Shower N Shave: Project Proposal to Solve Homelessness in Edmonton

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Executive Summary

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Problem Statement:

Edmonton's economy has been recognized to have the highest growth among all Canadian cities between the years 2002 until 2007 due to the rising energy price. But despite the economic prosperity of Edmonton, a significant number of Edmontonians are poor and homeless. As of the 2010 homeless count, the visible homeless in Edmonton is at 2,421. Yet according to research studies, the non-visible homeless, which are difficult to identify and count, can significantly increase the actual number of homeless. The conservative approach to homelessness, which was homelessness management, proved to be ineffective and costly to the city as evidenced by the rising trend of the homeless population since 1990s and the negative financial impacts of homelessness to the healthcare system and the economy as a whole.

To end homelessness, the province of Alberta and the city government of Edmonton ventured in a partnership to solve homeless by 2019 by adopting a "housing first" approach. Under this approach, investments are focused on three areas: rapid re-housing; providing client-centered supports; and preventing homelessness.

Proposed Solution:

In response to the objectives to end homelessness, the Nursing students from the Faculty of Nursing of the University of Alberta, is proposing a partnership with your organization to help end homelessness in the city of Edmonton.

The "Shower & Shave" program intends to target primarily the homeless male population which comprised seventy percent (70%) of the visible homeless people as of the 2010 homeless count.

Summary of Resources:

The "Shower N Shave" program will be operated by nursing students in collaboration with nursing staff from Boyle McCauley Health Centre and volunteers from the local Edmonton community. Financial cost will be generated from the contribution from sponsors, local business and community. The amount of 200,000 dollar is earmarked to finance the program for one year.

Understanding Homelessness

Homelessness is not an easy term to define because it is a complex concept (Wright & Tompkins, 2006). The difficulty comes from the following factors: the absence of a common definition for homelessness; the difficulty in identifying homeless persons due to their transit nature; and lack of participation from local agencies. Thus, instead of providing a strict definition, experts suggest to view homelessness in a continuum. Homeless persons can be classified under Absolute homeless (people who live outdoors in uninhabitable environment), Transient homeless (people who live with family or friends on a temporary basis), or "At Risk" for homelessness (people living in substandard and unsafe neighborhoods or people who spends a big portion of their income for housing) (Frankish, Hwang, & Quantz, 2005; Human Resources and Skills Development Canada [HRSDC], 2011). Seeing homelessness from this more comprehensive perspective is important for two reasons: First, it includes both the visible (easy to identify) and non-visible (difficult to indentify) homeless population; and Second, from a policy perspective, it will provide policy-makers to frame laws that is inclusive of all homeless people. Yet, despite its varied faces, all forms of homelessness is usually associated with poverty, unemployment and poor health (Frankish, Hwang, & Quantz, 2005). Because of these reasons, most scholars and policy makers, agree that homelessness is a social problem that needs to be addressed. In Canada, there is

a growing number of the population who experience homelessness despite its reputation for being one of the richest countries in the world (HRSDC, 2011).

Edmonton's Rich Economy and Homelessness

Edmonton's economy has been recognized to have the highest growth among all Canadian cities between the years 2002 until 2007 due to the rising energy price. The wealth from the oil-sands resulted in increased consumer spending, increased personal income and created job opportunities, not only for the local population but it also became a magnet for talented immigrants. During the "boom" years, Edmonton's population increased further and was diversified by immigrants (Alberta Health Services [AHS], 2008). But despite the economic prosperity of Edmonton, a significant number of Edmontonians are poor. In a 2008 study of Edmonton's economic progress commissioned by the City of Edmonton, it revealed that Edmonton's poverty rate has been consistently falling since 1992 from 21.4% to 11.9% in 2008. But the same study also said that despite this positive trend, income inequality or the gap between the rich and the poor were consistently getting wider. It was 14.3% higher than what it was in 1981 (Anielski & Johannessen, 2008). This study implies that the widening gap between the rich and the poor marginalizes the poor further and puts them at a higher level of risk from the effects of poverty, such as chronic illnesses and homelessness. In Edmonton, the number of visible homeless persons increased by 20% from 2004 - 2006. In a 2010 homeless count in Edmonton, the numbers were decreasing, however, there are still at least 2400 homeless Edmontonians which is significant (Edmonton Committee to End Homelessness, 2010). Aside from unaffordable housing, some of the factors that contribute to homelessness in Edmonton are: low income, unemployment, underemployment, drug/alcohol addiction, poor mental and

physical health, disabilities, and physical and sexual abuse (AHS, 2008).

