7. Diagnostic standards and classification of tuberculosis and other mycobacteria. Am Rev Respir Dis 123: 343-358, March 1981.
8. Jones, W. D., Good, R. C., Thomson, N. J., and Kelly, G. D.: Bacteriophage types of *Mycobacterium tuberculosis* in the United States. Am Rev Respir Dis 125: 640-643, June 1982.
9. Snider, D. E., Jones, W. D., and Good, R. C.: The usefulness of phage typing *Mycobacterium tuberculosis* isolates. Am Rev Respir Dis 130: 1095-1099, December 1984.
10. Patel, K. R.: Pulmonary tuberculosis in residents of lodging houses, night shelters, and common hostels in Glasgow: A 5-year prospective survey. Br J Dis Chest 79: 60-66, January 1985.
11. Shanks, N. J., and Carroll, K. B.: Improving the identification rate of pulmonary tuberculosis among inmates of common lodging houses. J Epidemiol Health 36: 130-132, June 1982.
12. McAdam, J., Brickner, P. W., and Glicksman, R.: Tuberculosis in the SRO/homeless population. *In* Health care of homeless people, edited by P. W. Brickner. Springer Publishing Corp., New York, 1985, pp. 155-175.
13. Alstrom, C. H., Lindelius, R., and Salum, I.: Mortality among homeless men. Br J Addict 70: 245-252, September 1975.
14. Koplan, J. P., and Farer, L. S.: Choice of preventive treatment for isoniazid-resistant tuberculosis infection. Use of decision analysis and the Delphi technique. JAMA 244: 2736-2740, Dec. 19, 1980.
15. Bailey, W. C., et al.: Preventive treatment of tuberculosis. Chest 87 (supp): 128s-132s, February 1985.
16. Trachtman, L., and Greenberg, H. B.: Surveying 2,020 vagrants for tuberculosis. JAMA (letter) 240: 739, Aug. 25, 1978.
17. Snider, D. E.: Improving patient compliance in tuberculosis treatment programs. USPHS, February 1985.

# Role of Nurses in Meeting Needs of the Homeless: Summary of a Workshop for Providers, Researchers, and Educators

FAYE G. ABDELLAH, RN, EdD, ScD
JEANETTE G. CHAMBERLAIN, RN, EdD
IRENE SHIFREN LEVINE, PhD

Dr. Abdellah is Deputy Surgeon General and Chief Nurse of the Public Health Service. Dr. Chamberlain is Chief of Psychiatric Nursing Education Programs, and Dr. Levine is Associate Director, Division of Education and Service Systems Liaison, both of the National Institute of Mental Health (NIMH), Public Health Service.

Loretta Haggard, BA, Consultant to NIMH, assisted in preparing this summary, and Natalie Reatig, BA, Special Assistant to the Director of the Division of Education and Service Systems Liaison, NIMH, helped design and plan the meeting. Other important workshop planners included Alvira Brands, DNSc, Assistant Branch Chief, State Planning and Human Resource Development Branch, NIMH; Patricia A. Deiman, RN, MNA, MPH, Nurse Consultant, Health Resources and Services Administration (HRSA); Juanita Evans, MSW, Chief, Social Work, Division of Maternal and Child Health, Bureau of Health Care Delivery and Assistance, HRSA; Shallie Marshall, RN, MSM, MPH, Nurse Consultant, Refugee Mental Health Program, NIMH; Ruth Kay, BS, Technical Writer, Office of Scientific Communication, NIMH; Janet M. Fox, BA, Deputy Staff Director, Department of Health and Human Services Task Force on the Homeless; Barbara Lubran, MPH, Program Analyst, Planning and Financial Management Branch, National Institute on Alcohol Abuse and Alcoholism; and Jacqueline Parrish, RN, MS, Program Director, Community Support Program NIMH.

Tearsheet requests to Dr. Levine, National Institute of Mental Health, Rm. 11C-25, 5600 Fishers Lane, Rockville, MD 20857.

TWENTY-TWO PIONEERS IN WORK with the homeless—registered nurses, clinicians, nursing administrators, faculty members, and researchers—participated in a workshop to discuss their nursing practice with homeless persons. Funded jointly by the Office of the Assistant Secretary for Health and the National Institute of Mental Health (NIMH), the workshop addressed "The Role of Nurses in Meeting the Health/Mental Health Needs of the Homeless." The American Public Health Association (APHA) sponsored the workshop and convened it at its national headquarters in Washington, DC, on March 6 and 7, 1986. This paper summarizes a more detailed account of the proceedings that was prepared by the APHA (see box).

