

## **An Advocacy Plan to Help Women Experiencing Homelessness with Shelterhouse in Cincinnati**

LC12

The main mission of our community partner is to provide various resources like housing, food, job assistance, mental health support, general health support, and recreational activities. To achieve this, each client is given a “problem sheet” with a list of important errands to complete that may be obstacles to their ability to get housing (Shelterhouse: Women’s Center).

The SDOH they address include homelessness, mental health, and drug issues. These are the main issues we identified in the client population when working with them last year. Mental health and homelessness directly affect one another—current research shows that people with untreated mental health issues are more likely to become homeless, and homelessness (in part due to increased stress due to lack of food and shelter) exacerbates mental health episodes.

To help meet this mental health need, each woman takes an exam to assess their mental health state. Shelterhouse then offers services to each woman that would help meet their needs, whether it be through an in-house counselor and/or psychiatric medication through the Greater Cincinnati Behavioral Health Services, which regularly offers appointments at the shelter.

Shelterhouse addresses the SDOH by providing various services: help paying past Duke bills, finding jobs and housing, providing health care, and counseling services. Women who come to Shelterhouse are connected with a case manager who helps advocate for their needs and connect them with a number of providers, with the goal of ultimately transitioning into permanent housing. The case management process involves intake, psychosocial assessment, an individual service plan, implementation, housing placement, aftercare, and discharge. Shelterhouse also offers a drug and alcohol recovery program for its residents, including an intensive outpatient treatment and relapse prevention service.

COVID impacted their execution because with social distancing, many of the individuals in the shelter may have lost their jobs, which severely hindered their goal of securing their own housing. Additionally, COVID ravaged through communities in close housing quarters, and adherence to wearing masks was low.

Their work is mainly supported by donations and volunteers with the community. Donators often provide various hygiene products for the clients. Volunteers can spend their time cooking for the clients, putting on game nights, or facilitating relaxing events like yoga, gardening, painting, etc. They also partner with Greater Cincinnati Behavioral Health Services and Cincinnati Health Network who come in weekly for general check-ups and mental health visits. Other health partners include: Southwest Ohio Nurses Association (SONA), University of Cincinnati Physicians, and Various podiatrists – typically utilized during the winter months.

When addressing the needs of women experiencing homelessness, Shelterhouse first provides women with a stable living situation. Shelterhouse provides structure and resources to assist clients in securing stable housing helping to create a form of stability. With a stable living environment, the women are better able to obtain the documents and certificates necessary to find work and housing. Shelterhouse also provides clients with two meals each day. This helps eliminate the burden of food insecurity which was heightened by COVID (Niles et al., 2020). However, this food may not always be nutritious. This may exacerbate the chronic medical conditions the clients are living with such as

diabetes, high blood pressure, and COPD. Shelterhouse residents often complain of poor nutritional food that is being served to them, and it is often nearly inedible and sometimes expired. Increased funding will allow shelterhouse to serve healthier, more nutritional food, helping to decrease the highly processed, fat and sugar rich foods that lead to comorbidities such as obesity and heart disease. Studies show that chronically homeless people have high rates of obesity due to poor access to nutritional foods (Tsai 2013).

After securing work and a stable housing situation, the women are often able to leave the shelter and reunite with their children. Being reunited with their children is a large motivating factor for the women in the shelter. Studies have shown that secure, positive relationships with parents enable children to flourish and to have lower rates of substance use and homelessness later in life, regardless of income. In addition to housing instability, Shelterhouse also addresses the mental health needs of its clients. Many of the women at Shelterhouse utilize these services, including the Greater Cincinnati Behavioral counseling and the mental health events our LC hosted last year. Many women shared their personal testimonies with us. In sharing their stories, many women revealed that their mental health was declining at the onset of their homelessness. These services are incredibly valuable for the women, as poor mental health has been proven to negatively impact people's relationships, risk of substance use disorder, employment, education, and physical wellbeing (Tinland et. al, 2020). By helping patients with just this one area, Shelterhouse is actually making a positive impact in many areas of their clients' lives.

While Shelterhouse provides a stable living environment for women, many of these women have children who must find housing elsewhere. This includes family members and public resources for children. Reductions in spending on social welfare by local authorities and central government were strongly associated with increased homelessness. At the local authority level, spending on social care and housing support programs are major contributing factors. Further, evidence shows that once people are no longer homeless, they are more likely to become economically independent by acquiring jobs, resulting in decreased burden to the city and more citizens paying taxes, with the goal of their eventual removal from the welfare system. Resources from the Cincinnati economy must be allocated to support Shelterhouse which provides about 70% of the total funding. Private donors provide most of the additional funding.

When the shelter receives more funding, the women are able to be provided more resources. Unfortunately, COVID decreased the community resources that could be allocated to the shelter due to reallocation of funds.

Students, as future physicians, as well as current physicians are crucial in the process of advocating for people living in homelessness. There exist a plethora of needs for the community, and much of it is beyond the scope of what medical care can provide. That leads to advocacy—supporting and lobbying for policies that will improve the lives of the most vulnerable members of our community. One example is government funding for and expansion of affordable housing. With a sharp decline in affordable housing units in many areas of Cincinnati, and new housing developments providing expensive options rather than affordable ones, we believe it is the responsibility of the government to step in to provide opportunities for people living at or below the poverty line to have affordable and safe housing (Reina V., & Aiken C). Advocating for increased allocation of government funds towards affordable housing would allow more people to support themselves and obtain financial and social independence. Anecdotally, in our volunteer work around Cincinnati, we have seen people who are experiencing homelessness seek admission at addiction treatment centers without having active

addiction simply because they were unable to get housing elsewhere. Subsidized and affordable housing needs to have policies that support individuals earning more and being able to save money by giving them an extended grace period in which they can continue to live in subsidized housing with their same rent while making more than the financial cutoff. This applies for similar programs too such as child care subsidies.

Another option, one already taken in its infancy by the Cincinnati city council, is the relief of medical debt. For pennies on the dollar, medical debt can be purchased from hospitals—through charitable organizations, fundraising, or simply tax dollars, millions of dollars of crushing medical debt can be erased (NPR). Debt has proven time and time again to be a huge burden on the American people, leading thousands and thousands of people to declare bankruptcy and even lose their homes and livelihoods.

As medical students, we also support the need for rehabilitation and harm reduction for substance abuse disorder, which is one of the common contributors of homelessness. The opioid crisis has wreaked havoc on the nation, particularly the midwest, and while the perpetrators—The Sackler family—have been able to walk off scot-free, millions of people are not so fortunate (The New York Times). We implore city council to provide rehabilitation for folks dealing with addiction, and we must also ask the government to support free clean needle exchanges, fentanyl testing programs, safe usage stations, and narcan distribution to improve the health of those suffering from addiction. Some other common contributors to homelessness among the residents of Shelterhouse include medical conditions that make it difficult to obtain a job with medications that contribute to financial burden, as well as experiences with domestic violence. We believe that targeting these upstream factors contributing to homelessness would be a sustainable way to advocate for this population. Some avenues that could be supported with increased advocacy include Medicaid expansion in Ohio for those experiencing homelessness and those who have experienced domestic abuse (Ferguson 2009). These changes to Medicaid will improve health outcomes, and, in addition to this contributing to the betterment of our nation, it will also dramatically reduce the amount of taxpayer funds spent on emergency room fees. To further support survivors of domestic abuse, we would like to advocate for changes to law enforcement training of how to approach domestic violence situations, and a ban on the purchase of guns by those who have been convicted domestic abusers (Reuland et al., 2020).

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