Occupational Therapy and Health Promotion for Families Experiencing Homelessness: A Community-Wide Approach

Hannah Kreider-Letterman
University of Toledo – USA, haletterman@gmail.com

Laura Schmelzer
University of Toledo – USA, laura.schmelzer@utoledo.edu

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Abstract

Families experiencing homelessness often face poor mental and physical health outcomes. Some scholars and service providers partially attribute family health outcomes to the negative impact of the social determinants of health. The social determinants of health emerge from a variety of factors in the socioecological model, a tiered model outlining the hierarchy of public health systems, making the social determinants difficult to address. To explore occupational therapy's potential contribution to addressing these poor health outcomes, the authors centered a doctoral capstone around the question of what occupational therapy's role would be in addressing the needs of families experiencing homelessness. A systematic process was employed that included a comprehensive needs assessment and the use of a matrix method to capture the data and layer in theoretical considerations. Findings revealed that the social determinants of health negatively impact occupational engagement and health outcomes for families experiencing homelessness. To address this health disparity, a proposal was created to incorporate occupational therapy into service provision. The proposal focuses on creating programming, using participatory action research, creating a new assessment tool, identifying community-wide key performance indicators for health and occupational engagement for families experiencing homelessness, and incorporating an occupational therapy perspective throughout the service community.

Comments

The authors report no potential conflicts of interest.

Keywords

Credentials Display

Hannah Kreider-Letterman, OTD, OTR/L

Laura Schmelzer, PhD, OTR/L

According to the World Health Organization, to reach a state of optimal health, a person or group "must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment" (World Health Organization, 1986, p. 1). When people are unable to move toward what they aspire, meet their needs, and influence their environment, their health is at risk. Some of the most important factors to consider in addressing health are the social determinants of health (Office of Disease Prevention and Health Promotion, 2014). The social determinants of health include health and health care, the neighborhood and built environment, economic stability, education, and the social and community context. The social determinants of health can positively or negatively impact the health of a person or group. Factors in each social determinant of health that negatively impact health do not stem from one source; rather, factors emerge from complex interactions within the levels of the socioecological model (Browne et al., 2019). The socioecological model outlines the stratifications of service that impact public health and the social determinants of health. Service providers need to address the social determinants of health across each level of the socioecological model to comprehensively address public health problems (Golden & Earp, 2012). Most interventions occur at the intrapersonal and interpersonal levels, while the institutional, community, and policy levels are neglected. In the higher levels of the socioecological model, aspects of the social determinants of health remain unchecked and can negatively impact health. Unchecked aspects at the higher levels cause challenges at the intrapersonal level for people trying to promote their health.

A group of people who often encounter barriers to promoting their health are families experiencing homelessness. The social determinants of health, such as lack of access to health care, an unstable home environment, limited access to education, economic instability, and a stressful social and community context, have detrimental effects on the health of families experiencing homelessness (Javaherian-Dysinger et al., 2016; Nicholas & Henwood, 2018). Mothers of families experiencing homelessness often have increased depression, anxiety, PTSD, and decreased physical health (Helfrich et al., 2008; Kerker et al., 2011). Children in families experiencing homelessness struggle with developmental delays, mental health disorders, and physical health challenges (Bassuk et al., 2010).

The social determinants of health can negatively impact the occupational engagement of families experiencing homelessness (Javaherian-Dysinger et al., 2016; Schultz-Krohn, 2004). For example, aspects of the shelter environment can greatly disrupt family routines making meeting basic needs challenging (Schultz-Krohn, 2004). The mandated schedules and curfews can greatly interfere with how, when, and if people can meet their basic needs of food, sleep, and social interaction (Illman et al., 2013). Separation from self-care and other types of occupations because of homelessness can further contribute to health difficulties (Law, 2002).

