

Task 3: Annotated Bibliography

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Annotated Bibliography

Canham, S., Humphries, J., Moore, P., Burns, V., & Mahmood, A. (2021).

Shelter/housing options, supports and interventions for older people experiencing homelessness. *Ageing and Society*, 1-27. doi:10.1017/S0144686X21000234

The article on shelter housing supports was chosen because of the focus on older people experiencing homelessness (OPEH). In the article, the authors discussed the specific challenges that elderly people face while on the streets. The article defines homelessness as “unsheltered or absolutely homeless and living on the streets or in places not intended for human habitation”.

In evaluating the article, there appeared to be a genuine broad spectrum to the research. The findings are referenced from USA, UK, and Australia as well as Israel. Additionally, they discuss having a “flexible and respectful approach to care”, the importance of building trust and personal relationships, caring attitudes, and having affordable housing options for OPEH.

The article is relevant to my research topic because homelessness knows no age limit, and outreach workers in Norfolk have gone out of their way to get some elderly people off the street. During my time working for Norfolk Community Services Board (NCSB) and working with the homeless population of Norfolk at the Homeless Center, I have seen many elderly people come in off of the streets

as a direct result of an outreach worker letting them know about the shelter. I have also seen people at NCSB go out of their way to get elderly persons a place to stay in our shelter.

Doran, K., & Doede, M. (2021). An interdisciplinary street outreach program to engage vulnerable neighbors in care. *Public Health Nursing, 38*(2), 141-144.

This article discussed an outreach effort from the University of Maryland that took place over the course of 12 weeks in the Fall of 2019 and Spring of 2020 semesters. They had a total of 21 students and 15 nursing students over the course of the two semesters. The intent was to try and get people off of the streets and get them to use their community outreach center and begin to participate in a plan to manage their health.

I found the effort to be a valiant one and I concur that getting people on the streets to take care of their health is a crucial part of the process of helping them. I thought the approach in the article of calling individuals who are homeless “neighbors” to be quite refreshing. It’s interesting to note - there were challenges with some of the students having a lack of confidence during their outreach study. As a result, training was provided, and role-playing and case studies were used to teach the students more confidence and improve these issues.

This article provides valuable insight to my research topic. The article mentioned that the students had to bring along hygiene products during their outreach efforts. The students also had to learn triage skills, and get naloxone training - these are good reminders of what street outreach personnel need to know.

Klop, H., Evenblij, K., Gootjes, J., De Veer, A., & Onwuteaka-Philipsen, B. (2018). Care avoidance among homeless people and access to care: An interview study among spiritual caregivers, street pastors, homeless outreach workers and formerly homeless people. *BMC Public Health*, 18(1), 1095.

This article discusses how many homeless individuals still have unmet care needs, even in light of outreach workers. The researchers adopted an approach of using street pastors, spiritual caregivers, outreach workers, and formerly homeless people to go out in the streets of the Netherlands. The question they wanted an answer to was why some of the homeless population avoided accepting care in the form of shelter and services when it had been offered to them. The results showed that it was a combination of factors that contributed to “care avoidance”. Some of the responsibility was on the homeless population, some were on the system, and some were due to the competence of the professionals working with the homeless.

This study was well thought out and had a lot of information that I liked reading about. What struck me the most were the references to how the homeless population wanted to be treated with humanity, dignity, and equality. I see the same issues here sometimes.

This article is valuable to my research topic because I can easily apply this to the evaluation of the Street Outreach program. I will be including similar questions inspired from this research in my interview questions during my evaluation.

Lasmanovich, R., Shaked, O., Sivan, A., Barak, I., Nahari, M., Mor, O., & Katchman, H. (2022). Hepatitis C Virus Prevalence, Medical Status Awareness and Treatment Engagement among Homeless People Who use Drugs: Results of a Street Outreach Study. *Substance Abuse: Research and Treatment*.
<https://doi.org/10.1177/11782218221095871>

In this study, the researchers performed a street outreach for homeless persons who use drugs to determine the prevalence of Hepatitis C (HCV) in the streets. They were able to get thirty-eight percent of the people they approached to participate. 54% of the respondents who took an HCV rapid test tested positive for the virus. Their data show a high prevalence of HCV among homeless persons who use drugs, although getting the people to participate was also problematic for these researchers. They concluded that HCV awareness could help reduce transmission.

