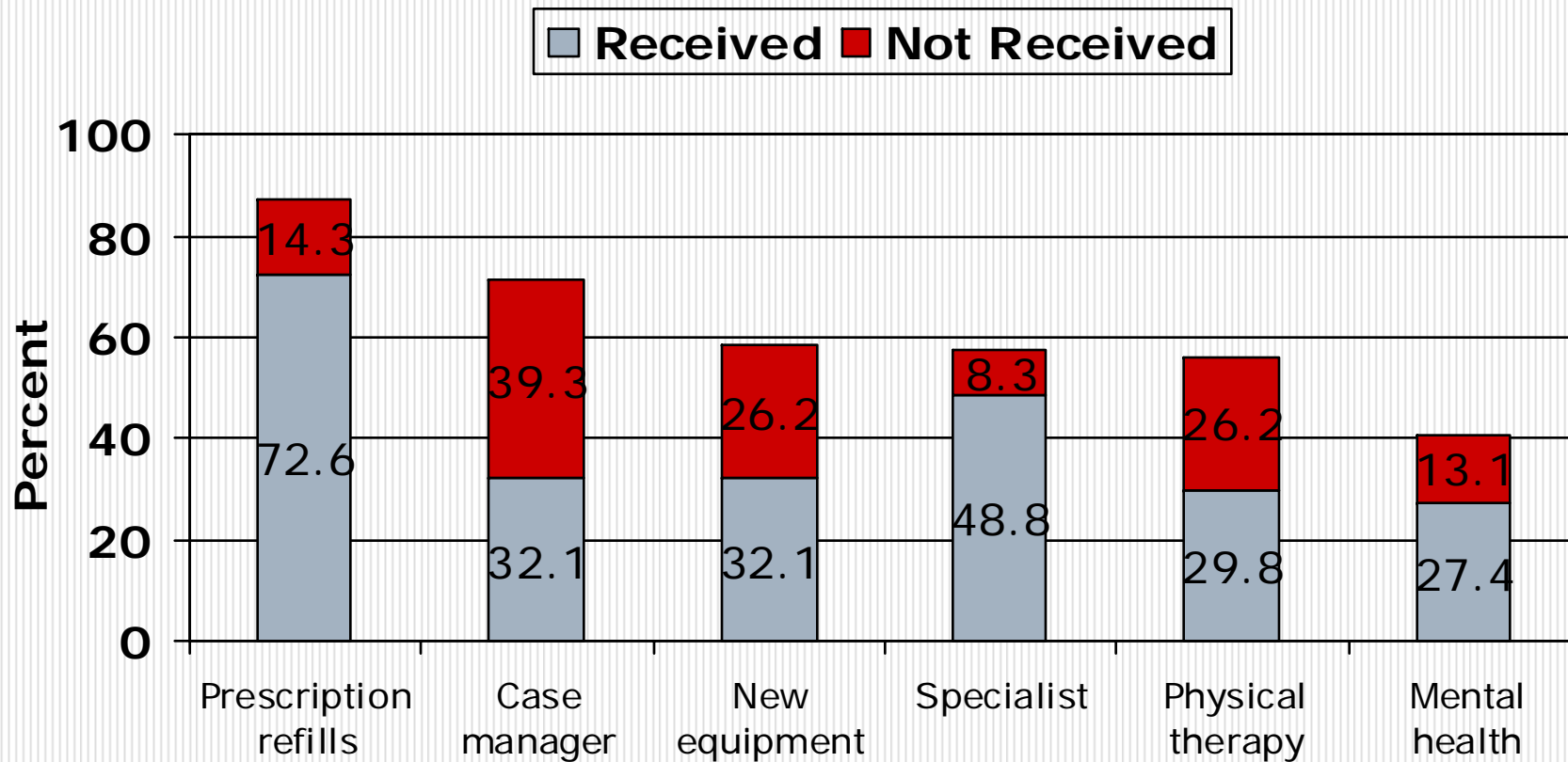


# Main Reasons for Not Receiving Needed Assistance for Daily Activities

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- ❑ Lack of (trained) personal assistance in shelters
- ❑ Living environments related issues
  - Inaccessible bathroom:
    - e.g., toilet seat is too low, bathroom is too small, no grab bars or grab bars are too small, sinks are too low
- ❑ Lack of adequate equipment
  - Long waiting time
  - No money
  - Equipment being stolen