Most traditional service provision is centered around meeting basic physiological needs such as food and shelter. While basic provisions are critical, services fall short when providing opportunities for families experiencing homelessness to develop skills to meet their own needs (Babcock, 2012; Bassuk et al., 2015). Providing opportunities for families to contribute more actively to their own health could decrease their continued dependence on provisional services and empower families to promote their own health (Taylor et al., 2012). Once families have been empowered to meet their basic needs, they can be supported to meet the challenges of sustaining employment or gaining an education. A profession well situated to provide life skills training for families to meet their own needs is occupational therapy.

Occupational Therapy and Family Homelessness

Occupational therapy has a rich history of increasing independence in a variety of contexts and is uniquely equipped to address family homelessness. If personal or environmental barriers prevent a person from engaging in occupation, occupational therapists can create opportunities to overcome these barriers and facilitate engagement in occupation (Occupational Therapy Australia, 2016; Whiteford, 2000). Occupational therapists are qualified to address the social determinants of health at all levels of the socioecological model. Occupational therapists have provided individual interventions; programming; research to inform institutional, community, and policy decisions; and pivotal perspectives of how to address systemic challenges (Helfrich et al., 2011; Hyett et al., 2017; Javaherian-Dysinger et al., 2016; Schmelzer & Leto, 2018).

An emerging area of practice for the occupational therapy profession is addressing the needs of people experiencing homelessness (Schultz-Krohn & Tyminski, 2018). To investigate occupational therapy's potential role, the authors centered a doctoral capstone project around the question of how occupational therapy could lead to improved outcomes for health and independence for families experiencing homelessness. The project began with a systematic needs assessment to investigate the current resources and programming available in the community. This included determining strengths, challenges, and unmet needs of service recipients and service providers. A matrix was created to facilitate analysis of the needs assessment data (Garrard, 2017) and a framework was layered within the matrix data as a lens for interpretation. The findings of the analysis were then used to guide the development of a proposal demonstrating how occupational therapists can address the needs of families experiencing homelessness in conjunction with other service providers.

Systematic Needs Assessment

The doctoral capstone project began with a systematic needs assessment guided by current literature. The authors interviewed service providers and families experiencing homelessness to gain insight into the lived experience of families and their occupational engagement. The service providers included leadership and staff at homeless shelters, libraries, the local homelessness board, the local metropolitan housing authority, and other members of local service organizations. The service provider interviews included questions regarding the mission of the organization, the role of the organization in the service provision community, areas of growth in the service providing entity, and current programming to address the needs of families experiencing homelessness. Discussions emerged regarding challenges and strengths in the organizations across the community. The interviews also included an explanation of occupational therapy (if needed) and exploration of opportunities for occupational therapy in or alongside the organization. In addition, nine individuals from families experiencing homelessness were interviewed. The interviews with the families consisted of questions regarding their lived experience of both poverty and homelessness. The initial interview guide was developed using content from The Engagement in Meaningful Activities Survey and the Do-Live-Well framework (Eakman, 2012; Moll et al., 2015).

Matrix Method

The authors compiled the responses from the service providers and families experiencing homelessness and organized them into a matrix to facilitate analysis (Garrard, 2017). The analysis revealed that families experiencing homelessness needed and wanted more opportunities to engage in occupations. The families wanted more opportunities to promote their overall health, find and maintain housing, pursue a GED or higher degree, gain employment that could support their family, and provide

for their children. The service providers described wanting to increase programming to address life-skill development for families experiencing homelessness, improve health and economic outcomes for families experiencing homelessness, increase non-profit collaboration, provide follow-up services for families once they were housed, and identify Key Performance Indicators (KPI) that go beyond system performance measures set by the United States Department of Housing and Urban Development (2019).