I got a lot of information from this journal publication. The researchers noted how difficult it could be to get people to participate in their studies, much less take the required HCV test for their data. I'm aware of the prevalence of HCV in the drug-using community, but on the streets, the percentages are likely higher.

This is useful information for my research topic as I need to be reminded that there are health risks as severe as HCV associated with doing street outreach work. Precautions must be taken by the street outreach team. I'm interested in finding out what the rules and regulations state in regards to this subject.

Mackie, P., Johnsen, S., & Wood, J. (2019). Ending street homelessness: what works and why we don't do it. *European Journal of Homelessness*, 13(1), 85-96.

This article was perhaps the most similar article to my mindset in approaching my research question. From the beginning of the article, the authors put out the questions: "What works? What does not work? And, if we know what works, why don't we do it?" The research article is well documented, well-cited, and was published in 2019, it's relevant. Their take is that mainstream society continues to focus on hostels and shelters when in actuality there are seven key things that need to change to end homelessness: 1). lack of settled accommodation, 2). funding challenges, 3). ineffective collaboration and commissioning, 4).

addressing the needs of different subgroups, 5). ineligibility of some people for publicly funded support, 6). overly bureaucratic processes and 7). a lack of political will at different levels of government.

The seven items that need to change to end homelessness are relevant to my research topic. The article points to inconsistencies, even internationally, in the attempts to end homelessness. It points out that perhaps shelters and hostels are not the answer. This is one of the items I hope to get some answers on during my evaluation.

Morton, M. H., Kugley, S., Epstein, R., & Farrell, A. (2020). Interventions for youth homelessness: A systematic review of Effectiveness Studies. *Children and Youth Services Review*, 116, 105096. <https://doi.org/10.1016/j.childyouth.2020.105096>

This article tackles the difficult subject of homelessness for the youth of America. The National estimates for youth homelessness indicate that 1 in 30 adolescents (ages 13-17) and nearly 1 in 10 young adults (ages 18-25) experience some form of homelessness. The authors of the article studied 54 different types of interventions and put them into seven categories. Individual counseling & treatment, non-housing case management and support, and transitional, supportive & subsidized housing programs were the top three categories of

interventions provided. The authors point out that long-term evaluation of shelter and housing programs to improve youth homelessness is lacking.

The article seems to hit on a lot of aspects that I had not considered when choosing my program. I really hadn't considered the youth homeless population when considering how street outreach can be more effective. Look back to last October at the Homeless Center, we had an influx of young people staying there for some time. This is definitely a population in need that we cannot ignore.

The value of this article to my research topic is relevant because this is yet another group of persons, much like the elderly, that needs to be considered while doing street outreach. Younger people have a completely different set of challenges to contend with when dealing with homelessness.

Selma Maria da Fonseca Viegas, Rosane Gonçalves Nitschke, Adriana Dutra Tholl, Lucas Andreolli Bernardo, Tassiana Potrich, Maria Josefa Arcaya Moncada & Marta Nabarro (2021) The routine of the street outreach office team: Procedures and care for the homeless, *Global Public Health*, 16:6, 924-935, DOI: [10.1080/17441692.2020.1810297](https://doi.org/10.1080/17441692.2020.1810297)

This research was completed in Brazil with numerous members of their street outreach office team being interviewed. The study was conducted with 20 professionals on the street outreach office team in two capital cities in South Brazil. The article mainly talked about the healthcare demands, but of course, the mention of mental health issues and substance use issues was prevalent. The problems the team members related that were the most discussed revolved around issues homeless people had that were sensitive, immediate, and unexpected.

