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Voices of the Homeless: An Emic Approach to the Experiences of Health Disparities Faced by People Who Are Homeless

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ABSTRACT

People who are homeless are particularly vulnerable to health disparities. Rather than using population statistics to highlight the prevalence or severity of the suffering of people who are homeless, 28 undergraduate students each conducted an in-depth interview with an individual who relied on a local homeless shelter to cope with everyday life. The interview explored the participants' health concerns and strategies for health management. Due to equipment failure and incomplete recording, only 16 interviews are included in this study. The author adopted thematic analysis while focused on preserving the richness of the interactions between the participants who are homeless and the undergraduate students. The author's goal is to provide emic, intimate insights about the struggles and challenges faced by the people who are homeless. The author concluded the study by situating the findings in the larger literature of health disparities experienced by people who are homeless.

KEYWORDS

homelessness; health; emic approach

It is evident that people who are homeless experience significant health disparities (Baggett et al., 2015; O'Connell, 2005). For example, compared to housed population, people who are homeless have more decayed teeth and fewer filled teeth. The percentage of people experiencing six or more decayed teeth in the general population is 3%; in contrast, the number is 25% for the homeless population (Daly, Newton, Batchelor, & Jones, 2010). Poor oral health have been found to be associated with poor diet (Sheiham et al., 2001) and depression (Coles et al., 2011). Poor oral health can negatively affect individuals' quality of life, including physical and psychological well-being (Durham et al., 2013; Ford, Cramb, & Farah, 2014; Sischo & Broder, 2011). It is also a risk factor for many health conditions including cognitive disorders and heart disease (Joshipura et al., 1996; Noble, Scarmeas, & Papapanou, 2013; Sheiham et al., 2001).

Similarly, due to the lack of stable housing, income, and access to refrigeration, people who are homeless struggle to maintain a healthy, nutritious diet (Luder, Ceysens-Okada, Koren-Roth, & Martinez-Weber, 1990). Food insecurity may result in homeless population's starvation-binge eating cycles: They starve when they lack proper funds or access to obtain food, resulting in depravation that negatively affect their physical and psychological well-being; however, when they come into food, they adopt binge-eating practices to consume the most caloric intake (as opposed to healthiest diet) possible (Alaimo, 2005). Such dietary practices can increase the chance of obesity, which is a risk factor for many chronic illnesses, including diabetes and heart disease (Dinour, Bergen, & Yeh, 2007). Food insecurity is common in the homeless population. One study estimated that about one third of the youth who are homeless had experienced food insecurity in the past 30 days (Whitbeck, Chen, & Johnson, 2006).

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Dachner and Tarasuk (2002) argued that for the homeless population, "Food was a precious commodity. Food access was inextricably linked to and contingent upon conditions of health, shelter, and income" (p. 1039).

In an upper division undergraduate class, I decided that rather than discussing the health disparities and everyday suffering face by the people who are homeless based on the literature, it would be much more useful for the undergraduate students to listen directly to the experiences of people who are homeless. The students first conducted extensive literature review and presented themed discussions about experiences of the people who are homeless. Then, a group of undergraduate students and I developed a set of interview questions to identify health concerns and health management of the homeless population in Norman, Oklahoma.

In this article, we focus on the following questions:

Research Question 1: What is the health problem that troubles you the most and why?
Research Question 2: What are the challenges you face to maintain your dental health?
Research Question 3: Do you think you have difficulties in having a healthy diet? Why?

Method

Participants

In total, 28 persons who access a local homeless shelter in the southwest United States for resources were interviewed by undergraduate students. However, due to equipment failure, including malfunctioned recording equipment and corrupted or lost audio files, only 16 interviews (participants; male = 11, female = 5) are included in the analysis of this study. Participants' age ranged from 21 to 60 ($M = 40.37$ years, $SD = 13.04$). The length that participants visit this shelter ranged from 6 months to 13.5 years ($M = 35.92$ months, $SD = 43.83$).

Procedures

Twenty-eight undergraduate students each conducted a semistructured, individual interview with a person who was homeless. The interview was part of a course requirement in an upper division communication course. All students have successfully completed Intuitional Review Board training and received 2-week training on qualitative interviews. The students were encouraged to listen to narratives of people who are homeless and follow an organic flow of their interactions. The author was present in all interviews and took field notes during the interview process. Each interviewee received a $10 Wal-Mart gift card. The average time of interview was 24.69 minutes ($SD = 9.39$). All interviews were audio-recorded and transcribed verbatim by the student interviewers. All procedures were approved by the appropriate Institutional Review Board.