Homelessness and Health

Homelessness is definitely associated with poor health (Frankish, Hwang & Quantz, 2005; Wright & Tompkins, 2006). The impact of housing deprivation on the health of the homeless can be viewed from several levels. Health problems associated with homelessness can either be categorized as physical, mental or social (Martins, 2008).

According to Murphy, physical health problems are associated with being exposed to the elements due to lack of adequate shelter. Homeless people have high incidence of skin infections, such as fungal and bacterial infections. Under normal circumstances, these are non-complicated cases that are easy to treat. Yet in the case of the homeless, it is harder because their ill health is aggravated by poor hygiene, poor nutrition, and walking long distances. Chronic diseases, such as TB and HIV have a higher incidence in this population due to malnutrition, unsanitary conditions, poor hygiene, inadequate access to health and lifestyle choices, like drug use and unprotected sex (Murphy, 2006). Although there is no data available to understand the extent of TB in the homeless, increased incidence of TB infection in shelters is believed to be due to overcrowding, inadequate ventilation and a large transient population. Treatment becomes a challenge because of non-adherence to therapy, loss of follow-up and prolonged infectivity and drug resistance (Wright & Tompkins, 2006). Increasing HIV cases in the homeless youth across the major cities in Canada is exacerbated by survival sex, multiple sex partners, needle sharing and inconsistent use of contraceptives. Homeless adults often suffer from chronic medical conditions, such as chronic obstructive pulmonary disease (COPD), hypertension, diabetes due to inadequate access to healthcare, poor nutrition and lifestyle habits (Frankish, Hwang & Quantz, 2005). People living in

inadequate housing, especially with damp homes, are at risk for respiratory problems (asthma) and skin problems. This is a serious problem especially to young children. Poor indoor air quality and prolonged exposure to temperature extremes have a negative impact on health (Murphy, 2006)

The incidence of mental health problems are increased for the homeless population as compared to the general population because the chronic strain of being homeless puts them in a lot of stress. Although such is the case, some scholars still argue whether it is homelessness that is causing mental illness or is it mental illness that drives the people into homelessness (John & Law, 2011). Some of the mental health problems homeless people experiences are: depression, anxiety, learning difficulties, schizophrenia, psychoses and other personality disorders. The physical environment of the homeless affects their mental well-being. Unsafe living conditions can lead to feelings of isolation and segregation which can lead to loneliness and depression. Among the homeless population, there are increased incidence of drug dependence and alcoholism. Adherence to such unhealthy habits and lifestyle put them at risk for mental and physical illness and other co-morbidities of addiction (Murphy, 2006).

Social health problems due to homelessness put them in an extreme form of social exclusion. Some people become homeless as a result of family breakdown and social bonds due to violence. They experience little or no contact with family and friends, either by force or by choice due to shame concerning their situation. Socio-environmental factors can put them at risk such as drug use. More than its negative impact on health, it also makes it hard for them to take up employment and access health care. Some of the barriers that challenges the homeless to adopt a healthy lifestyle are: absence of a health card, inability to make and keep doctor's appointments, transient lifestyle (no

address or phone number), stigma or negative reactions from healthcare providers, discrimination, financial obstacles accessing health care, difficulty accessing available services and lack of knowledge regarding entitlements to services (Frankish et al, 2005; Martins, 2008; Muphy, 2006).

