Title

Identifying the service needs of homeless individuals in the skid-row community

Journal

Journal of Social Distress and Homelessness, 33(1)

ISSN

1053-0789

Authors

Elhaija, Ahmad
Chu, Nathan
Siddiq, Hafifa

Publication Date

2023-03-10

Data Availability

The data associated with this publication are within the manuscript.

Peer reviewed

Identifying the service needs of homeless individuals in the skid-row community

Ahmad Elhaija, Nathan Chu, Hafifa Siddiq

University of California, Los Angeles, Los Angeles, CA, USA

School of Nursing, Charles R. Drew University, Los Angeles, CA, USA

Published in Journal of Social Distress and Homelessness, 33(1), 258-262 (2024)

DOI: 10.1080/10530789.2023.2187273 | Published online: 10 March 2023

Abstract

Skid Row is an impoverished neighborhood in Los Angeles, also known as the homeless capital of America. Those experiencing homelessness have compounding needs that are largely unmet by existing safety-net systems. The goal of this study is to evaluate the needs of homeless individuals in the Skid Row community, to better tailor services for the homeless population residing in the area. For the study, the International Collegiate Health Initiative (ICHI), a 501(c)-3 nonprofit, conducted a community needs assessment and a comprehensive review of the literature regarding community-based solutions to addressing unmet needs of this population. A cross-sectional survey approach was utilized to conduct a community needs assessment of adults residing in Skid Row. The subsequent descriptive analysis of the data collected reveal unmet needs of individual's health, social, and employment situations among unhoused individuals in Skid Row. Potential exists for the needs of the unhoused population to be met through various community efforts and public health interventions. The identified service priorities for mental health care, medical care, and employment services, are verified by prior literature which identifies high frequency of mental health issues, substance use, and underemployment in the population.

Keywords: Homeless; Skid Row; needs; Health; Mental Health

Article history: Received 17 August 2022; revised 12 December 2022; accepted 3 January 2023.

Background

In the United States, approximately 580,000 people experienced homelessness each night in 2020. Between 2019 and 2020, the number of chronically homeless individuals in the United States increased by fifteen percent (Henry et al., 2021, January). Almost half of all unsheltered people are found in California, which has a disproportionate share of the unhoused individuals relative to its share of the U.S. population (The Council of Economic Advisers, 2019). Reasons for California's high rate of homelessness include the rising cost of housing, lack of shelter spaces, and recent changes to the criminal justice system (United States Interagency Council on Homelessness, 2020). In January of 2020, California had approximately 161,548 unhoused individuals, with 51,785 experiencing chronic homelessness (United States Interagency Council on Homelessness, 2020). Within California, the City of Los Angeles had a total of 41,290 homeless individuals in 2020, with 53% experiencing chronic homelessness. African Americans, Latinos, and Whites made up the majority of the homeless population, with each race accounting for 38%, 33%, and 25% respectively (Los Angeles Homeless Services Authority, 2020).

Overall trends among unhoused populations at the national, state, and local level show that this population often have unmet healthcare needs and mental health issues. Nationally, homeless individuals often experience poor access to health care, leading to delayed diagnosis, and increased hospitalization for preventable conditions (Baggett et al., 2010). Common health needs among homeless individuals include access to medical or surgical care, prescription medications, and dental care (Baggett et al., 2010). In California, 26% of homeless people are severely mentally ill and 18% experience chronic substance abuse (Yu, 2018). In Los Angeles, 28% of the homeless population have substance use disorder and 25% experience serious mental illness (Los Angeles Homeless Services Authority, 2020).

The International Collegiate Health Initiative (ICHI) is a 501(c)-3 nonprofit composed of undergraduate students, graduate students, a board of directors, and professional advisors. ICHI's mission is to promote health equity and improve the overall health of the Los Angeles Community. ICHI provides services through healthcare safety-net and multiple sanctuary clinics with a special focus on providing immigrant, refugee, and homeless populations with educational, medical, and mental health services. ICHI clinics were established in cities of Maywood and Bell with large patient populations from immigrant and refugee backgrounds. ICHI conducted a community needs assessment to better tailor services to the homeless population residing in the Skid Row area in Los Angeles. This report from the field examines a needs assessment conducted by International Collegiate Health Initiative (ICHI) and a review of the literature regarding community-based solutions to addressing unmet needs of this population.

