

# Universal Health Insurance and Health Care Access for Homeless Persons

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In August 2010, American Journal of Public Health published a study by Stephen Hwang and his eight other colleagues. Authors of this study conducted a quantitative study to examine the unmet needs and barriers of homeless people to access the health care system. The study was conducted in the city of Toronto, one of the largest cities in Canada. According to the authors, over the years, homeless people are found to be the most marginalized subgroup of the society in Canada, United States of America and around the world. Government and non government organization have launched various programs to minimize the barriers of these groups to access the health care system. Despite of varieties of program and studies by various researchers, the authors found out that the homeless people are still facing financial and non-financial barriers to access the health care system.

The purpose of this paper is to critique the quantitative study by analyzing its different aspects and contents such as the research problem, methodology, findings, discussion and ethical considerations. The critique will also analyze by focusing on five dimensions such as substantive and theoretical dimensions, methodological dimensions, ethical dimensions, interpretive dimensions, and presentation and stylistic dimensions.

## **Substantive and Theoretical Dimension**

*Relevance of research problem and significance.*

Author Wright and Tompkins argued that the term “homeless” is a complex concept and it is not easy to define (2006). Following factors such as 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 are major leading factors for the difficulties to define “homeless”. Therefore, authors suggest viewing homelessness in a continuum. 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). All forms of homelessness are associated with poverty, unemployment and poor health (Frankish, Hwang, & Quantz, 2005). According to the authors, poverty is strongly associated with health and disease issues. Therefore, the study is very relevant and significant to the Canadian health care system.

*Appropriateness of the conceptual framework.*

The framework is explicitly expressed in the methodology section. The study is based on “Behavioral Model for Vulnerable Populations”. According to the authors, this model has been frequently used to homeless people to guide the selection of candidate predictors of unmet health care needs

(Hwang et al., 2010, p. 1455). Authors used independent variables from these conceptual models to see the effects on the dependent variables. Variables are listed in the tables and analyzed in the statistical analysis section.

*Congruence between research question and methods used.*

The authors are successful in revealing the opposing and supporting arguments in the literature review. Based on the literature review and author’s understanding of the nature of the problem, selection of quantities research method is appropriate and effective. The problem of unmet needs can also be subjective in nature therefore; quantitative method may not help authors to understand the phenomena related to the barriers to assess the healthcare. Based on the nature of the issues author did not provide any special intervention to see the effects on the dependent variables. Therefore, this non-experimental study is very appropriate to explore the issues aimed at this study

(Loiselle, Profetto-McGrath, Polit, & Tatano Beck, 2011).

In this study, the authors did not clearly state their hypothesis in the introduction, however, in the Statistical Analyses section author mentioned a priori hypothesis which “was that demographic group would be significantly associated with unmet needs (Hwang et al., 2010, p. 1457)”. Authors have analyzed twelve predisposing variables such as demographic, age, years of homelessness, race, place of birth, education, sexual and physical assault, drug and alcohol abuse and mental health issues. Similarly they have used two enabling variables such as possession of health card and monthly income. Need variables of SF-12 mental component and SF-12 physical component and number of chronic health conditions were also included in the study. The author designed the study in using correlation type which measures more than two variables rather than manipulating the independent variables to see the effects

on the dependent variables. This method is very appropriate to the study the effects that are possible by many independent variables. All of these variables were derived from the Behavioral Model for Vulnerable Population model.

#### *Literature review.*

The authors thoroughly reviewed the literatures. Literature review is appropriate to justify a priori research hypothesis. Historical account of the development of the arguments was well presented. The gaps in the literature review have provided authors to aim the objectives of the study. Definition, facts and all other relevant information in regards with the main concept of homeless population are presented in the logical manner. The total number of thirty-one references has been cited and majority of them are less than ten years old.

#### **Methodological Dimensions**

##### *Research design.*

Although the heading for each steps of research was not mentioned, the research process was logically linked together. The research was based on cross-sectional design approach which, according to the authors “limited their ability to assess the causal relationships between individual characteristics and unmet needs for health care (Hwang et al., 2010, p. 1459)”. As it is a random (cross-sectional) selected research design, the chances of biasness are reduced contributing to its strength. Quantitative method of research study was well fitted with the intent and the nature of the study.

#### *Population and sample.*

Total numbers of 2516 participants were screened for eligibility. Total numbers 1169 were included in the study and rest were excluded for various reasons such as lack of ability to speak English, lack of health card number and few due to later refusal to be participated. Therefore, the study shows appropriate level of sample size that can be

representational for the total population. However, in order to capture the issues of all types of homeless population such as non-English speaking population, researcher could use translators to obtain the data from these populations. This could increase the wealth of data and transferability of the study in other settings.

#### *Collection of data.*

Study team contacted each and every homeless shelter in Toronto and obtained permission to enroll the study participants. Team spend total of 12 months to recruit a sample. Study states that numbers of adults with dependent children were oversampled to conduct separate analyses as a subgroup. Recruitment sites were selected randomly which is most appropriate way to obtain data need for the study. Authors used age-adjusted standardized morbidity ratios (SMRs) to compare the data between rates of unmet needs for health care among homeless individuals to general population. Authors developed

questionnaire for the study. The questionnaire also included the Statistics Canada Ethnic Diversity Survey to label the race of the participants. The data was collected only one time per participants as a cross-sectional survey. The study used Open Source Epidemiologic Statistics for Public Health, version 2.2.1 to calculate SMRs and 95% CIs. The authors performed univariate and multivariate regression analyses to identify factors associated with increased odds of unmet health care needs. These findings are also backed up by similar previous studies.