Data analysis

I had a hard time deciding the best ways to "analyze" the data. One of the most interesting aspect of this set of data was the dynamics between the undergraduate student and the person who was homeless. The data analytic approach adopted here can be broadly understood as thematic analysis (Guest, MacQueen, & Namey, 2011). However, I refrain from imposing an etic analytical frame to preserve the richness of the data. What is readily apparent in this set of data is the encountering of two people from drastically different worlds and perspectives.

At times, their conversations were awkward and uncomfortable; other times, the interpersonal dynamics are spirited and playful. There were posturing, testing, and really candid, brutally honest talks too. Both sides did their best to reach out and to connect with one another. Although I was not able to

share the complete raw data of all interviews, a group of undergraduate students assisted me to select these quotes. They are not "analyzed" texts. They are shared narratives between a person who was homeless and an undergraduate student. Although I would provide some frame to assist readers to interpret the transcripts, my goal is help direct readers' attention rather than to provide a definitive claim about the results.

Because the content is organized by the questions posed by the undergraduate students, I have primarily included the comments of people who are homeless. At times, I also include the students' comments to illustrate the interpersonal dynamics. In the excerpts, we use *H* to indicate talk from a person who was homeless and *S* to indicate talk from an undergraduate student. I use italics to highlight my emphasis in the participants' talk.

Results

Although I tried to organize the interactions based on the research questions, the fluid nature of their interactions and the overlapping concerns about health-related issues can create difficulties in segmenting these discussions in a neat question-and-answer style. I tried to organize the discussions in a way that best reflect the core themes of each question.

Some of our participants referenced specific facilities or services, experiences, or illness conditions; however, it is important to point out that their understanding was based on their subjective experiences. We encourage readers not to view these comments as statements of objective facts or truths; rather, they should be understood as contextualized experiences that are situated in a lively interaction between an undergraduate student and a person who was homeless.

A. What is the health problem that troubles you the most and why?

Many of our participants have immediate, serious health concerns. For example:

Extract 1

H: Umm, I'm about to give birth. So, emotional, and mental.

Extract 2

S: What is the health problem that troubles you the most and why? Would it be your seizures?
H: Yea. That and I have a brain tumor, they don't know how long I'm going to live.

Their health concerns are exacerbated due to the lack of resources. They struggled to locate the necessary resources and support, making difficult choices about their survivorship.

Extract 3

H: My drug bill to stay alive is $500 a month. I haven't taken anything in six months.
S: You haven't taken anything in six months?
H: There's no help there. Yeah. These other guys coming out of here, out of the hospital, they're coming straight out of the emergency room and onto the street. Just like me. They're handed three days' worth of medicine, four days' worth of medicine. And after that, that's it.
S: So you still need medicine, but you just can't get it?
H: I can't even go to the doctors, they haul me off to the ambulance about a month ago. I had come across the railroad tracks and went down, I had another heart attack. They gave me a ...
S: That recently?
H: They gave me a couple days' worth of medicine, and then threw me out on the street. I came back down here and, there's a trash can right there where that guy is standing up, just threw the medicine in there. Three days won't help me.

Extract 4

S: What happens when people get sick for example and health kind of problems?
H: I think going to the hospital is the last thing. It would be the last thing on the list. You can't afford insurance, you know you are homeless. Most of the time when you go to a hospital when you are homeless, they give you a band aid, couple of aspirins, and say call in the morning. You know what I mean? There could be something really wrong with you, but they don't get the money. So they're not working on you. Mostly, you talk to another homeless person and they know you're sick. Mostly, when I was out here, we looked out for each other. Somebody going to have some medicine or something you can have, they can help you out over-the-counter prescriptions, but not all of them. But you got—if you know people then somebody's got something that you can take to make you feel better.

Extract 5

H: It's my thyroid. It's hard to get the medicine because you can't get that one for free.
S: So then do you go without it or?
H: I can't go without it. (chuckles)
S: So you just?
H: I just scrape up the money to get it. Luckily, I have a three month supply from RX Oklahoma for free. But now I'm on paid prescriptions. So I'm just going to have to dig up the money and find a way.
S: So each month you'll just have to save up.
H: Yeah.