Community context

Downtown Skid Row Community is a 55-square block area in Los Angeles with a large population of individuals experiencing homelessness and health disparities. The community gets its name from the term "skid road," which was historically used to describe a disreputable area (History of Downtown Los Angeles' "Skid Row", 2008). Skid Row as it is known today, began in the 1970s when many substandard hotels were demolished. As a result of the decline in housing, many residents were displaced and could not afford to live elsewhere. Coupled with the influx of veterans returning from the Vietnam War, the Skid Row community saw a large increase in the homeless population during this time (History of Downtown Los Angeles' "Skid Row", 2008). As of 2020, Skid Row had a population of 4,662 homeless individuals with approximately half being unsheltered. While this was a 20% increase from the previous year, 40% of the unhoused population experienced chronic homelessness. In this context, chronic homelessness is defined as having been homeless in the last three years for a combined length of at least 12 months (Henry et al., 2021, January). The term unhoused is synonymous with homeless and refers to those who "lack a fixed, regular, and adequate nighttime residence". In contrast, unsheltered refers to those whose nighttime location is not typically suitable as a regular sleeping accommodation. These locations may be public or private spaces, such as a car, park, or sidewalk (Henry et al., 2021, January). Research suggests that unhoused individuals face disproportionate risks for developing health complications, the longer they remain unhoused. These conditions are exacerbated with age and traumatic experiences, while inadequate housing and lack of access to health care compounds chronic health and mental health issues. As many as 35% of unhoused individuals experienced substance use disorder, and 38% experienced serious mental illness such as severe depression, bipolar disorder, PTSD and Schizophrenia (Los Angeles Homeless Services Authority, 2020). More specifically, homeless women often face health disparities in regard to victimization, prenatal care, and birth outcomes (Teruya et al., 2010). The same study also found that women suffering from drug abuse, violence, or depression had the greatest health care needs (Teruya et al., 2010).

The service needs of unhoused individuals in Skid Row can be separated into three categories: medical, social, and mental health. In the Skid Row neighborhood, services exist to provide the homeless population with medical care. However, there are frequently cited barriers that often prevent the homeless population from utilizing existing medical resources. A study examining the primary health care service experiences of homeless youth found that knowledge, financial constraints and provider attitudes were often cited as barriers to service (Dawson & Jackson, 2013). These struggles are similarly echoed by homeless women veterans, who described lack of information, limited access, and lack of coordination across services as the main barriers to care (Hamilton et al., 2012). Potential solutions for meeting the healthcare needs of homeless individuals have been explored. A nurse-led community health worker intervention aimed at improving tuberculosis treatment completion achieved a 91.8% completion rate among homeless adults (Nyamathi et al., 2021).

The notion of addressing medical and social needs in tandem is a solution that has been suggested to prevent roadblocks to appropriate care (Feldman et al., 2021). The social needs of unhoused individuals are often intertwined with their medical and mental health needs. For example, social support is a crucial resource that homeless individuals require from governments and nonprofit organizations (Green et al., 2013, december 18). This is especially true among homeless youth, who could benefit from meaningful relationships with adult mentors. A study from Skid Row engaged homeless youth to participate in a research project, which involved creating a survey and conducting interviews. The project found that over half of the youth experienced difficulty in school due to a

lack of clean clothes and that 76% had not tried illicit drugs (Garcia et al., 2014). Among the general Skid Row population, technology is also an important factor for survival and social inclusion, as cell phones allow individuals to connect to employers and services (Roberson & Nardi, 2010). Addressing the unmet mental health needs continues to be a challenge for unhoused individuals in Skid Row. Homeless women often cite substance abuse, and uncertainty about existing services as barriers to appropriate care (Kuo, 2019). Studies have shown that homeless individuals who receive a positive screen for PTSD or depression were more likely to utilize mental health services (Rhoades et al., 2014). Even with this correlation, the study also found that 63% of the participants who screened positive for PTSD or depression did not utilize mental health services, which indicates a need to prioritize mental health treatment (Rhoades et al., 2014). Further solutions to address mental health needs include the use of integrated mental health care and psychiatric pharmacists in safety-net clinics. A recent study found that the utilization of a psychiatric pharmacist resulted in significant clinical improvements in mental health (Wang et al., 2011). In addition to treating mental health, psychiatric pharmacists were able to refer patients to an interdisciplinary team for dental care, case management, and psychotherapy (Wang et al., 2011).