Analysis with the Do-Live-Well Framework

The Do-Live-Well framework outlines the necessary elements for how occupational engagement can promote health for a person or group (Moll et al., 2015). The elements include the dimensions of experience, activity patterns, health outcomes, and personal and social forces. The dimensions of experience describe what aspects of everyday life are necessary to promote health. Experiences must include activating the mind, body, and senses; connecting with others; contributing to community and society; taking care of yourself; building security and prosperity; developing and expressing identity; developing capabilities and potential; and experiencing pleasure and joy. To be beneficial, experiences must be mediated by regular activity patterns. Activity patterns include engagement, meaning, balance, control and choice, and routine. The interaction between the dimensions of experience and activity patterns influence health outcomes, including physical, mental, emotional, and social health outcomes. The interaction between the dimensions of experience and activity patterns can be negatively impacted by personal and social forces.

Personal forces that impact occupational engagement for families experiencing homelessness include individual characteristics such as gender, race, and socioeconomic status (Law, 2002). The demographic makeup of families experiencing homelessness reflects the existence and influence of personal forces. According to the 2019 Point-In-Time count by the U.S. Department of Housing and Urban Development, 60% of people in families experiencing homelessness were female and 52% were African American (2020). The Point-In-Time count statistics indicate a disparity for women and African Americans, as African Americans only comprise 13% of the total U.S. population (U.S. Department of Housing and Urban Development, 2020). The pattern of findings from the needs assessment for this project reflected the Point-In-Time count disparities. Analysis also revealed that social forces, including limited access to quality health care, lack of safe and affordable housing, poor economic stability, unemployment, separation from educational opportunities, and discrimination can disrupt occupational engagement and health promotion for families experiencing homelessness (Occupational Therapy Australia, 2016; Office of Disease Prevention and Health Promotion, 2014; Whiteford, 2000). The findings in the needs assessment reinforced the notion that personal and social forces disrupt experiences and activity patterns for families experiencing homelessness, therefore disrupting occupational engagement. The disruption of occupational engagement then leads to poor health outcomes.

The authors identified areas where disrupted occupational engagement was most problematic for the families experiencing homelessness: personal wellness, home management, education, employment, and family wellness. Each area overlapped with a social determinant of health: personal wellness with health and health care, home management with the neighborhood and built environment, employment with economic stability, and family wellness with the social and community context (Office of Disease Prevention and Health Promotion, 2014). Therefore, experiences and activity patterns facilitated in each area of need by occupational therapists would create opportunities for occupational engagement for families experiencing homelessness. The increased occupational engagement could enhance health outcomes for families experiencing homelessness. Furthermore, given that the social determinants of

health emerge from different levels of the socioecological model, incorporating occupational therapists in service provision across all levels would allow therapists to comprehensively address the areas of need (Golden & Earp, 2012).

The benefit of including occupational therapy in service provision was an intuitive conclusion for many of the service providers and led to further discussions pertaining to how occupational therapy would be beneficial for families experiencing homelessness. To enhance the clarity of how occupational therapy could be incorporated in service provision for families experiencing homelessness, a proposal was created.

Proposal Creation

The proposal was guided by the principles of the Do-Live-Well framework and focused on how occupational therapists could increase opportunities for experiences and activity patterns for families in the primary areas of need (Moll et al., 2015). The proposal details how occupational therapists could address the primary areas of need throughout the socioecological model to create lasting and sustainable change. The proposal includes an analysis of the service community's strengths, weaknesses, opportunities, and threats; justification for incorporating occupational therapy; goals and strategies to make incorporation possible; and other elements. Specific goals of the proposal include developing programming at the intrapersonal level, using participatory action research (PAR) alongside program development, creating a new assessment tool, and identifying community KPIs that reflect occupational engagement and health for families experiencing homelessness at the institutional, community, and policy levels (see Table 1).