Poverty: Major Determinant for Health and Homelessness

Among all the health determinants, Income and Social Status is considered the most influential because poverty is associated with poorer health (Canadian Institute for Health Information [CIHI], 2004). The dynamics between poverty and ill-health is present in a rich country like Canada because of income disparities and health inequalities. According to the Organization for Economic Development [OECD] (2008), two of the major problems that face the world today are inequality and poverty. In their 2008 report, Canada was identified as one of two countries who had an increasing rate of income inequality and poverty rates despite being one of the richest countries in the world (OECD). This finding is significant because research studies show that there is a direct, causal relationship between poverty and homelessness (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008; Raphael, 2009). The path to homelessness is varied. Homelessness can be due to individual risk factors, such as substance abuse, can drive one to poverty and homelessness. According to Preston et. al (2009), new immigrants have less chances to get a affordable housing due to discrimination from landlords. Societal risk factors, such as low-income, unemployment or disabilities, can also lead to poverty and homelessness. Yet most of the time, homeless people are drawn into poverty and homelessness due to combinations of different individual and social factors that all spiral down and contribute to poor quality of life (Frankish et al, 2005). In a 2008 study conducted by Alberta Health Services for Edmonton, the report highlighted the relationship among

income disparities, poverty and ill health, despite Edmonton's economic growth and rising household income. The study claimed that although Canadians value the right to healthcare, the health inequalities that are caused by income disparities puts this segment of the population at risk for poverty. Thus, the issue is not about the right to healthcare but access to healthcare. Furthermore, they claimed that many of the policies affecting the distribution of material and social resources are effective but are not sufficient to address the growing health disparities in a changing economic landscape (AHS, 2008). What they deemed necessary was a comprehensive approach that involves a multi-sector and long-term commitment which will not simply manage poverty and homelessness but will solve it permanently.

Alberta's Plan to Solve Homelessness

The government of Alberta recognized the growing challenge of homelessness throughout the province. In 2007, the provincial government, in partnership with the Housing and Urban Affairs embarked on a 10-year plan to end homelessness in the province by 2019. The problem of homelessness is not new. Despite the efforts by the provincial and local government to address the problem the number of homeless in Alberta is still growing because Alberta is working to manage homelessness, instead of working to end it. The new program is a comprehensive and collaborative effort that streamlines programs and strategies implemented from the local level up to the provincial level. At the core of the program is a fundamental shift in serving the homeless population that is based on a "housing first" philosophy. This is in contrast to the previous approach to address homelessness. Instead of building shelters, the immediate objective is to re-house the homeless. This strategy is anchored in the belief that once a person falls into homelessness, cumulative challenges act as barriers for the homeless to escape its vicious cycle that can lead to chronic homelessness. The

"housing first" approach is Alberta's response to break this cycle. Once the homeless are permanently housed, they will be connected with the supports to help them maintain their housing and prevent them from falling back into homelessness. For the provincial government, there are two compelling reasons why it is worth to end homelessness: First, to end homelessness is the right thing to do because every Albertan deserves to succeed; Second, ending homelessness is more cost effective than simply managing it. If Alberta continues to manage homeless in 10 years, the cost is projected at $ 6.65 billion. In contrast, the 10-year plan to end homelessness will save Alberta taxpayers up to $ 7.1 billion. Thus, ending homelessness is both ethical and cost effective (Alberta Secretariat for Action on Homelessness [ASAH], 2008; CIHI, 2007).

In response to the provincial government's 10-year plan to end homelessness, the city of Edmonton in 2008, drafted its own 10 year plan. Its core philosophy is in accordance with the province of Alberta's approach. In a 2008 survey, the city of Edmonton counted 3079 homeless people which reflect an 18% increase from 2006. One of the compelling reasons that garnered support for the program from stakeholders is its cost effectiveness. The city government believes that managing the homeless costs more. Some of the hidden costs include expenses for hospital stays, ambulance services, emergency room visits, and incarceration. Across North America, research has shown that it is more cost-effective to house homeless people and provide them with the needed supports than it is to continue as we have in the past. Estimates from other cities suggest the cost of homelessness can be as high as $150,000 per person per year, versus about $35,000 per person per year to provide housing and support (Edmonton Committee to End Homelessness [ECEH], 2010).