Despite efforts to revitalize Skid Row, some efforts have had detrimental effects on the unhoused population. Efforts to transform Skid Row into an art space has forced local actors to intervene and mitigate gentrification (Collins & Loukaitou- Sideris, 2016). Furthermore, the COVID-19 pandemic has altered the needs of the homeless population and exacerbated their need for supportive housing. A study surveying tenants of permanent supportive housing in Skid Row found that lack of food, hygiene items, and medication were barriers to social distancing (Henwood et al., 2020). These new developments further demonstrate that providing the homeless population with basic needs and medical care is especially a priority now.

Materials and methods

This report uses a cross-sectional survey approach to conduct a community needs assessment. We included yes or no answers, numerical responses, as well as open-ended question response types. The survey contained questions regarding age, demographics, drug use, medical service use, benefits received, and needs. The survey was taken in paper form with a pen. Individuals took it on their own and were able to ask questions to the surveyors when seeking clarity about the questions. The review process follows the following phases: problem identification, data collection, data evaluation, data analysis, and presentation of findings.

For data collection, ICHI team members conducted a convenience sample of adults residing in Skid Row on three separate days between 2018 and 2019. Adults were recruited at the Midnight Mission rehabilitation center, the Union Rescue Mission common area, and on the streets of Skid Row. All participants provided informed consent. A total of 163 adult individuals responded to our survey. We conducted a descriptive analysis of data from our needs assessment surveys. We provide percentages and mean answers to the survey question categories. We examined the data to inform how services would be tailored for this community.

Results

Survey findings reveal unmet health, social, and employment needs among unhoused individuals in Skid Row. 84.4% of individuals who took the survey self-identified as homeless and 76.9% were seeking housing. 78% of the homeless individuals surveyed reported having insurance, with the most common health insurance provider being MediCal. 75.7% of individuals surveyed are interested in accessing health screenings. There was a high unemployment rate, with 46.2% of respondents currently seeking employment, and over 82.1% would consider themselves struggling financially. Mental health struggles are prevalent, 42.8% of individuals self-reported they experience struggles with their mental health. 50.9% of individuals stated they currently smoke at the time of the survey, and 38.2% of total survey respondents had undergone prior treatment to quit smoking. In regard to the utilization of potential financial assistance, the most common response was paying for housing. Demograhic data and key takeaways are highlighted in Table 1.

Table 1. Sample characteristics of survey respondents (N = 163).

Survey question	Mean	Yes / Male (%)	No / Female (%)
Age	49.1 years		
Gender		54.1	45.9
Are you a veteran?		5.8	94.2
Are you an immigrant?		20.2	79.8
Are you a refugee?		12.7	87.3
Do you have health insurance?		78	22.0
Are you interested in screening services?		75.7	24.3
Are you seeking employment?		46.2	53.8
Are you struggling financially?		82.1	17.9
Do you have mental health struggles?		42.8	57.2
Do you identify as homeless?		84.3	15.6
Are you seeking housing?		76.9	23.1
Do you currently smoke?		50.9	49.1
Have you undergone treatment to quit smoking?		38.2	61.8

Limitations

It is important to note all surveys were taken by the individuals themselves, so the answers are self-reported. This means answers could have been skewed by potential social biases and individuals could have different understandings or definitions of struggles such as what it means to be homeless or have mental health issues. However, all surveys were anonymous. This was also a small convenience sample of adults and is not generalizable to the broader unhoused population of Skid Row or Los Angeles. However, the priority health and social needs identified in this assessment were corroborated with prior literature.

