

2018 UAB Grand Challenge

To develop a sustainable model for decreasing homelessness in Birmingham

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Potential Team Members:

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Charitable Organizations in Birmingham

City of Birmingham

Homelessness refers to the condition or state of living without a permanent dwelling, a problem that is seen in every city, state, and nation. Many mid to large cities in the United States have significant homeless populations. In the state of Alabama, 3,793 people was estimated to have experienced homelessness on a single night in January 2017 [1]. About 3000 of the homeless individuals in Alabama were living in the Birmingham area. As homelessness has many different causes, efforts from a single entity or organization are usually insufficient to solve the complex issue. A sustainable model for decreasing homelessness is desirable.

The overarching goal of our proposed project is to develop a model to decrease homelessness in the city of Birmingham with utilizing resources from the city of Birmingham, industry, charitable organizations, local community partners, and the University of Alabama at Birmingham (UAB). The far-reaching effect of our project is the potential to apply a successful, sustainable, and adaptable model to other cities, states, or nations. In order to decrease homelessness in Birmingham, involved entities will closely collaborate and focus their efforts on the following four main areas: basic support, empowerment, health care, and crisis management.

1. Basic Support

The first strategy for addressing homelessness is to provide basic support including free meals, a dwelling place, mailing service, and transportation. The basic support will shorten the homeless episode and prevent further escalation of existing conditions [2]. Different housing options will be offered based on availability and individual needs after an efficient comprehensive evaluation has been completed. The goal is to place homeless clients at different places (house or apartments) within 3 months after they are registered. The city of Birmingham, charitable organizations, and industry will work together to ensure sufficient capacity for making appropriate arrangements.

2. Empowerment

The underlying causes of homelessness vary from person to person. Some of them can be alleviated by exercising empowerment programs. Absent or low level of education, poor independent living skills, lack of marketable skills, and job-readiness can all be improved through empowerment programs [3]. Homeless individuals can be trained or coached for being employed for the first time or acquiring skills and education to reenter the workforce. Employment opportunities can be created through a collaborative effort from multiple entities from the Birmingham area and throughout the state. Education and/or training will help the homeless to acquire critically needed knowledge and working skills. To accomplish this goal, a collaborative effort amongst the UAB School of Education, Department of Occupational Therapy, and state-wide industry, and the City of Birmingham would be created. Through exercising effective empowerment program, we are going to realize the following goals:

2a. Equip and/or strengthen their skills for being employed

2b. For these who cannot work, they will be trained to live independently

3. Health Care

Homelessness adversely affects health and poor health is a major underlying reason for homelessness. The living conditions found in overnight shelters or on the street often exacerbate existing health conditions or create new ones while complicating medical treatment plans [4]. Inability to pay and lack of transportation are known barriers for preventing homeless individuals from receiving health care on a regular basis. The most common morbidities seen in the homeless population are eye problems, hypertension, cardiovascular problems, COPD/emphysema, tuberculosis, gastrointestinal problems, hepatic disease, neurologic

disorders, orthopedic problems, skin problems, and trauma [5]. A combination of health care with supportive housing services have been found to stabilize health, reduce emergency department and other high-cost service utilization, and improve overall functioning and integration back into community [4]. Health care screening has been provided through several different Schools of UAB (School of Health Profession, Medicine, Dentistry, Optometry, and Nursing). In order to deliver a high-quality, accessible health care to people experiencing homelessness, these schools at UAB will collaborate and provide:

3a: Health maintenance and nutritional education to homeless individuals

3b: Interprofessional health care to promote best health care practices

An interprofessional team-based community service learning model will be utilized to train competent healthcare providers. This also makes the model sustainable as health care is delivered to the underserved population at a minimum cost. This model provides an opportunity for students to provide health care by collaborating across professions such as clinical laboratory science, physician assistants, nursing, medical students, occupational therapy, physical therapy, nutrition, optometry, dentistry, counselors, and healthcare management. The Institute of Medicine urges health care students and working professionals to collaborate interprofessionally and engage in quality improvement efforts [4].

To break the link between poor health and homelessness, our model will improve health care intervention outcomes, reduce health disparities, and promote best practices in delivering care to the homeless through training, technical assistance, research, education, and advocacy. The interprofessional team will provide:

I. Primary health care (screening and treatment clinics);

II. Substance abuse treatment and referrals to providers of specialty services to include mental health services. Homeless individuals often have substance abuse disorders, mental illness, or co-occurring mental illness and substance abuse disorders;

III. Patients care management services; For example, referrals and follow-up care visits can be scheduled through these services.

IV. Programs that enable utilization of existing services of the UAB Health System (including outreach, transportation, and translation services). Outreach services-will be targeted to assist difficult-to-reach people experiencing homelessness;

V. Client education services to include health and nutritional education, health maintenance, etc.

4. Crisis Management

To decrease the homeless population, it is critical to build a crisis management system, which will identify the vulnerable individuals at risk for homelessness. For example, people who are more likely to become homeless include those who have lost their jobs, having chronic medical conditions, and/or having substance abuse problems or mental health related issues. Resources for housing, education, and health care will be provided to prevent from becoming new homeless individuals. Consulting services will be available for those identified at high risk. Finally, status changes and long-term outcomes for homeless individuals will be analyzed as a group to assess progress and inform future efforts.

Working towards Sustainability: Through collective efforts from local charitable organizations in Birmingham, such as Firehouse Ministries, Pathways, One Roof, the homeless population will become better integrated into the community. Subsequently, programs to help off-set operational costs will be created, such as recycling, newspapers sales or delivery, and community gardening.

References:

1. <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf> accessed on 02/14/2018
2. Belcher JR, Scholler-Jaquish A, Drummond M. Three stages of homelessness: a conceptual model for social workers in health care. *Health Soc Work*. 1991 May;16(2):87-93.
3. Helfrich CA, Fogg LF. Outcomes of a life skills intervention for homeless adults with mental illness. *J Prim Prev*. 2007 Jul;28(3-4):313-26.
4. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington (DC): National Academies Press (US); 2001.
5. Goldstein G, Luther JF, Jacoby AM, Haas GL, Gordon AJ. A Taxonomy of medical comorbidity for veterans who are homeless. *J Health Care Poor Underserved*. 2008 Aug;19(3):991-1005.