Table 1
The Role of Occupational Therapy in Addressing Homelessness Through the Socioecological Model

Socioecological Level	Role of OT
Intrapersonal	Creating occupation-based programming to address personal wellness, home management, education, employment, family health
Interpersonal	Participatory Action Research during programming
Institutional	Creating an assessment tool
Community	Identifying Key Performance Indicators that capture health promotion
Policy	

The creation of programming will provide opportunities for occupational engagement and health promotion for families experiencing homelessness. Occupational therapists have successfully implemented programming with female domestic violence survivors experiencing homelessness who have similar occupational needs as families experiencing homelessness (Helfrich et al., 2006; Javaherian-Dysinger et al., 2016). The program for female domestic violence survivors addressed similar needs identified in the doctoral capstone project, including personal health, home and financial management, education, employment, and parenting. Outcomes of the program indicated increased satisfaction and proficiency in each area of occupation. Creating similar programming centered around the needs of families experiencing homelessness has the potential to address the areas of need and increase occupational engagement.

While program development is valuable, PAR paired with programming will allow for the creation and dissemination of effective, participant-driven solutions. Schmelzer and Leto (2018) created occupation-based programming with individuals at risk for food insecurity to increase their knowledge and skills for using food resources. The researchers used PAR to promote the inclusion of the participants' voices in the research and provide a supportive environment for the participants to generate solutions to their own challenges. During programming, the participants learned food management skills at their own pace and used the energy gained from their success to continue to develop new skills. Pairing PAR with programming for families experiencing homelessness would ensure the results accurately represent the needs and interests of the families who participate. Results can then inform decisions made at the institutional, community, and policy levels of the socioecological model.

While direct service provision is valuable, interventions at the institutional, community, and policy levels will allow occupational therapists to create larger structural supports for families experiencing homelessness. Occupational therapists have previous experience successfully creating supports for health promotion at the population level. The institution of Backpack Awareness Day to prevent physical injury for students, parents, and educators has been very successful (American Occupational Therapy Association, 2020). Occupational therapists have also provided recommendations to optimize community use of food resources in Canada (Hyett et al., 2017). Each of these efforts demonstrate occupational therapists' ability to effectively address health promotion at the institutional, community, and policy levels of the socioecological model. In the context of family homelessness, occupational therapists can help create an assessment tool and define key performance indicators to justify larger systemic changes.

The proposal outlined the need for the development of a new, more comprehensive assessment tool to effectively identify the occupational needs of families experiencing homelessness. The tool would assess the skills and opportunities for engagement a family has in the areas of personal wellness, home management, education, employment, and family wellness. The results of the assessment could be used to guide programming objectives and interventions. The results of the assessment can also be used to advocate for family needs with institutions and organizations.

The findings of the needs assessment highlighted a disconnect between the change the service providers wanted to promote and the indicators they were using to evaluate service provision. Since personal wellness, home management, education, employment, and family wellness overlap with the social determinants of health and would be measured in the assessment tool, the results of the assessment tool in the areas of need identified would be valuable KPI for policy making bodies (Office of Disease Prevention and Health Promotion, 2014). Policy making bodies can set personal wellness, home management, education, employment, and family wellness improvement as KPI for the community. Occupational therapists can provide their perspective throughout the socioecological levels to aid in coordinating efforts to meet the KPI and improve community outcomes.

During this project, the occupational therapy perspective and approach to health promotion was welcomed throughout the service community. The inclusion of and ability to apply this perspective sparked insights across agency directors and enhanced the willingness for collaboration. By becoming a part of the service provision team, occupational therapists can provide crucial knowledge to successfully address the social determinants of health comprehensively and facilitate health promotion for families experiencing homelessness.

Implications for Occupational Therapy

During the pandemic, the need to address homelessness and injustice has become increasingly urgent. According to data from the Aspen Institute, 30 to 40 million Americans are now at risk for evictions (Benfer et al., 2020). With homelessness becoming an increasing threat for an unprecedented number of families, intervention and advocacy on the part of the occupational therapy profession is crucial. Despite logistical challenges posed by the pandemic, providers have moved forward and submitted grants to incorporate occupational therapists into service provision. Through becoming integrated into the service community and implementing the elements of this project's proposal, occupational therapists can facilitate justice for families experiencing homelessness during COVID-19.