Extract 6

H: I have medications, you know. I mean high blood pressure. Obtaining medications, that's been my biggest problem. Obtaining medications when you've lost insurance, you know. Money and all that and the hassles and the loop holes they make you walk though just get me to have that variety care. Is there a place that will really take care of any homeless people? Hell … it's like you know, if you're lucky, after you run out your medications—if you are lucky at variety care, you might get an appointment in a month when you finally make that call. So, my biggest health problem is just running out my medications. The system, so to speak, letting– … I feel like you know, it's not about me. But I sure made it about me. I felt like I was being let down because it took so long. You know my only recourse was to continuously go to the ER to get the small amount of high blood pressure medications and what not, you know? Because they won't write you a full prescription at the ER they will give you enough for 7–10 days. And I hope I am not professional ER visitor, you know. (laughs)
S: So do you think the system really as a whole has a pretty big flaw to it?
H: Yeah, as far as keeping people medicated. And believe me, People … there is a lot of people here that need to be continuously medicated.

Extract 7

S: So I know we've already talked about it but what would you say is your biggest health problem out of what you've already told me?
H: Probably, the ones that I really can't do without is the asthma because (grunts). Run out of that inhaler and I'm always constantly having to find ways to get inhalers, you know? Good thing I have people that—that have asthma that throw them away and I get it from them sometimes. But I guess the tumor that supposed to be in my body should be. But it ain't causing me no problems at the moment. But I guess if it keep growing … Like I said, I was supposed to have surgery. They just told me they'd be taking my stomach out, I couldn't go through with it.
S: Okay. Why is that?
H: Well, they said I was going to take—took all—most of my stomach out and I just couldn't gra–grasp that. I mean, when they first said it, they didn't mention nothing about that. I figured it'd be an operation to get the mass out without having to mess with anything else. When they said that, uh, I guess I kind of chickened out so to speak.

S: No, it's scary.
H: And I ain't got no insurance. None.

People who are homeless face unique challenges in health management. Due to their limited resources, they often are unable to obtain the necessary resources to treat their illness. As a result, they often adopt emotional coping, developing an alternative frame to construct the meanings of their illness and to cope with the illness-related anxiety. Rather than focusing on their lack of resources, they highlight their other limitations that prohibit them to achieve a better health status. For example:

Extract 8

H: Breathing problems because I'm a smoker. And then that foot fungus.
S: Yes, from the showers.
H: Yeah. And stomach problems because (mumbles)
S: You've got what?
H: I've got a real fondness with the bottle. Which goes along with about 90% of people on the streets. (laughs)
S: Why do you think that is?
H: Cause it's cheap. And I can legally carry it around. Keeps you warm. I don't know about around here, but in Dallas there's a liquor store downtown just about every corner.
S: Yeah, very true.
H: I can get that McCormick's 100 proof vodka. The liter size and also a bottle of (mumbles wine name) which is the wine—wine which is about 18% alcohol, pretty stout. Either one of those by itself will do a number on you. I used to take vodka and chase it with the wine. And I'd get tore up pretty good. (laughs)
S: Yeah that'll probably do a number on your stomach, I'm assuming.
H: And I'd be smoking weed, too.
S: So that just adds on to it.
H: Yeah, I'd be pretty wasted. (laughs)

Extract 9

H: Yeah, the spinal problems, diabetes.
S: OK. Diabetes? Ah um, diabetes has some drug issues. How can you not take medication to treat your diabetes?
H: You know what? This actually has been a blessing. You heard about blood pressure? It is really bad. Ah, I had to walk so much.
S: Yes, I know.
H: You just can't get rested. It drops my blood pressure, and my diabetes appears rarely. It will take you to the death, you know?
S: Yeah.
H: That's a blessing. You have to take medication. That is very funny that being a homeless actually makes me healthier.

Extract 10

H: I think I'm worried that I might have cancer.
S: Oh caner? That's the biggest one? And that scares you because you can't check that, you don't have insurance?
H: Yeah, no. I can't check that.
S: So you haven't been to a hospital for a while, right?
H: Really long time. Yeah, really long time.
S: Haha. Well, my family is Asian so we don't go to hospitals that much either.
H: I don't like them. They smell funny. It reminds me of death, you know. I don't like being in there. I don't like going to nursing homes. And it's really sad. And I know it's a part of life. It is a part of life

and it's not really the end of our life. It's we're moving on to somewhere else. But you can't really talk about that with everybody you meet every day either.