The meeting focused on the nursing profession because nurses frequently must provide "hands-on" services to vulnerable homeless persons who may require crisis intervention, stabilization, treatment, or followup care.

Jean Craft-Taylor, RN, MBA, Chief of Staff of the Department of Health and Human Services (HHS), commented during her opening remarks that " . . . there are approximately 2 million licensed RNs in this country. Without question we are the largest force in any sphere of human services." Clearly nurses have a crucial part to play in reaching out to the homeless.

Deputy Surgeon General Dr. Faye Abdellah challenged the workshop participants to attain four specific goals: (*a*) to identify issues affecting

treatment of homeless persons, (*b*) to assess current access of the homeless to health and mental health care systems, (*c*) to review the current state-of-the-art of the nursing profession in addressing the short- and long-term needs of the homeless, and (*d*) to formulate recommendations for health and mental health care practice, policy, research, and education.

Each workshop participant was invited to present a position paper on the characteristics and health needs of the homeless persons, on subgroups of the homeless, or on service settings where nurses might encounter the homeless. These papers became the focus for plenary sessions that provided background information on homelessness. The papers were also the basis for panels on potential service settings (outreach programs, emergency shelters, health care clinics, psychiatric emergency rooms, and soup kitchens) and on special populations among the homeless (the mentally ill, substance abusers, racial and ethnic minorities, women, women and children, and the elderly).

Twenty years ago, most homeless persons were older, white men, many of whom suffered from alcoholism. Since then, the homeless population has burgeoned in size and has become much more heterogeneous, encompassing women, children, racial and ethnic minorities, substance abusers, and mentally ill persons. Three main factors have contributed to the expansion and differentiation of the homeless. First, economic hardships such as unemployment, reductions in entitlement benefits, and the loss of affordable housing units forced many persons onto the streets. Second, the poorly implemented deinstitutionalization of patients from State mental hospitals during the 1960s and 1970s has left many vulnerable mentally ill persons to fend for themselves. Unfortunately, an adequate number and range of community-based programs were never developed to serve this population adequately. Finally, personal factors, such as substance abuse, physical or mental disability, or family breakup, have contributed to the crisis of homelessness as well.

Speakers reported on the wide variety of physical and mental disorders seen among the homeless. These range from short-term conditions such as parasites or leg ulcers to more severe acute or chronic conditions such as hypertension, cardiac problems, tuberculosis, diabetes, alcoholism, substance abuse, or schizophrenia. Despite their intense discomfort and desperate need for treatment, many homeless persons are unable to obtain the care they need. A homeless patient rarely has access to refrigerated facilities to store medication or an infant's formula; neither does a homeless patient often have the opportunity to rest in a warm, hygienic environment. Furthermore, health care providers in clinics or emergency rooms frequently are reluctant to treat homeless persons.

Workshop participants discussed at great length the need for nurses to overcome this reluctance. They also recognized the need for health care providers to meet the homeless where they are—in shelters, in soup kitchens, on the street, or in community clinics—to minimize their fear and suspicions. The nursing profession, participants agreed, must educate those just entering the field about the serious and unique health and mental problems of the homeless and the special treatment required.

On the final day of the workshop, the participants, invited guests, and observers separated into four small groups to formulate recommendations in four distinct areas: (*a*) education and training of health professionals, (*b*) improving the system, (*c*) improving programmatic efforts, and (*d*) nursing research. Following are some of the recommendations made in each area.

## Education and Training

The group first delineated a series of problems and service gaps that must be addressed. Nurses are more likely to receive their education in institutional rather than noninstitutional settings, and they are largely unaccustomed to serving the homeless outside of the hospital or clinic. Many

**Bibliography: the Homeless and the Mentally Ill**

"The role of nurses in meeting the health/mental health needs of the homeless: proceedings of the workshop," American Public Health Association, Washington, DC, 1986, 192 pp.

"Case management services for persons who are homeless and mentally ill: report from an NIMH workshop," in press, 1986.

"Reports available from the National Institute of Mental Health concerning the homeless and mentally ill" (bibliography), revised July 1986, 7 pp.

All three publications are available free from the Program for the Homeless and Mentally Ill, National Institute of Mental Health, Rm. 11C-23, 5600 Fishers Lane, Rockville, MD 20857.