I gathered a lot of good information from this article. Statistics were given for how the homeless population has free access to health professionals in 14 different primary care clinics (mainly in Dublin). The care that the workers of Brazil exhibit in their daily dealings with the homeless is inspiring.

This article opened my eyes to how large a street outreach effort can get. To the extent that the street outreach workers are bringing psychotropic medication into the streets with them to treat people in psychosis. Having run into someone yesterday who may have benefitted from an intervention like this, I'm humbled thinking about what is possible. The relevance to my research topic is great, I plan to ask questions in my interviews about specific health-related interventions.

Smith, C., & Anderson, L. (2018). Fitting stories: Outreach worker strategies for housing homeless clients. *Journal of Contemporary Ethnography*, 47(5), 535-550.

This article talks about how outreach workers are often caught between doing what they feel is right for their clients and operating within the bureaucratic challenges of social services agencies. According to the authors, an outreach worker's work "involves negotiation with clients who present a range of needs and attitudes toward the services that outreach workers are able to provide." While, "at another level, their work focuses on determining whether their clients meet the criteria for support provided by their organization or other social service organizations". They summarize that the end result is often that "experienced homeless outreach workers often achieve their goals by playing loosely with the letter of the law while holding strongly to their sense of the spirit of the law."

This article talks about the delicate balance of doing the "next right thing" and operating within the confines of the law and agency policy for outreach workers. In my opinion, the authors successfully argue that newer outreach workers are likely to be more subjective in their approach. The older, more experienced outreach worker, is likely going to be more inclined to "make things work" as best they can for their clients.

The value of this article to my research topic is clear, depending on the outreach worker - there may be mixed results. This will be good to note as I interview team members with various years of experience.

Wusinich, C., Bond, L., Nathanson, A., & Padgett, D. K. (2019). "If you're gonna help me, help me": Barriers to housing among unsheltered homeless adults.

Evaluation and Program Planning, 76, 101673.

This article is about the homeless population in New York City and the barriers faced by "unsheltered" homeless people. The article stated that 85 million dollars per year are budgeted for homeless outreach and other direct services in New York City. The New York City street outreach team is dubbed "Homeless Outreach & Mobile Engagement Street Action Teams" (HOMESTAT). The city of New York touts its street outreach program as the "most comprehensive street outreach program in the nation". And yet, the article suggests that there are still barriers to success in housing those who are "shelter-avoidant".

This might be the best article I've found in relation to my research topic and the questions I have about street outreach. It covered a lot of ground with the main theme being the barriers people face. According to the article, the four main barriers are "obtaining identification and documentation, lack of accessibility amid complex health care needs, waiting as part of the process, and pet exclusion policies."

The relevance to my research topic is clear, while Norfolk CSB may never have a HOMESTAT unit, we have individuals who experience similar barriers here in Norfolk on a daily basis.

Wynn, Y., & Stergiopoulos, V. (2021). Optimizing Care for People Experiencing Homelessness and Serious Mental Illness amidst COVID-19: A Street Outreach Perspective. *Journal of Health Care for the Poor and Underserved* 32(4), 1752-1763. doi:10.1353/hpu.2021.0164.

This article discusses the issues surrounding the current Covid-19 pandemic and the homeless population with Serious Mental Illness (SMI) from a street outreach perspective. The article look at things through the lens of a best practices approach to avoiding a situation where outreach teams are infected by individuals living on the streets. One of the recommendations for street outreach teams states “It is recommended that street outreach teams dedicate funding to the purchase or subsidization of smartphones, phone cards, and internet access for individuals at highest risk of loss to follow-up.” The authors then go on to say that smartphones or phone cards provided can be used as a follow-up method for contacting the homeless.

The article has some merit, especially for street outreach team members who may be at high risk for Covid exposure. This is definitely a factor to consider when doing street outreach among other health-related items.

Though Norfolk CSB has its own Covid-19 protocols in place, there are some things mentioned in this article that may not have been considered. While we are

still under the confines of the pandemic, this article has value in regard to my research topic.