A serious illness condition can pose significant threats to one's identity. For example, it can be difficult for a person in a wheelchair to claim an athletic identity. Many of our participants focused on important identity claims (e.g., they are productive, active individuals) while referencing illness conditions that are often considered severe if not debilitating by the general population.

Extract 11

H: No, the only health problems that I'm concerned about are joining the Marines are going to turn me down, because I'm supposed to be shipped off here in two weeks. To dock for basic training, in two weeks and *I got a corrupt disk in my back*. And I'm just wondering if it's going to stop me from going in there. *Other than that I'm healthy*. As healthy as a whistle. And whistles are not very clean, well, healthier than a clean whistle.

Extract 12

H: You know, plus with my head injuries and stuff and everything, sometimes—and *I have seizures, and I've had a couple of strokes. Often than not I'm pretty good.* You can see I've got some damage. [shows shaky hands.] It's like when I was up there playing, it took me about—on one song, it took me 120 tracks to get it down right with my fingers, but the parts I can play good, I keep them. Then I go back to the ones I mess up. I practice, practice, and overdub, you know—just an old musician's trip.
S: Yes! (Laughs)

B. What are the challenges you face to maintain your dental health?

The literature suggests that dental problems are common concerns for the homeless population. Our participants supported such findings:

Extract 13

H: Dental health? Well, it's not really an issue for me anymore. Cause I don't really have no teeth left. I had a full set of choppers before I became homeless. Just lack of hygiene. No dental care.
S: So not being able to brush
H: lack of dental care had them all falling out. So they're pretty much all gone now.

Extract 14

S: What is the health problem that troubles you most and why is that?
H: My personal health problem?
S: Yes.
H: Is my dental. (chuckles) If they had a place that we could go and be like, "Okay, this is the problem with my teeth." All I need is to have it pulled or something like that. I know that there's OU students and stuff who perform free dental.
S: Like?
H: Jails and stuff like that.
S: Dental students?
H: Why can't they do that for the community? Have like a 24 hour open. Because it affects you mentally and on your teeth. It's not awesome to have during cold weather or anything.
S: Yeah, I bet.
[. . .]
H: Because like, there's some nights that I can't go to sleep because that's how bad my teeth hurt. I just have to make sure that I can sleep.
S: Yeah.

H: And then I have a job the next day. And my sleeping conditions aren't always the best thing in the first place. And then you through tooth pain into it and it's horrible.

Extract 15

S: What is the health problem that troubles you the most and why?
H: My teeth … and I don't know what to do about it really.
S: Do you have a toothbrush?
H: Yeah.
S: I'm not a dentist, I am just trying to help.
H: I mean my teeth are mostly gone.

When people who are homeless face dental health problems, their solutions often entail creating long-term damages. Without regular affordable access to dental care, people who are homeless often need to resort to cheap, permanent solutions that minimize chances of repeated concerns (e.g., pulling a tooth as opposed to treating the gingivitis that caused gum inflammation). For example:

Extract 16

H: I have two sets of teeth on this side (points to her left side of mouth). I have teeth growing over my gums which there are teeth already. I've had like five abscessed teeth last year alone on this side.
S: Owh.
H: Same tooth. So finally when I was locked up in the apartment in Texas, I said, "You know what? I am gonna get rid of this by myself." I gargled with salt water so much that my tooth eroded.
S: Oh, owh.
H: It dissolved it right out of my gum.
S: Oh, my gosh owh.
H: I was like, "Yeah! This is great."
S: Oh man, that sucks so bad.
H: I was in so much pain, I couldn't stand it anymore. I just had to get it out of there. I was like, "John, we're running out of salt."
S: No salt! We have to get this out of here.
H: And it helped.
S: Wow! Yeah, I mean, hey.
H: Anything to stop that pain.

Extract 17

H: You can't uh—You can get them pulled for free but you can't get dentures made. And I was in a bad car accident some years ago and I lost most of them. So I can't afford to get them fixed. But you know, I can get them pulled. But then I wouldn't be able to eat (chuckles)
S: Yeah.
H: I like to have them fixed after they were pulled. But you can't get that around here especially not in Norman.