*'The meeting focused on the nursing profession because nurses frequently must provide 'hands-on' services to vulnerable homeless persons who may require crisis intervention, stabilization, treatment, or followup care.'*

medical professionals set a poor example by distancing themselves from the homeless, who are perceived as unclean. The nursing curriculum often fails to educate students to interact with nontraditional populations.

The lack of attention to special, vulnerable populations like the homeless is explained in part by the scarcity of funding for research and training in this area. Federal support for nursing programs for targeted populations is declining. Universities do not tend to recognize or promote faculty members who teach about the homeless or other disadvantaged populations, for this area of study generates no funds.

The education and training group directed its recommendations to the Federal and State levels of government and to academia.

**Federal Government.** Education and training programs currently funded by the Federal Government should emphasize the preparation of nurses to work with the homeless. The Federal Government also should target faculty development awards to encourage the development of a new cadre of faculty who are concerned with and knowledgeable about the needs of the homeless.

**State Government.** Policymakers in each State should review the nurse practitioner acts, which govern the autonomy of practice. If nurses are to care most effectively for homeless patients, they need the freedom and flexibility to move beyond the traditional locus and mode of treatment. Communities should assess the extent of homelessness within their jurisdictions and obtain better estimates of the need for service.

**Academia.** Universities should, first of all, assess the service delivery problems inherent in care of the homeless. Universities should expand the nursing curriculum to include systems assessment and opportunities for students to gain experience in nontraditional clinical service settings. Finally, universities should make available through their library systems bibliographies on the homeless. A bibliography of papers and reports on the homeless mentally ill is available from NIMH (see box).

**Other.** The nursing profession should encourage policymakers to include funds for professional training of medical personnel in budgets related to the care of the homeless. Nurse educators, administrators, and practitioners should have a voice on all levels of advisory boards related to the homeless.

## Improving "the System"

The second group of workshop participants developed recommendations for improving the system as a whole through advocacy efforts. The group distinguished six categories of recommendations: (*a*) private and public funding mechanisms for care of the homeless, (*b*) housing, (*c*) employment, (*d*) nursing professional education, (*e*) health services and case management, and (*f*) power of politics.

**Funding.** Nurses and other health professionals should educate legislators and policymakers at Federal, State, and local levels to develop and expand programs for the homeless. Special attention should be paid to the needs of special populations such as homeless women with children or homeless mentally ill persons with substance abuse problems. Advocates must emphasize community-based services and flexible outreach efforts. In general, improved access to governmental entitlement programs (such as Medicaid, Medicare, and Aid to Families with Dependent Children) can also assist the homeless and help prevent others from becoming homeless.

**Housing.** The growing shortage of affordable housing is of grave consequence for the homeless and marginally housed, because it restricts their ability to reconstruct a stable, self-sufficient lifestyle. The nursing profession must broaden the scope of its interests and efforts beyond clinical issues. Because suitable shelter is a vital prerequisite to the restoration of health, the profession must press for increased Federal, State, and local funding for both transitional and permanent housing. Finally, the profession should urge local

officials, when developing new housing alternatives, to concentrate first on altering restrictive zoning ordinances and on rehabilitating existing abandoned buildings.

**Employment.** Between 1981 and 1985, more than 11 million industrial jobs were abolished; 40 percent of those who lost their jobs were unable to find other employment, and many joined the ranks of the homeless. Sheltered employment and other vocational rehabilitation programs should be developed specifically for the homeless, with the aim of moving them from Supplemental Security Income benefits to employment. Policymakers also must protect entitlement benefits in order to reduce the risk of homelessness for those receiving public assistance.

*'Professional educators should encourage those entering the field by providing innovative, nontraditional working models for caring for the homeless—for example, through community nursing centers for the homeless and through self-help alternatives—and should evaluate these new models for replication elsewhere.'*

**Nursing professional education.** As mentioned earlier, the current curriculums in professional nursing schools do not prepare students to care adequately for the homeless and other disadvantaged populations. The health and mental health system as a whole would function better if nurses received more appropriate training, with an emphasis on community care, nurse-managed clinics, and replication of successful programs for the homeless.

**Health services and case management.** Case management is one of the most crucial components of a successful health and mental health care system serving the homeless. A single case manager or team acts as a broker, linking homeless clients with services. Judith Strasser, Assistant Professor at the University of Maryland School of Nursing, commented earlier in the workshop that "Nursing of homeless people may consist primarily of a mediating role." Dr. Strasser even suggested that nurses are "culture broker(s) in helping the homeless to bridge the gap between their culture and the health care delivery system."

