Training the Next Generation of Providers to Care for the Homeless and Underserved Populations

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Objectives

• Explain how to integrate care for homeless populations into a graduate nurse curriculum
• Demonstrate tools used in academic curriculum to expose advanced practice nurses to care for the homeless
• Discuss how to foster providers in training to care for the homeless population.
Figure 1

Percent of Population Residing in Primary Care Health Professional Shortage Areas (HPSAs), 2014

U.S. Overall: 18.7%

NOTES: Includes populations in Geographic Area and Population Group HPSAs, but not Facility HPSAs.
*HRSA data show no population living in Geographic or Population Group Primary Care HPSAs in NJ and VT.
<table>
<thead>
<tr>
<th>STATE</th>
<th>% Population in HPSA</th>
<th>Active ARN students as of 1/2015</th>
<th>NP Practice Authority</th>
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</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>42.3%</td>
<td>5</td>
<td>Reduced</td>
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<td>New Mexico</td>
<td>41.2%</td>
<td>5</td>
<td>Full</td>
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<td>Arizona</td>
<td>40.5%</td>
<td>19</td>
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<tr>
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<td>36.0%</td>
<td>21</td>
<td>Full</td>
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<td>29.3%</td>
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<td>Missouri</td>
<td>27.1%</td>
<td>10</td>
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<tr>
<td>Illinois</td>
<td>26.5%</td>
<td>23</td>
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<tr>
<td>South Carolina</td>
<td>26.4%</td>
<td>15</td>
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<tr>
<td>Montana</td>
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<td>1</td>
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<tr>
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<td>15</td>
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<td>25.1%</td>
<td>6</td>
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<tr>
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<td>Oregon</td>
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<tr>
<td>Delaware</td>
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<td>South Dakota</td>
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<td>Iowa</td>
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<td>9</td>
<td>Full</td>
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<tr>
<td>Georgia</td>
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<td>18</td>
<td>Restricted</td>
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</table>
Families In Crisis
Family System Theory

**Six Concepts Related to Family Structure**

- **Value System**
  - Healthy Families: ability to speak freely without fear of retaliation or punishment.
  - Unhealthy Families: roles are unclear; minimal connection within a community; isolation; rigid roles and expectations.

- **Organization and Negotiating Skills**
  - Healthy Families: room for discussion in times of negotiating; spirit of camaraderie; tasks run smoothly; little stress.
  - Unhealthy Families: tasks done with difficulty and inconsistently; repeated arguments; organizational structure maintained by control.

- **Boundaries**
  - Healthy Families: equal power in primary dyad, consideration of member viewpoints promotes intimacy.
  - Unhealthy Families: little or no consideration for member feelings or opinions; usually one member dominates decision making.

- **Freedom of Expression**
  - Healthy Families: lively discussion; accepted differences; love is not withdrawn due to differences; ambivalence and uncertainty accepted.
  - Unhealthy Families: pressure to hide feelings; avoid adversity; range of feelings are unacceptable.

- **Warmth, Joy, and Humor**
  - Healthy Families: humor important bonding element; shared happy experiences; humor runs freely; allows members to feel at ease.
  - Unhealthy Families: little or no shared happy memories; feel as though no one cares; humor at others expense; do not seek to comfort others.

- **Power and Intimacy**
  - Healthy Families: value system is rigid or non-existent; people are perceived as bad; no acceptance of differing views.
  - Unhealthy Families: value in belonging; capacity for symbolism; individuals find higher meaning in life.

*Adapted from Peterson, G. (1996)*
Crisis Theory
Class Objectives

• Formulates plans of care integrating family systems theory and crisis theory
• Lead multidisciplinary collaborative teams
• Integrate community resources in plan of care
TOPICS
Student Facilitation

- Student Centered Classroom
- Case Studies
- Multi Media
- Reflective Questioning
- Community Visit
Sample Class Topic: Addictions

- Tobacco, drugs, alcohol, Rx drugs
- Internet gaming, shopping
- Food
- Gambling
- Internet
Objectives: Homelessness & Incarceration

• Identify common factors for homelessness and incarceration.