Extract 18

H: Just because probably no insurance and, yeah, no money. I mean, I know that's my fault and stuff. But when I had money I never went to dentists, and now it's like my teeth are breaking off and I'm just breaking them off. I didn't think about it the other day, but I was breaking off my tooth and my wife was like, "Hey you better watch it and stop doing that." And I was like it seems nothing to me. It's like my body wants me to fucking get rid of this, so I am busting them off. I guess like moneywise, like money and insurance and I guess being a little scared too.
S: Scared?

H: Like scared of the dentist and shots in the mouth and all that stuff. But I mean I'm not really sure, honestly. I guess I'd say the money, the money is the biggest thing. The money.
S: Man, you kind of answered the next question on my list by saying that. So is it like hard to eat certain stuff then?
H: Oh yeah. Like chips, chips are hard to eat. Like steak, steak is hard to eat. Digesting big ol' hunks of meat that aren't really chewed up. I don't know, I try to really stay away from that stuff, but definitely.
S: Dang.
H: So I'm going to try to eat while I can. Yeah, it sucks.

From this perspective, their solutions can often compromise oral health and are likely to lead to other health-related problems (e.g., malnutrition).

Extract 19

H: Sometimes, I can't even chew the things they have here. You know they don't mean—they don't do it on purpose, they just don't think.
S: Yeah.
H: They are trying to deal with budget. The bread's always hard.
S: And then just maintaining that would just, I guess, even just being able to eat daily.
H: You can just. . . . There is no place here in town that has dental. They used do it at—They help their friends. They used to have a dental clinic. But I'm not sure where one would be at all.
S: Yeah
H: Yeah. The closest one there would be is up in the city, the University of Oklahoma teaching hospital.
S: Oh yeah.
H: They do it.
S: But you have to be able to get there!
H: And if you're homeless, the three dollar shuttle is almost impossible to get! It takes three dollars to even take the bus up there. So yeah. . . .
S: Ummm.
H: And the dental, I'm sorry.
S: Oh no, you're ok.
H: If your teeth aren't right, it ends up messing up your digestive track.

C. Do you think you have difficulties in having a healthy diet? Why?

Lack of resources limit our homeless participants' choice of diet. For example:

Extract 20

H: If I get change, I always go to McDonalds or Taco Bell and order off the dollar menu. I'm sure that's not the healthiest shit. McDoubles and McChickens all the time. That's fucked up that they kind of make it that way where all the stuff on the dollar menu is fucked up. But yeah, I just eat off the dollar menu everywhere.
S: Is the food here [at the shelter] not the healthiest you think?
H: I'm sure it's not the healthiest, but it's not the unhealthiest. I mean I guess they throw in some fruits and vegetables which is good. So they try and balance it out. But it's like—I try not to dog on them too much I guess. Because they give out food. I think they're the only ones that give out food besides the Church on Sundays.

Extract 21

H: Yes, I do. Here at the shelter all they give us is bread and pasta because it's more filling than other foods. So it is a concern because I am starting to get pretty chubby and that's the last thing I want right now. It is tough finding healthy foods.

Extract 22

S: One topic of food and eating well, does that matter at all or do you just get what you can get and eat it if you're homeless?
H: That's like a trick question. (laughs) Cause it can go either way. Yeah. Like [Name] back here in the kitchen, she tries to serve a well-balanced meal. You know, you got all our food groups. But when you are homeless, you get what you could take. And that's just rule one of the game. Rule one of living on the street, you get what you can take. You may not get a well-balanced meal on the street. You can be sitting in front of McDonalds and they might give you an order of fries. You don't get the burger and the soda to go with it. You get what you can take. When you on the streets, it's more or less about survival, so to speak. You don't have anything to fall back on or a check at the end of the week or none of that. You gotta live for the moment, you live for that day. You don't live for tomorrow.

However, some participants in our study also made efforts to eat healthy as they manage their limited resources. For example:

Extract 23

H: No, not really. If I do it's because the prices. When they say eat healthy but then that stuff gets kind of expensive. You can't always eat the way you really want to.
S: Right.
H: So that's a challenge I see right there (laughs).
S: Where do you buy most of your groceries from?
H: Buy for Less.
S: Buy for Less?
H: Yeah.
S: Okay. Um, what does your diet look like?
H: Well, I probably—Now, I'm starting to eat a lot of broccoli raw. I don't even cook it.
S: Perfect.
H: And that's probably about the biggest—I try to eat guacamole sometimes. That's kind of expensive.
S: That's good though.
H: I eat a lot of garlic.
S: Really?
H: I try to eat it to where it won't, you know, because it's so pow-so bad that I try to do it where I. . . . So I don't go nowhere that next day. You know, I try to time it.
S: Yeah.
H: I can't just . . . (laughs) But yeah I do eat quite a bit of that.
S: Garlic bread? (laughs)
H: Yeah, yeah.
S: Hey, I can't argue with avocado and guac.
(joint laughter)
H: Guac on everything is always a good idea.
S: Yeah (laughs).