Hannah Kreider-Letterman, OTD, OTR/L, is a recently graduated occupational therapist with a focus on occupational therapy and social justice. During her academic career, Dr. Kreider-Letterman served as the director of rehabilitation services for a free clinic in Toledo and as the Assembly of Student Delegates representative between the University of Toledo Occupational Therapy doctoral program and the American Occupational Therapy Association. Dr. Kreider-Letterman is currently working in a skilled nursing facility and building her business, Empower Occupational Therapy Services.

Laura Schmelzer, PhD, OTR/L, has clinical expertise focused on adults who have incurred neurological and/or orthopedic injuries. Her research interests include developing and implementing occupation-based and community focused programs for marginalized populations. Curriculum contributions include biomechanical assessment and intervention, clinical reasoning, advocacy, and leadership.

References

American Occupational Therapy Association. (2020). *AOTA's national school backpack awareness day: September 16, 2020*. https://www.aota.org/Conference-Events/Backpack-Safety-Awareness-Day.aspx

Babcock, E. D. (2012). *Mobility mentoring*. http://s3.amazonaws.com/empath-website/pdf/EMPath_Mobility_Mentoring_Brief_Web.pdf

Bassuk, E. L., Decandia, C. J., & Richard, M. K. (2015). *Services matter: How housing & services can end family homelessness*. https://bassukcenter.org/wp-content/uploads/2015/11/Services-Matter.pdf

Bassuk, E. L., Volk, K., & Olivet, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal*, *3*(1). https://doi.org/10.2174/1874924001003020034

Benfer, E., Robinson, D. B., Butler, S., Edmonds, L., Gilman, S., Mckay, K. L., Neumann, Z., Owens, L., Steinkamp, N., & Yentel, D. (2020). *The COVID-19 eviction crisis: An estimated 30-40 million people in America are at risk*. Aspen Institute. https://www.aspeninstitute.org/blog-posts/the-covid-19-eviction-crisis-an-estimated-30-40-million-people-in-america-are-at-risk/

Browne, G. R., Davern, M., & Giles-Corti, B. (2019). 'Punching above their weight': A qualitative examination of local governments' organisational efficacy to improve the social determinants of health. *Australian and New Zealand Journal of Public Health*, *43*(1), 81–87. https://doi.org/10.1111/1753-6405.12847

Eakman, A. M. (2012). Measurement characteristics of the engagement in meaningful activities survey in an age-diverse sample. *American Journal of Occupational Therapy*, *66*(2), e20–e29. https://doi.org/10.5014/ajot.2012.001867

Garrard, J. (2017). *Health sciences literature review made easy: The matrix method*. Jones & Bartlett Learning.

Golden, S. D., & Earp, J. A. L. (2012). Social ecological approaches to individuals and their contexts. *Health Education & Behavior*, *39*(3), 364–372. https://doi.org/10.1177/1090198111418634

Helfrich, C. A., Aviles, A. M., Badiani, C., Walens, D., & Sabol, P. (2006). Life skill interventions with homeless youth, domestic violence victims and adults with mental illness. *Occupational Therapy in Health Care*, *20*(3-4), 189–207. https://doi.org/10.1080/J003v20n03_12

Helfrich, C. A., Fujiura, G. T., & Rutkowski-Kmitta, V. (2008). Mental health disorders and functioning of women in domestic violence shelters. *Journal of Interpersonal Violence*, *23*(4), 437–453. https://doi.org/10.1177/0886260507312942

Helfrich, C. A., Peters, C. Y., & Chan, D. V. (2011). Trauma symptoms of individuals with mental illness at risk for homelessness participating in a life skills intervention. *Occupational Therapy International*, *18*(3), 115–123. https://doi.org/10.1002/oti.308

Hyett, N., Kenny, A., & Dickson-Swift, V. (2017). Approaches for building community participation: A qualitative case study of