# Services Needed in Past Year





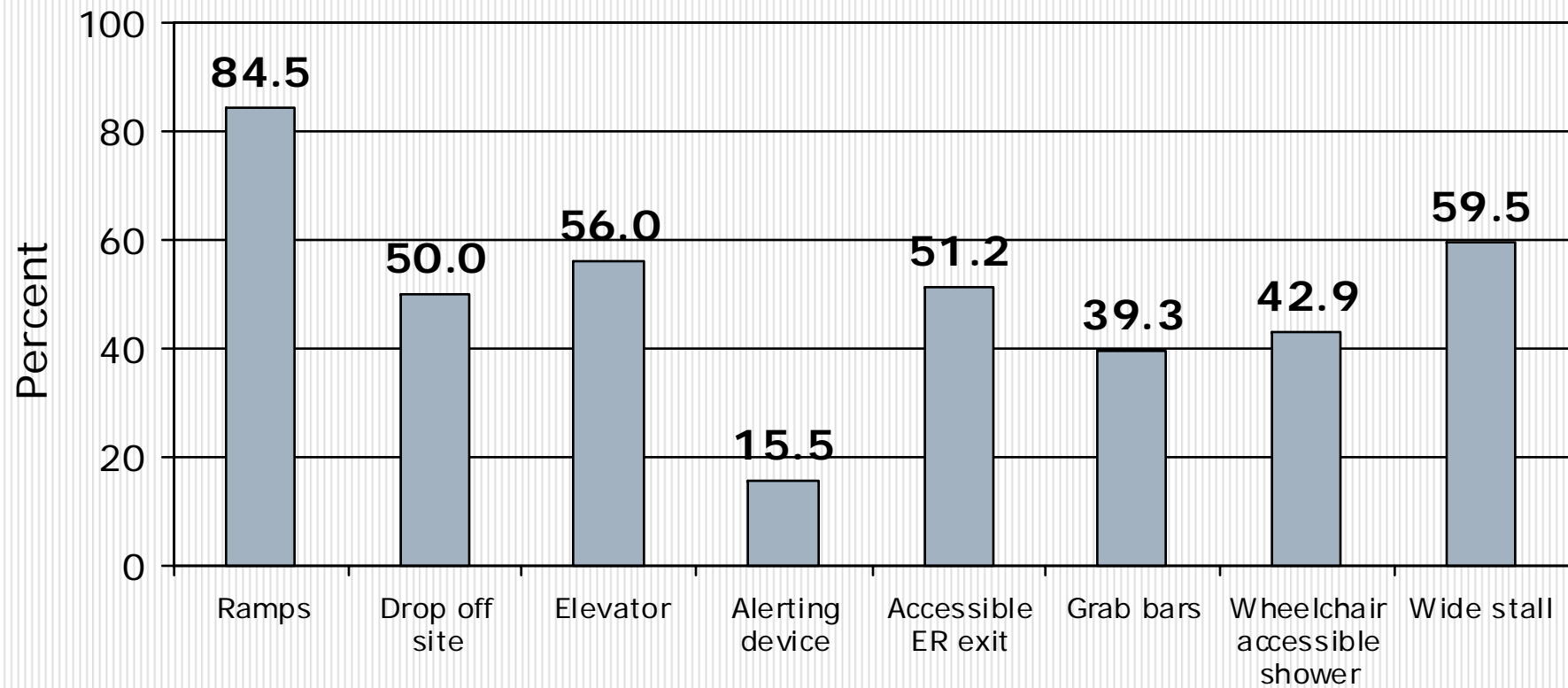
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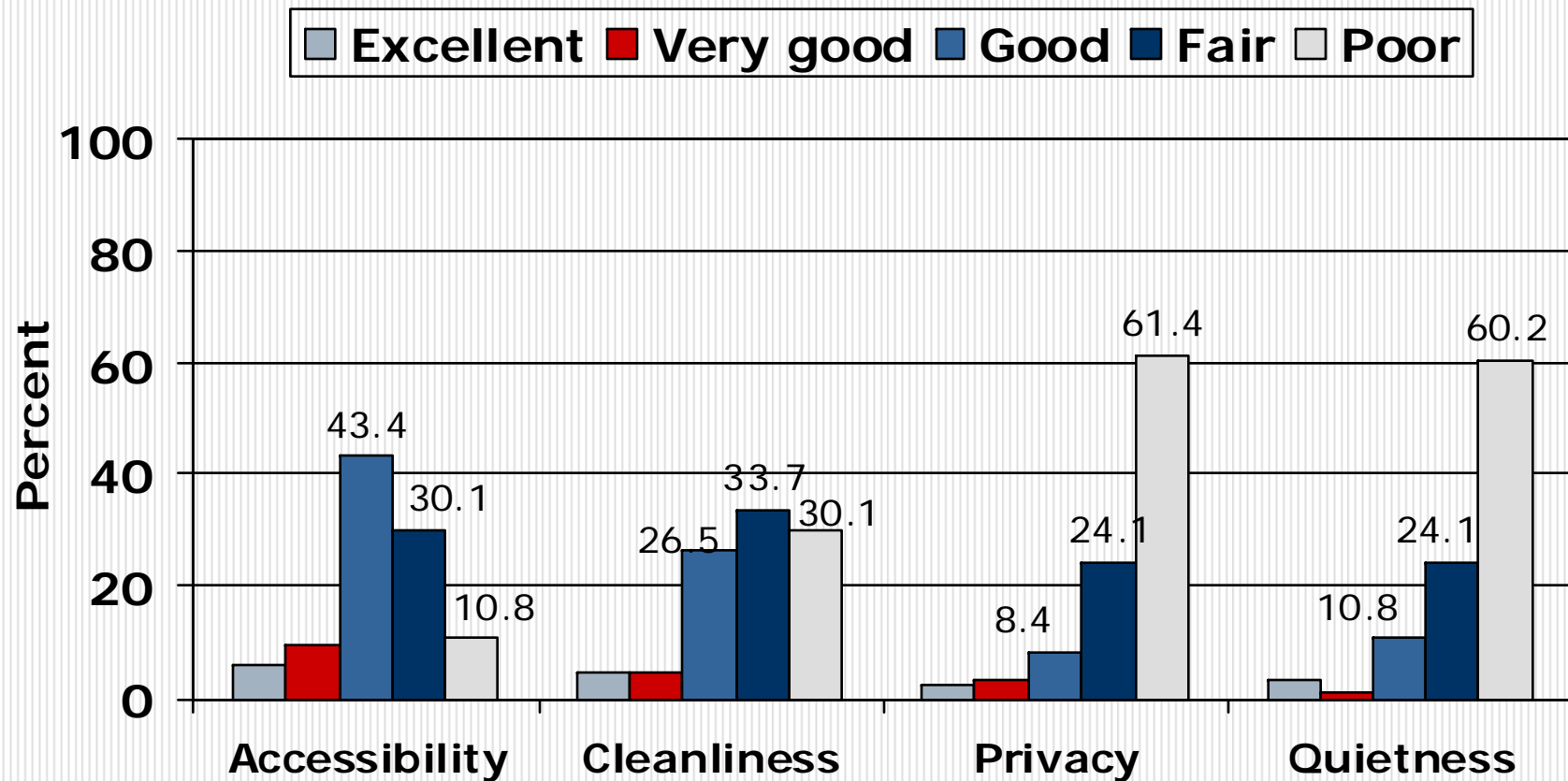
- Personal reasons
    - Moving around too much
    - No access to a phone
    - Can't afford it
    - Don't know where to find help
    - Lack of motivation
  