#### *Validity.*

In Canada health care system and policy depends on the province, therefore, the study may not be perfectly valid for all populations in other provinces and other privately funded health care system such as in the USA. Authors have compared and presented all the responses regarding the variables in a table which shows the reliability and the validity of the instruments used. More than 40% of the

total population was surveyed. Based on the number of samples, the study promisingly presents higher degree of validity and reliability. The study can produce consistent result if it is repeated in the future and the data obtained in this study can also be transferred to another similar study in a similar province or territory.

#### Ethical Dimensions

##### *Confidentiality or anonymity.*

Based on the information provided in the study, there is a possibility of direct contact between researchers and the participants which is riskier to maintain confidentiality. Similarly, the study does not mention about the action taken for the retention and disposal of the data. The author do not mention whether the questionnaire include any identifying clues such as name, location, and age of the participants. Similarly, the study does not mention anything about data privacy and protection of personal information.

##### *Informed consent.*

According to the study description, all participants were well informed and provided written consent to be a part of the study and also received \$15 for their contribution.

#### *Vulnerability of study participants.*

The participants of the study are adult homeless people who are currently engaged in the meal program and are independent, which may indicate that they are capable of making informed consent for the study.

#### Research ethics board approval.

The study states that the study was approved by the ethical board of St Michael's Hospital Research Ethics Board.

Loiselle, Profetto-McGrath, Polit, & Tatano Beck (2011) states that monetary incentive or stipend offered to economically disadvantaged group such as homeless might place undue pressure for the participants. Therefore, when the author in this study provided fifteen dollar for each participant, this could adversely impact the result and the

truthfulness of the data provided by the participants.

#### Interpretive Dimensions

##### *Discussion section.*

In the discussion section finding were compared with literature review that reveals the factors associated the aim to examine barriers to access the health care among homeless people. One of the limitations of the study is that the individual characteristics and unmet needs are based on self-report; therefore, it is subjective in nature. Qualitative research may help to understand the phenomena better than quantitative study. Similarly, study did not include homeless individuals who don't use shelter or meal program. According to the authors the cross-sectional study design limited their ability to assess the casual relationship between individual characteristics and unmet needs for health care. According to Loiselle, Profetto-McGrath, Polit, & Tatano Beck (2011), the discussion includes the implication of the results. It should tell

how the results can be used in real-world practice. However, in this study the authors do not explicitly mention the nursing implication.

#### *Conclusion section.*

The authors are able to make appropriate conclusion. The conclusion is precise and accurate. The conclusion presented in this study is clear and straight forward to summarize the results. The conclusion also concisely recommends further study to be investigated. For example, the author concluded that younger adults and assault victims may face non-financial barriers to assess the health care system. They may fear that their activities are reported when they assess the health care system. This suggests health care professionals to be nonjudgmental towards these populations so that these populations can trust the system.

#### *Implications section.*

The study does not explicitly mention about its implications in the nursing and or any other fields. The

research found that 1 in 6 homeless individuals living in Toronto reported unmet needs for health care within the past year. This figure is very important for health care professionals such as nurses, physicians and health care policy makers to address and solve the issue properly. The study can also benefit other country and provinces where homelessness is still a challenging issue for equal distribution of the health care to the public.

#### **Presentation and Stylistic Dimensions**

To build their case authors have started the articles with appropriate literature review and facts related to the study. At the end of the background section authors have explained the objective of the study. According to the author the objective of the study was “to determine the prevalence of unmet needs for health care among homeless single men, single women, and women with dependent children within Canada’s universal health insurance system and to identify individual characteristics

associated with having unmet needs (Hwang et al., 2010, p. 1454).” From the presentation point of view, the title of the study is clear to address the research problem. The study was conducted in the city of Toronto. The abstract is complete and it concisely summarize the main feature of the study including the population of the study; however, based on the title alone reader may not be aware of the population and the scope of the study. Tables were presented nicely and explained clearly. According to Loiselle, Profetto-McGrath, Polit, & Tatano Beck (2011), most quantitative research prefers passive voice to avoid any impression of subjectivity, however, in this study active and passive voice both are repeated regularly.

*Any missing information.*

As mentioned earlier, the authors did mention that all participants were given written informed consent to participate and given \$15 for each participant, however, it does not mention the source for these monetary funds and

other funding required for the study. The sources of funding sometimes can hint the researcher’s biasness.

*Clear, grammatically correct writing.*

Grammar and spellings were accurate and the sentences and paragraphs are also well organized.

*Well organized.*

The published study is mainly formatted in APA style. The headings were not in APA style. The expression is clear, accurate and precise. In references the APA was followed properly, except, references were numbered but not sorted alphabetically and indentation was given as instructed in APA.

*Enough detail, no jargon.*

Throughout the paper, appropriate levels of details are provided and there is no jargon in the published study. The title of the study accurately reflected the content and the aim of the study. Abstract is in concise form and have explained the material in appropriate manner. Abstract includes objective, method, results and conclusion of the study.

### **Overall Impression and Conclusion**

The study conducted by Hwang et al. is impressive and promising. All authors are well qualified and experienced. The abstract clearly and concisely summarize the main feature of the study. Presentation and formatting are well presented and APA was followed in most of the part. Literature review was thorough and recent. All 31 references were appropriate and current. Majority are less than 10 years old and relevant. Research findings were compared

concluded systematically. Numbers of data collection were appropriate to increase the validity and reliability of the study. Study limitation were well said, however, research implication were not explicitly mentioned. The study can be used for evidence base nursing practice and policy makers, nursing administrations and researches are well benefited from this study.

### **References**

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