Discussion

The unhoused community in Skid Row are faced by a multitude of issues ranging from healthcare, mental health, housing, and employment. Yet there is potential to fill these unmet needs through various community efforts and public health interventions. Service priorities for mental health care, tobacco cessation, and employment services, are corroborated by prior literature that identifies high mental health issues, substance use, and underemployment (Los Angeles Homeless Services Authority, 2020). There are various eligible pathways for individuals experiencing homelessness to qualify for Medicaid and other government health insurance programs. Individuals who do not exceed the stated income standard determined by their state of residence receive free or reduced cost health insurance, without needing a permanent address (Assistant Secretary for Planning and Evaluation [ASPE], 2022). MediCal is the California Medicaid program, and hence the most common health insurance provider for individuals in Skid Row who took the survey. Despite having access to healthcare through health insurance, individuals had a high interest in accessing more preventive health screenings. There is a need to better understand chronic disease management and prevention and maintaining a regular source of preventive healthcare for this population.

Community-based organizations should implement trauma-informed care, deliver respectful and dignified health care, and implement programs that foster more social connectedness and positive social support. Prior studies have shown that social support was associated with less medical needs and a decreased need for housing support (Tinland et al., 2020). The study also found that increased support was associated with improved psychological well-being and greater autonomy (Tinland et al., 2020). Increasing social connectedness can potentially encourage the use of healthcare services through the support received through promoting relationships and resource sharing within the community. Utilizing a psycho-social approach to address specific needs in the community may help to improve the overall health and address the unmet needs of unhoused individuals in Skid Row.

There was a significant response to the need for employment support services. There is a need to promote tailored resources, tools, and other opportunities to obtain employment for this population. A potential solution for this could be setting up a community-wide intervention in partnership with Skid Row-based social service organizations to promote employment opportunities, job fairs, integrate resume building, interviewing, and other work-related workshops, to help support and promote employment opportunities for unhoused individuals.

Utilization of a psychiatric pharmacist created significant improvements in the mental health of individuals from a clinical perspective. Based on the needs assessment finding of prominent mental health issues, increasing psychiatric accessibility is a potential approach to meeting the communities mental health needs. While local mental health services may be limited in this region, tele-mental health services may be another way to promote access to mental health care. Special consideration would need to be made with regards to setting up private computer access points for individuals to be able to utilize and access tele-mental health care (Garvin et al., 2021).

Community organizations have the potential to address and promote the health of surrounding communities. By addressing the specific needs of communities, services can be tailored and informed according to community needs, and not just provision of certain services that are only available. But rather, services can be provided in a community-informed way. Addressing insufficient housing, medical care, employment, and mental health along with addressing the symptoms may be a better approach for meeting the holistic needs of individuals in the community. More work needs to be done to meet the needs of homeless individuals in the Skid Row community, and the aforementioned interventions may be able to help.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

References

Assistant Secretary for Planning and Evaluation (ASPE). (2022, August 5). How to use Medicaid to assist homeless persons.

Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010, July). The unmet health care needs of homeless adults: A national study. American Journal of Public Health, 100(7), 1326–1333. https://doi.org/10.2105/AJPH.2009.180109

Collins, B., & Loukaitou-Sideris, A. (2016). Skid row, gallery row and the space in between: Cultural revitalisation and its impacts on two Los Angeles neighborhoods. Urban Displacement Project, 87(4), 401–427. https://doi.org/10.3828/tpr.2016.27

Dawson, A., & Jackson, D. (2013 April). The primary health care service experiences and needs of homeless youth: A narrative synthesis of current evidence. Contemporary Nurse, 44(1), 62–75. https://doi.org/10.5172/conu.2013.44.1.62

Feldman, B. J., Kim, J. S., Mosqueda, L., Vongsachang, H., Banerjee, J., Coffey, C. E., Spellberg, B., Hochman, M., & Robinson, J. (2021, September). From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. Healthcare, 9(3), 100557. https://doi.org/10.1016/j.hjdsi.2021.100557