Extract 24

H: Not at the moment. Because I've been in that apartment for two weeks, and I can make my balanced meals. But before that, you are eating out of a can or eating whatever they serve at lunch time or finding whatever you can at a fast food place or convenient store. Most everybody here has food stamps so they go buy a sandwich at 7/11 or something.
S: So the first choice is the cheapest. And it doesn't matter if it's unhealthy.
H: They eat sausages or whatever. It doesn't matter if all that stuff is bad for you.

It is important to remember that the diet of participants who are homeless is not just influenced by the types of food that are accessible or available to them but also by their physical/dental health.

For example, for someone who has poor dental health or digestive functions, it may be difficult to eat certain types of food. For example:

Extract 25

H: Well, I can't eat raw vegetables much, unless I chop them up really super, super tiny. Other than that, I don't know. I can eat meat all right. I can eat taters and stuff like that.
S: Yeah I think it's kind of something that I don't ever really think about. Even if you were to be provided with healthier food, like vegetables and stuff, it would be harder to eat.
H: Yeah, yeah.

Extract 26

H: If your teeth aren't right it ends up messing up your digestive track.
S: Yeah ok, do you think you have difficulties having a healthy diet? Well yeah, of course you do!
H: Yeah. Even if you don't chew your food right or enough times, and it's slowly going to eat your—So if we don't have enough time, we can barely eat. We have to eat when we can and what we can. They slop us when they say slop us. And if you're not here then you don't get to eat. That's why I said this right here. This. God send us here because this is food for me. I don't necessarily have to be at the Salvation Army tonight at 5:30. I can go get me a sandwich [waving the gift card she received]. You know what.
S: Yeah.
H: I'm saying and that's good stuff. I can go get me some macaroni and I can eat it up.
S: This is something we discussed and you may be able to help me with—
H: I can go to the deli with this. And I can get mashed potatoes and gravy with this and just fill up.
S: Good. But um—So it said keeping a healthy diet, which obviously just like you said, certain foods —
H: Yeah.
S: You can't have fruits and vegetables like you want.
H: They try here. They really try here. The woman that works in the back. I think she's going to dietician school so she tries to give us. But it's mostly carbs and things that are donated. And that will go a long ways. We eat pasta and green beans and that pretty much sums it up. Every once in a while, we'll get something a little different.
S: Yeah?
H: But at the Salvation Army, that's where most people eat dinner every night, we mostly eat chicken and rice. It's almost a given. Unless we have a church come in. Or someone will come barbeque for us every once in a while. To maintain a healthy diet, it's almost impossible. Which in turn back to digestive track. As a bunch of homeless people, we have to process that food as well. We are humans and we cannot process when we need to either.
S: Yeah.
H: So you got to find the library, the park you've got to find.
S: You got to find yeah. . . .
H: So that in turn messes up your digestive system as well if you can't—
S: Just holding it? Yeah.
H: Yeah! (laughs) You know what I'm saying. (laughs)

As our participants reflect on their access to healthy options, many also highlight the importance of shelter, soup kitchens, and other welfare services to maintain a proper diet. For example:

Extract 27

H: No, uh-uh. Not really. Once I got off the street. I got in here and started eating you know, the meals here, the cook, you know. The meals here are well balanced. You may not like them all the time but by God they are a blessing when you don't have anything else but food stamps.
S: Yeah.
H: Yeah, ask me the question one more time?
S: Do you think you had difficulties in having a healthy diet and why?
H: Yes, . . . as . . . per se before I came in here, yes.