  - Service providers
    - Inconvenient hours
    - High volume of case load (case manager)
    - Clinician's limited knowledge about patient's medical history to prescribe needed medicine or treatment
    - Lack of knowledge about service systems
    - Long waiting time
    - Lack of accessible, reliable, or affordable transportation
  
  - Systems
    - Limited insurance coverage
    - Delayed care or service due to lack of supporting documents (e.g., medical records)
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# Shelter's Accessibility Features

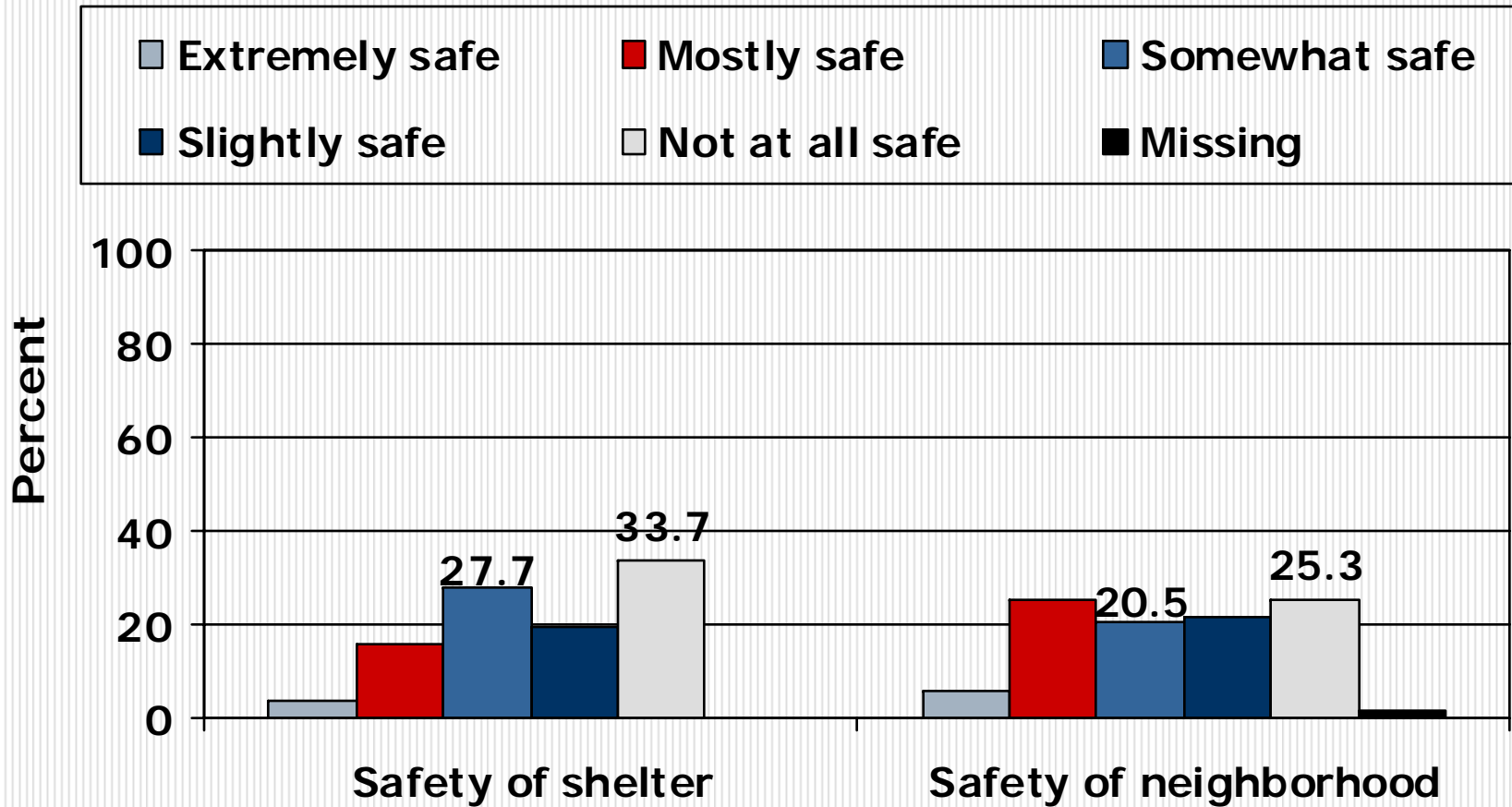
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# Self-perceived Living Environment