Homelessness and Nursing Roles

In 1994, the federal, provincial and territorial health ministers endorsed a new approach to public health care called population health approach that redefined the understanding of health and recognized the various health determinants as key approach to improve the health of Canadians by reducing health inequities among population groups. Population health approach includes a broad spectrum of health interventions from illness prevention, health promotion, treatment and care (Public Health Agency Canada [PHAC], 2008). In response to this new approach to health care, the Canadian Nurses association highlighted the role of nurses in positively influencing the health of the public by addressing a broad range of health determinants through aggressive illness prevention and health promotion strategies (Canadian Nurses Association [CNA], 2009). In addressing homelessness, nurses can use the strategies proposed by the population health approach to help the homeless break away from the cycle of poverty, homelessness and ill health. Suggestions from Morris & Strong (2004) for nurses are: to collaborate with other institution and professionals; to engage in active involvement with homeless families; to create a positive relationship with homeless person; and to lobby federal and local government for better policies. A key element for success is to increase the homeless people's self-efficacy through empowerment. This is achieved not only by addressing the immediate needs of the homeless but by also affecting the wider social determinants of health. In view of the complex needs of the homeless, some of the key nursing roles are: provision of a holistic level of care; collaboratively working with other healthcare disciplines, government and the public; provision of a culturally competent care; and provision of direct nursing care (Drury, 2008; John & Law, 2011).

Shower N Shave: Approach to End Homelessness

In response to the government's call to help end homelessness in Edmonton, a "Shower N Shave" program is proposed to the Boyle Macauley Health Centre. This is a student led program which intends to offer basic hygiene services to the predominantly male homeless population in central Edmonton. As of the 2010 homeless count, 70% of the total number of homeless in central Edmonton were male (Sorensen, 2010). For most homeless, health and hygiene practices are a challenge. Moreover, homeless people refuse to access government assistance due to distrust. They feel labeled, stigmatized, discriminated and treated with disrespect by healthcare providers (Krusi, Fast, Small, Wood, & Kerr, 2010; Murphy, 2006). A 2007 study on Toronto's homeless people reported that 32% said they sometimes or usually had difficulty finding a place to use the washroom and 25% said they sometimes or usually had difficulty finding a place to bathe (Khandoor and Mason, 2007). The program will help assuage the burden of homelessness on three levels: First, it will provide our client access to basic human right (health and hygiene); Second, it aims to uphold human dignity; and Third, it will help them gain access to health and social services that is available to them. According to current research by Khandoor & Mason (2007), poverty leads to social exclusion because it denies decent housing and other factors that will make them participate in society. According to the study conducted by Stewart, Reutter, Letourneau, Makwarimba & Hungler (2010), nurses can help encourage the homeless youth to access available social and health services by assessing the need for and importance of key support functions. Their study highlighted that homeless adolescents desired for increased emotional, affirmation, instrumental, and information support. By providing social support through the program, it can meet the needs of the homeless in a non-threatening manner and will provide

emotional and practical resources that will benefit their health (Khandoor & Mason, 2007; Martins, 2008).

Program Objectives

The core objectives of the program are as follows: (a) to uphold the dignity of homeless people by giving them a chance to maintain hygiene and increase self-efficacy; (b) to help identify and recognize the homeless population; (c) to encourage the homeless to reconnect with the healthcare and social system; (d) to provide information about the services available that can help them find a home and be self-sufficient; (e) to provide initial nursing assessment and referral; and (f) to provide an opportunity for nursing students to be involved with the homeless population.

Activities to Achieve Objectives

To achieve the program's objectives, the following activities will be implemented: (a) the program will provide free "shower and shave every Mondays, Wednesdays and Fridays from 6:00 am to 2:00 pm and Saturdays from 6:00 am to 6:00 pm; (b) to provide volunteer opportunities in the program for homeless to work experience; (c) Nursing students will collect data gathered from the homeless population to make it available to other healthcare agencies and researchers; (d) Nursing students will provide information regarding available healthcare and social services during client's visit.