• Discuss the role of poverty and wealth disparities in contributing to both homelessness and incarceration.

• Identify areas for interdisciplinary collaboration in caring for families affected by homelessness and/or incarceration.
Affordable Housing Crisis

2012 TWO-BEDROOM HOUSING WAGE

Represents the hourly wage that a household must earn (working 40 hours a week, 52 weeks a year) in order to afford the Fair Market Rent for a two-bedroom unit at 30% of income.

HOUSING WAGE
- $13.34 and Below
- Between $13.35 and $16.78
- Above $16.78
Defining Homelessness
Facts on Homelessness

- National
- Regional
- Local
- Veterans
- Mortality Rates
- Life expectancy
Role of Poverty in Homeless and Incarceration
Student Facilitation
Thoughts?
Risk Factors
Causes
Homeless Families
I hope I’m the last off so they don’t see where I live. Family homelessness. It’s not what you think.
Pregnancy and Incarceration
State of Care

• Very often, when a woman delivers a child while incarcerated, she is separated from the newborn soon after birth. Few prison hospitals in the United States have policies that allow mothers to spend time and bond with their newborns in the immediate postpartum period.
Prison Hospice
Reflective Questions

• How does homelessness after health and prevention?
• What conditions are exacerbated by homelessness?
• What considerations for women and children? Pregnant women?
• Barriers to care?
• Prevention and screening among homeless?
• Health diet?
• Storing of medication?
• Risky behaviors due to lack of shelter?
What Can We as APNs Do?

- Know the current laws—become informed in your state
- Advocate for humane laws—what advocacy is happening what you live
- Do all that is possible to ensure that the patient’s dignity and human rights are respected at the point of care
Population Specific Guidelines
History
Physical Exam
Diagnostic Testing
Plan and Management
Interdisciplinary Collaboration
Community Resources
Community Visit

Covenant Soup Kitchen

Lunch Served
12:15-1:00 Mon.-Sat.
All Welcome
Emergency Food Pantry
Mon.-Fri. 2-4PM

Programs of the Isaiah 58 Ministry of St. Paul's Church
Provider Resources

• Center for Health in Public Housing
• Healthcare for the Homeless Clinicians Network
• National Health Care for the Homeless Council
• National Alliance to End Homelessness
• Veterans Affairs
• Local Agencies
Metzker Family

Ariel (15)
Austin (13)
Tom (Dad)

You are working as a NP in a school based wellness center in a middle school. Austin is sent to your office with complaints of a fever, chills, and cough. How do you proceed with Austin? What factors impacting this families living situation and family would impact your plan of care? How would you include interdisciplinary care into the plan?
Coates Family

Diangelo
Victoria
3 daughters

You are working in a community health clinic when Victoria brings the youngest child in with a fever and complaints of a sore throat. How do you proceed? What factors are important in your assessment? What factors are important to include in your plan?
Case Study

• Doris is a 42 year old AA female who presents to the HIV clinic after being referred during a hospitalization for PCP pneumonia, during which time she was diagnosed as HIV positive. She has a CD4 count of 10, weight loss, is chronically ill appearing, and is cognitively limited. She has a history of crack cocaine and ETOH use, rapidly cycling bipolar disorder, and is living in a tent behind a local shopping center. She is not currently well engaged in care with the community psychiatrist. Her boyfriend is present with her for this initial appointment.
Case Study

- When you ask Doris how she is feeling today, she says “hungry” and asks if you have a snack. She seems distracted and irritable and uncomfortable being in your office.

- What are your priorities for this visit?
- What are your overall priorities for this patient?
- How do you engage this patient?
- How do you assess family strengths?
- What is your plan of care today?
- What community resources would your consider engaging for this patient/family?
Compassion Fatigue: Provider Wellness

KEEP CALM AND CARRY ON

Compassion Fatigue Awareness Project...where healing begins
“Overall, this was an awesome class. Every topic we discussed is applicable to future practice and many of the issues were not touched upon in our other course. At this point, I feel better prepared to be a Family Nurse Practitioner.”

“to improve the health and well-being of all people”
References


• Journal of Perinatal Education, 17(2), 37-44. doi:10.1624/105812408X298372