Garcia, A. P., Minkler, M., Cardenas, Z., Grills, C., & Porter, C. (2014, January). Engaging homeless youth in community-based participatory research. Health Promotion Practice, 15(1), 18–27. https://doi.org/10.1177/1524839912472904

Garvin, L. A., Hu, J., Slightam, C., McInnes, D. K., & Zulman, D. M. (2021, August). Use of video telehealth tablets to increase access for veterans experiencing homelessness. Journal of General Internal Medicine, 36(8), 2274–2282. https://doi.org/10.1007/s11606-021-06900-8

Green, H. D., Jr., Tucker, J. S., Golinelli, D., Wenzel, S. L., (2013, December 18). Social networks, time homeless, and social support: A study of men on skid row. Network Science (Cambridge University Press), 1(3), 305–320. https://doi.org/10.1017%2Fnws.2013.18

Hamilton, A. B., Poza, I., Hines, V., & Washington, D. L. (2012, January 1). Barriers to psychosocial services among homeless women veterans. Journal of Social Work Practice in the Addictions, 12(1), 52–68. https://doi.org/10.1080/1533256X.2012.647584

Henry, M., de Sousa, T., Roddey, C., Gayen, S., Bednar, T. J., (2021, January). The 2020 annual homeless assessment report to Congress. The U.S. Department of Housing and Urban Development.

Henwood, B. F., Redline, B., & Lahey, J. (2020). Surveying tenants of permanent supportive housing in skid Row about COVID-19. Journal of Health Care for the Poor and Underserved, 31(4), 1587–1594. https://doi.org/10.1353/hpu.2020.0120

History of Downtown Los Angeles' "Skid Row". (2008, October). Los Angeles Area Chamber of Commerce.

Kuo, A. (2019). Los Angeles city women's needs assessment. Downtown Women's Center.

Los Angeles Homeless Services Authority. (2020, July 29). Greater Los Angeles homeless count—city of Los Angeles.

Los Angeles Homeless Services Authority. (2020, July 30). Greater Los Angeles homeless count—skid Row. Los Angeles, CA.

Nyamathi, A., Salem, B. E., Shin, S. S., Jones, A. A., Garfin, D. R., Yadav, K., Chang, A. H., White, K., & Morisky, D. (2021, November–December 1). Effect of a nurse-led community health worker intervention on latent tuberculosis medication completion among homeless adults. Nursing Research, 70(6), 433–442. https://doi.org/10.1097/NNR.0000000000000545

Rhoades, H., Wenzel, S. L., Golinelli, D., Tucker, J. S., Kennedy, D. P., & Ewing, B. (2014, November). Predisposing, enabling and need correlates of mental health treatment utilization among homeless men. Community Mental Health Journal, 50(8), 943–952. https://doi.org/10.1007/s10597-014-9718-7

Roberson, J., & Nardi, B. (2010, February 1). Survival needs and social inclusion. In Proceedings of the 2010 ACM Conference on Computer Supported Cooperative Work. ACM Conferences (pp. 445–448). Association for Computing Machinery.

Teruya, C., Longshore, D., Andersen, R. M., Arangua, L., Nyamathi, A., Leake, B., & Gelberg, L. (2010, December). Health and health care disparities among homeless women. Women & Health, 50(8), 719–736. https://doi.org/10.1080/03630242.2010.532754

The Council of Economic Advisers. (2019, September). The State of Homelessness in America. National Homeless Information Project.

Tinland, A., Loubière, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., & Auquier, P. (2020, September 30). Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: A randomised controlled trial. Epidemiology and Psychiatric Sciences, 29, e169. https://doi.org/10.1017/S2045796020000785

United States Interagency Council on Homelessness. (2020). California Homelessness Statistics.

Wang, I., Dopheide, J. A., & Gregerson, P. (2011, August). Role of a psychiatric pharmacist in a Los Angeles “Skid-Row” safety-net clinic. Journal of Urban Health, 88(4), 718–723. https://doi.org/10.1007/s11524-011-9573-6

Yu, W. (2018, June). Homelessness in the U.S., California and Los Angeles. Anderson School of Management.