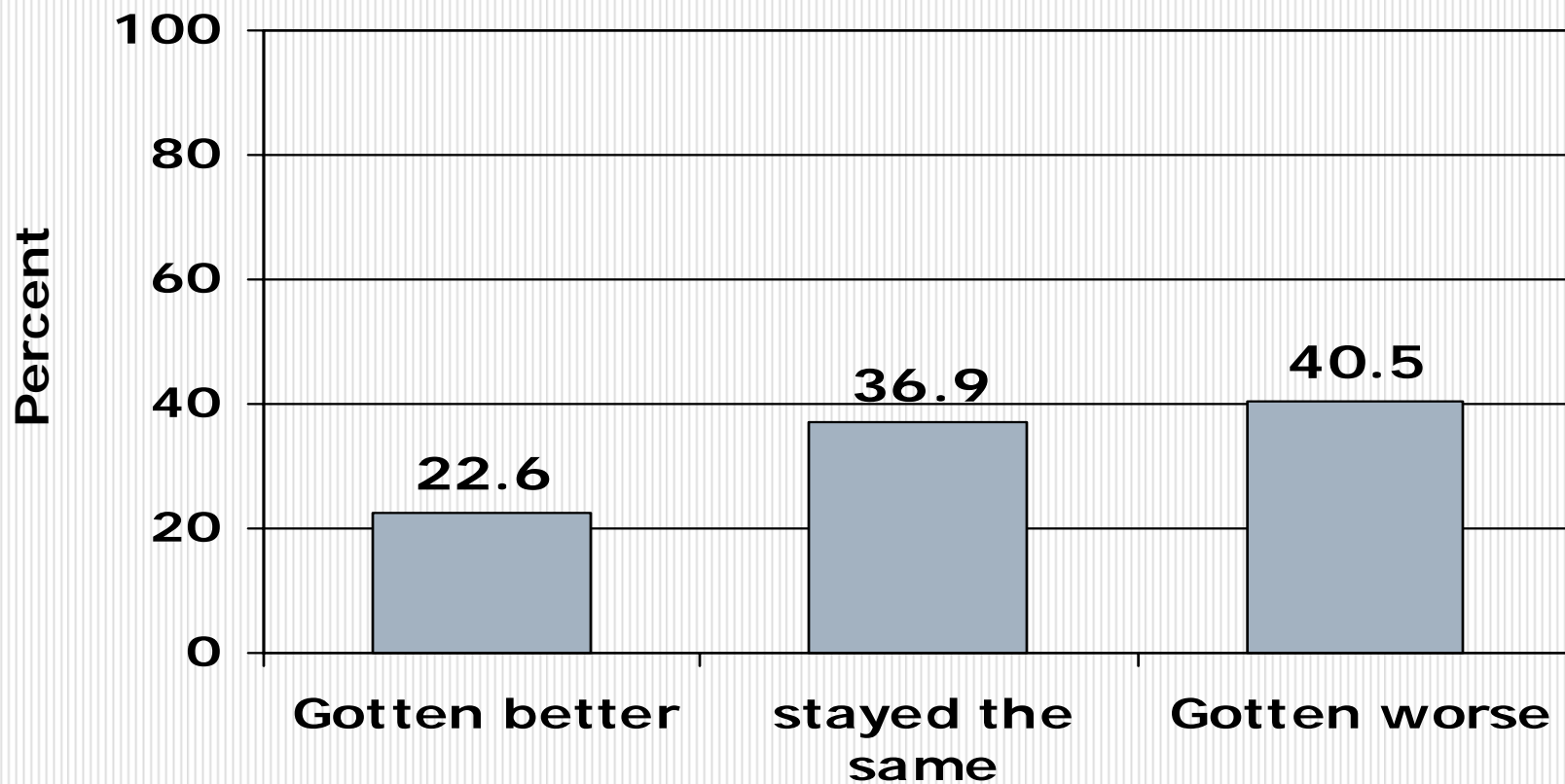


# Self-perceived Living Environment (Cont.)



# Health After Living in Shelters

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# Overall Comments on Living Environment

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## Inaccessibility

- Cannot walk up the ramp (leg hurts bad, ulcer foot)
- Limited access to elevator (need staff to escort; limited to wheelchair users, elevator breaks down)
- Wheelchair can't get in shower; need shower chair
- Small bed room and wheelchair can't get alongside of bed

# Overall Comments on Living Environment

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- Depressed, unhealthy environment; people here are always angry
- Unclean; too many bugs, roaches, and mice
- No respect, rules, and privacy
- Crowdedness
- Lack of access to a kitchen whenever needed (e.g., cook my own food due to diabetes)
- Lack of in-house services (e.g., personal assistance, health care)
- Lack of information of exiting services and supports in the community

# Conclusions

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- People with physical disabilities living in a homeless shelter are likely to
  - Be in fair or poor health
  - Have multiple chronic illnesses
  - Have difficulty in performing daily activities (esp. bathing, toileting)
  - Need assistance in performing their daily activities (e.g., equipment or personal assistance)
  - Be not receiving needed services and supports (e.g., case management, medical equipment, PT, personal assistant)
  - Have declining health after moving to a shelter



# Conclusions (Cont.)

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- Substandard living environments may directly or indirectly affect the health of low-income/impooverished adults with physical disabilities. However, other factors (e.g., quality of care and services, fragmented service and support systems) could also be the contributing factors.

# Implications

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- To achieve independent living and maintaining basic health and well-being, people with physical disabilities living in a homeless shelter would need:
  - Living environments that are barrier-free, safe, and clean
  - Assistance to access needed services and supports in the community
  - Coordinated, affordable, and accessible supports and services

# Implications

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- On the other hand, there is a need to enhance communities with the capacity to better serve people with physical disabilities living in a shelter. Examples of community capacity building includes, but not limited to,
  - Filling gaps in services and supports
  - Increasing community awareness, knowledge, skills and abilities to serve this population
  - Improving the infrastructure for service delivery

# Thank You

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