To stimulate national awareness of case management techniques, the group recommended that a major conference be held on case management and its results be disseminated widely. A conference on case management for the homeless mentally ill was subsequently convened in Boston on June 9 and 10, 1986, by the Boston University Center for Rehabilitation and Training in Mental Health. Proceedings of the conference will be available from NIMH (see box). The workshop group also recommended that the nursing profession and other health disciplines conduct a rigorous evaluation of the impact of case management on the indigent mentally ill population.

**Power of politics.** Nurses should take advantage of their high credibility as witnesses and experts to become advocates for the homeless. They should testify before legislative bodies and provide community leadership to build coalitions of public and private agencies with a mission to aid the homeless.

## Program Level

The third workshop group addressed the issue of how nurses can best adapt programs and program approaches to improve the quality of care for the homeless. Nurses must recognize the usefulness of the community systems approach to caring for the homeless. That successful model includes assessment and referral services, emergency and transitional shelter, long-term housing, daytime activities, assistance in applying for benefits, job training, community-based health and mental health care, and advocacy. This approach has proven effective because it explicitly recognizes the multifaceted needs of homeless persons, and through case management ensures that these needs are met.

## Nursing Research

The final workshop group formulated recommendations on the future direction of nursing research. This group separated its recommendations into six categories: (*a*) data base needs, (*b*) service systems delivery, (*c*) prevention, (*d*) educa-

*'Considering the proximity of nurses to the homeless, and the high probability that they will encounter homeless persons who are extremely vulnerable or disabled, nurses have a vitally important role to play in restoring homeless persons to health and self-sufficiency.'*

tional models, (*e*) social and physical environment, and (*f*) dissemination of findings.

**Data base needs.** Nurse researchers should establish uniform definitions of the client population and of service approaches. They should collect and integrate demographic data, paying special attention to high-risk subgroups such as pregnant women, teenagers, children, the elderly, the chronically mentally ill, clients with dual diagnoses, minorities, and others. Researchers should also perform longitudinal studies that can assist in projecting the growth and needs of the population.

**Service systems delivery.** Nurse researchers should identify, compare, and evaluate the effectiveness and cost-effectiveness of various service models. They should also establish demonstration projects, bringing together teachers and students to learn new approaches while at the same time providing essential services.

**Prevention.** Nurse educators should engage in longitudinal research of high-risk groups, in order to gain more information about the antecedents of homelessness and, hopefully, to improve preventive services. Reseachers also should introduce and publicize the concept of self-care in nutrition, hygiene, food care, and skin care, and prevention of hypothermia, hyperthermia, and accidents.

**Current educational models.** Researchers should develop new models for the education of nurses. Professional educators should encourage those entering the field by providing innovative, nontraditional working models for caring for the homeless—for example, through community nursing centers for the homeless and through self-help alternatives—and should evaluate these new models for replication elsewhere.

**Social and physical environment.** Nurse educators should assess potential service models, always keeping in mind the need to contain costs. They should try to identify sources of environmental support for the homeless and assess public attitudes regarding the homeless. If these attitudes are misinformed, and the public is unnecessarily frightened of or prejudiced against homeless persons, professionals should educate the public by disseminating information and providing technical assistance to volunteers interested in helping the homeless.

**Dissemination of findings.** Nurse researchers should disseminate their results widely, through publications in lay and professional periodicals and books, oral presentations, service and research projects, and clearinghouses for unpublished materials. Ultimately, the quality and effectiveness of services for the homeless, and the hope for successful prevention campaigns, depend on the ability of researchers to share their findings.

## Agenda for Action

The workshop dispelled any doubts participants, guests, or observers might have had regarding the extent of nurses' involvement with and commitment to the homeless. As Dr. Harvey Veith, Chairman of the HHS Interagency Task Force on the Homeless, commented, "White glove medicine won't work."

Nurses must not only pay special attention to the extensive needs of homeless persons who avail themselves of traditional treatment settings. They must also provide flexible, nonthreatening care to homeless persons in nonconventional settings. The challenge to nurses is formidable.

Carol Bower Johnson, RN, Statewide Coordinator of Homeless Services with the Massachusetts Department of Mental Health, recognized that nurses confront an overwhelming array of obstacles: "the dysfunctional patient, the dysfunctional shelter system, and the dysfunctional delivery system."

Health care professionals and students must be made aware of the growing crisis of homelessness and be trained to intervene effectively. Considering the proximity of nurses to the homeless, and the high probability that they will encounter homeless persons who are extremely vulnerable or disabled, nurses have a vitally important role to play in restoring homeless persons to health and self-sufficiency.