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## Women's Shelter Health Needs Assessment

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**Women's Shelter Health Needs Assessment**

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NUR4153: Nursing Leadership in Community Engagement

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## **Women's Shelter Health Needs Assessment**

### **Introduction**

Homelessness is currently one of the biggest societal issues in the United States and evidence indicates it is increasing, particularly for women (McGeough et al., 2020). A group of nursing students from Seattle Pacific University teamed up with a women's homeless shelter in a Metropolitan city. The agency provides shelter and warm meals as well as laundry, toiletries, bus tickets and more. But even with the resources that they do provide, the residents have other needs that are not fully met, particularly with regard to their health. This is due in large to a variety of factors relating to the population and how the system is set up. To try to better understand what needs aren't being met and why; the nursing students created a survey asking the residents to weigh in. Through the survey and one on one interactions with the residents and stakeholders, the nursing students were able to determine the health needs that are not being fully met, which will be outlined throughout the paper.

### **Background**

When one looks at who homelessness is affecting "older women comprise the fastest emerging group among the homeless population" (Sutherland et al., 2022). The reasons underpinning this trend in older women include spending considerable time out of the workforce to care for children and older parents, socioeconomic disadvantage, domestic violence, trauma and mental health concerns, a high cost of living that includes unaffordable rent, and more (Sutherland et al., 2022). The focus of our project was to determine some of the needs of our population that are not being met, particularly with regard to healthcare. One of the problems being that the homeless are less likely to experience primary or secondary prevention, resulting in their health needs being unaddressed until they present as seriously ill with a medical crisis at hospital emergency departments (Sutherland et al., 2022). When they do seek care, they are often met with adversity rather than compassion. Studies revealed that

many homeless people had horrendous experiences with health care services, expressing feelings of exclusion, rejection and loss of confidence; people reported feeling dehumanized, unwanted, and worthless due to their negative interactions with clinicians (Paradis-Gagné et al., 2022). Based on this information and the knowledge the team gained from talking to the residents and staff, the group decided to focus this project on performing a needs assessment to determine what type(s) of healthcare are needed most and what barriers are preventing residents from receiving care.

### **Activities with rationale**

The team decided the best way to reach the target audience would be to create a survey to assess unmet healthcare needs. This would be an application of the assessment level of public health core foundations. The nursing group used the Health Belief Model to analyze the results. The group created the questions based on conversations with the residents as well as the director and assigned agency nurse. Since one barrier this population faces when it comes to receiving care is health literacy, the group made the survey concise and easy to understand with a third grade competency level. According to McGeugh, “without health literacy homeless women found making sound health decisions more difficult and struggled to navigate the fragmented health system” (2020). In reviewing prior SPU nursing students needs assessment surveys for inspiration and ideas of what worked well and what didn’t, finding that most surveys were either too long, too difficult to understand, or both.

### **Outcomes**

The top three healthcare needs not being met by the residents include dental care, eye care, and mental health, with the majority of people rating their overall health as fair or poor. The results showed the women at the agency are in need of eye care, which the research supported. “Previous studies have found that homeless people have higher rates of cataract, glaucoma and binocular vision problems and are more likely to have uncorrected refractive

error” (D’Ath et al., 2016). Alternatively, dental care was seen as one of the issues experienced by homeless people not just because of lack of dental hygiene materials but also the access to dental services. In a presentation at the 14th European Public Health Conference, the topic of social determinants and healthy life in relation to public health futures was discussed, the preliminary finding from the study found that lack of empathy from practitioners, continuity of care and stigma are barriers to access dental services (Rodriguez et al., 2021). The survey also showed that lack of trust could potentially inhibit residents at the agency from getting the dental and mental health services they need from providers outside because they have experienced lack of empathy, stigma and stereotyping. Residents also shared they do not feel safe leaving the agency to seek care, making it difficult to seek primary or secondary prevention as well as provide continuity of care for healthcare needs. There’s also evidence that at least 1 in 5 of the 580,000 individuals who experience homelessness on a single night have severe mental illness. Mental health has a profound impact on homeless individuals, exacerbating their already challenging circumstances (Canady et al., 2023).

## **Conclusion**

The short time frame and limited budget created barriers when it came to the implementation part of the nursing process. Initially, the nursing group struggled with wanting to provide the residents with a deliverable. However, the behind the scenes work is often just as important as the deliverable, even though it may not always be recognized as such. Keeping that in mind has helped the group have pride in their work and realize the weight of their contributions and the impact they will have. The nursing group recommends future cohorts continue the work they started by reaching out to local providers and forming community partnerships that can come to the agency and provide care to the residents.

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