Program Goals and Outcomes

To meet the program's targets, the following goals are set: (a) by the end of the fourth month of program initiation, 400 clients or 10% of the homeless population will be served (short-term goal); (b) by the end of the first year of operation, 2000 clients or 50% of the homeless population will be served (long-term goal); (c) by the end of the sixth month, 60% of the total clients served will verbalize knowledge of the available programs for the homeless; (d) by the end of first year of operation, 30% of the total clients served will actually have a house and will be employed; (e) during the

duration of the program, effective working relationship will prevail among the nursing students, nursing staff, volunteers and clients as evidenced by non-interruption of program delivery; (f) by the end of each session, student nurses will be able to establish therapeutic relationship with the client as evidenced by satisfactory verbal feedback from clients; (g) by the end of the first year, nursing students, staff and volunteers will gain more knowledge about the homeless people as evidenced by increased knowledge of homeless epidemiology, their needs and stories.

Program Costs, Resources and Organizational Structure

To support the "Shower & Shave" program, financial costs will generally come from contributions from sponsors, local business and the community. For detailed breakdown of cost, refer to Appendix A. The manpower resources shall come from nursing students, nursing staff from Boyle McCauley Health Centre, community volunteers and homeless clients who want to volunteer. For a more detailed information regarding manpower allocation and job description, refer to Appendix B; for operating procedures, Appendix C; and for schedule, Appendix D.

Evaluation

To monitor the progress of the "Shower & Shave" program, the following strategies for evaluation will be implemented: (a) anonymous questionnaires will be distributed among the clients every month, to monitor their satisfaction with the services offered by the program. It will measure whether the program services are accurately responding to the needs of the clients and to what degree are the services relevant to their actual needs; (b) Feedback forms will be given to nursing students, program volunteers and the nursing staff from the Boyle McCauley health centre every month to gather their opinion regarding the success of the program, the challenges or barriers to success of the program and the their suggestions for

improvement.; (c) a weekly post-conference session will be conducted for all staff to find out any concerns about the program implementation and to provide the staff a venue to debrief about what transpired during the week; (d) Senior management staff shall conduct a monthly audit of income and expenses to monitor the financial health of the program to ensure program viability. (e) Success of the program will be gauged by the number of clients who availed of the "housing first" program by the local government of Edmonton, as well as, the number of clients who had gainful employment or in the process of equipping themselves to be employed (such as, clients going back to school or undergoing medical treatment or rehabilitation). A monthly report from supporting government agencies will be collected every 6 months to monitor this progress.

Conclusion

According to many academic and government scholars, homelessness is a complex concept, yet, a common thread that runs through the case of each homeless person is poverty. Health inequities determines the health disparities that put the vulnerable people to greater risk for multiple health and social problems. As soon as an individual or family falls into the vicious cycle of poverty and homelessness, escape will be almost impossible without the assistance from the community and the government (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2008). The provincial government of Alberta acknowledged this and they responded by instituting a 10-year plan to end homelessness. The local government of Edmonton, likewise, rose up to the challenge by adopting Alberta's 10-year plan. Thus, the "Shower & Shave" program is the response of nursing students to the challenge posed by the government to end homelessness by 2019. Through cooperation and collaboration amongst various sectors in the community, the path to ending homelessness will hopefully begin to take

shape. The student nurses' involvement with government through the noble objectives of the program, does not only provide them an opportunity to be part of the solution to the problem of homelessness but it also gives them a chance to be involved with the vulnerable population of Edmonton, which will help mold them into a more informed and immensely compassionate nursing professionals. By supporting the modest goals of this project proposal, the homeless people of Edmonton will be given a chance to escape from the vicious cycle of poverty and homelessness. Moreover, the goal to ending homelessness is necessary, not only because it is cost-effective for the city of Edmonton but more importantly, it is the right thing to do.

Appendix A: Estimated Budget and Potential Sources For Funding

Appendix B: Organizational Structure

Appendix C: Operating Procedures

Appendix D: Major Milestones and Project Deliverables

References

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