Extract 28

H: No, not really. You're offered breakfast and lunch here, and Salvation Army gives dinner. Other than that I believe that food stamps should be able to be used in much healthier foods than just gas stations. (laughs)
S: So you think there should be more like regulations for food stamps?
H: Not regulations but better ways of using them.
S: Would you say you get most of your meals through the shelter or do you do food stamps more?
H: Right now the laws have changed on food stamps, so you have to have a job where you can make at least 30 to 40 hours a week. [There's a health grocery store on Main,] I totally believe that you should be able to go in there and, and get nutritional stuff. I mean it's expensive there but I believe you should also get a proper discount on something like that.
S: Yeah.
H: There are people that aren't even homeless, they get food stamps, you know?

Discussion

It is a challenging task to untangle how and why people who are homeless experience health disparities as this particular population face several risk factors that confound the complexity of their situation. First, for individuals who are homeless, challenges to health managements are entangled problems. For example, though homelessness, mental illness, and substance abuse are three distinctive concerns, they are often confounding realities for the homeless population. Many of participants refer to their addictions as they reflect on their health status. We know that people who are homeless in the Western countries are particularly at risk of mental illnesses compared to age-matched general populations. A meta-analysis found that among people who are homeless in the Western countries, there is a pooled prevalence of 12.7% for psychotic illnesses, 11.4% for major depressions, 23.1% for personality disorder, 37.9% for alcohol dependence, and 24.4% for drug dependence (Fazel, Khosla, Doll, & Geddes, 2008). The confounding of serious mental illness with substance dependence is particularly problematic as such dual diagnosis often suggest difficulties for treatment and poor clinical improvement (Gonzalez & Rosenheck, 2002). A study found that the prevalence of psychiatric illness among the homeless population, including mood and substance use disorder, has increased dramatically between 1980 and 2000 (North, Eyrich, Pollio, & Spitznagel, 2004), with 84% of men and 38% of women with alcohol or other drug use disorder in 2000. Same study also found that though the abused drug of choice was cannabis in 1980, it was cocaine by 2000. Another study found that when compared to adults who are not homeless, the alcohol-attributable mortality rates for individuals who are homeless were 6 to 10 times higher, and drug-attributable mortality rates were 8 to 17 times higher (Baggett et al., 2015).

Rather than portraying a linear causal relationship between homelessness, mental illnesses, and substance abuse, many researchers have suggested a complex, interrelationships between these factors. For example, a review found that people with schizophrenia and other psychotic disorders use substances to reduce general dysphoria, and possibly negative symptoms (Phillips & Johnson, 2001). People who are homeless and runaway youths may resort to substance abuse as a coping strategy to manage depressive systems, sexual minority status, street victimization, and problematic home life, including child abuse and parental drug use (Moskowitz, Stein, & Lightfoot, 2013; Tyler & Melander, 2013). As individuals exhaust their supportive prosocial networks, they may begin to seek support from individuals in the drug subculture, which can increase their own drug use behaviors (Galaif, Nyamathi, & Stein, 1999). In fact, several studies have found that providing housing first (as opposed to treatment first) to adults who are homeless and have severe mental illness have a significantly better chance to reduce substance abuse and avoid relapse (Collins et al., 2012; Padgett, Stanhope, Henwood, & Stefancic, 2011). From this perspective, addressing health issues of people who are homeless require a systematic understanding of the sociocultural, socioeconomic, and environmental contexts they face. Like our participants' have demonstrated, without access to dental care, providing nutritious food through homeless shelters and soup kitchens is meaningless.

Many predictors of health disparities are of great significance to the homeless population, creating cross-generational problems and vicious cycles. The homeless population are at high risk against numerous social determinants of health, including stigma, low education level, lack of health insurance, and instability in various forms of resources, including housing, finance, and jobs (Marmot, 2005; Marmot, Allen, Bell, Bloomer, & Goldblatt, 2012). Together, these social determinants create powerful barriers to access to care for individuals who are homeless. For example, the homeless population are often one of the most economically marginalized group. Researchers have argued that low socioeconomic status can affect individuals' access to and status of health at all stages of life, from infant mortality to elderly health (Fiscella & Williams, 2004; Marmot, 2005). Poor health behaviors of adults with low socioeconomic status are often attributable to their life course socialization, especially during their childhood (Lynch, Kaplan, & Salonen, 1997). As a result, children of low socioeconomic status often adopt problematic health behaviors that can contribute to their poor health later in life, which further deprive them opportunities to improve their quality of life through economic means (Fiscella & Williams, 2004). In short, health disparities are the result and cause of homeless population's suffering in everyday life. Addressing issues of health disparities is essential in alleviating suffering of individuals who are homeless.

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