Canadian food security programs. *OTJR: Occupation, Participation and Health*, *37*(4), 199–209. https://doi.org/10.1177/1539449217727117

Illman, S. C., Spence, S., O'Campo, P. J., & Kirsh, B. H. (2013). Exploring the occupations of homeless adults living with mental illnesses in Toronto / Explorer les occupations d'adultes sans-abri atteints de maladies mentales vivant à Toronto. *Canadian Journal of Occupational Therapy*, *80*(4), 215–223. https://doi.org/10.1177/0008417413506555

Javaherian-Dysinger, H., Krpalek, D., Huecker, E., Hewitt, L., Cabrera, M., Brown, C., Francis, J., Rogers, K., & Server, S. (2016). Occupational needs and goals of survivors of domestic violence. *Occupational Therapy in Health Care*, *30*(2), 175–186. https://doi.org/10.3109/07380577.2015.1109741

Kerker, B. D., Bainbridge, J., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Forgione, L., Faciano, A., & Thorpe, L. E. (2011). A population-based assessment of the health of homeless families in New York City, 2001-2003. *American Journal of Public Health*, *101*(3), 546–553. https://doi.org/10.2105/ajph.2010.193102

Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy*, *56*(6), 640–649. https://doi.org/10.5014/ajot.56.6.640

Moll, S. E., Gewurtz, R. E., Krupa, T. M., Law, M. C., Lariviere, N., & Levasseur, M. (2015). "Do-Live-Well": A Canadian framework for promoting occupation, health, and well-being: «Vivez-Bien-Votre Vie»: un cadre de référence canadien pour promouvoir l'occupation, la santé et le bien-être. *Canadian Journal of Occupational Therapy*, *82*(1), 9–23. https://doi.org/10.1177/0008417414545981

Nicholas, W. C., & Henwood, B. F. (2018). Applying a prevention framework to address homelessness as a population health issue. *Journal of Public Health Policy*, *39*(3), 283–293. https://doi.org/10.1057/s41271-018-0137-9

Occupational Therapy Australia. (2016). OT Australia position statement: Occupational deprivation. *Australian Occupational Therapy Journal*, *63*(6), 445–447. https://doi.org/10.1111/1440-1630.12347

Office of Disease Prevention and Health Promotion. (2014). *Social determinants of health*. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Schmelzer, L., & Leto, T. (2018). Promoting health through engagement in occupations that maximize food resources. *The American Journal of Occupational Therapy*, *72*(4), 1–9. https://doi.org/10.5014/ajot.2018.025866

Schultz-Krohn, W. (2004). The meaning of family routines in a homeless shelter. *American Journal of Occupational Therapy*, *58*(5), 531–542. https://doi.org/10.5014/ajot.58.5.531

Schultz-Krohn, W., & Tyminski, Q. (2018). Community-built occupational therapy services for those who are homeless. *AOTA Continuing Education Article*. https://www.aota.org/~/media/Corporate/Files/Publications/CE-Articles/CE-Article-June-2018.pdf

Taylor, D. C., Taylor, C. E., & Taylor, J. O. (2012). *Empowerment on an unstable planet: From seeds of human energy to a scale of global change*. Oxford University Press.

U.S. Department of Housing and Urban Development. (2019). *National summary of homeless system performance 2015-2018*. https://files.hudexchange.info/resources/documents/National-Summary-of-Homeless-System-Performance-2015-2018.pdf

U.S. Department of Housing and Urban Development. (2020). *The 2019 annual homeless assessment report (AHAR) to congress*. https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf

Whiteford, G. (2000). Occupational deprivation: Global challenge in the new millenium. *British Journal of Occupational Therapy*, *63*(5), 200–204. https://doi.org/10.1177/030802260006300503

World Health Organization. (1986). The Ottawa charter for health promotion. *WHO Global Health Promotion Conferences*. https://www.who.int/healthpromotion/conferences/previous/ottawa/en/