

2019

# Providing Occupational Therapy to Those Who Are Homeless: A Beneficial Support

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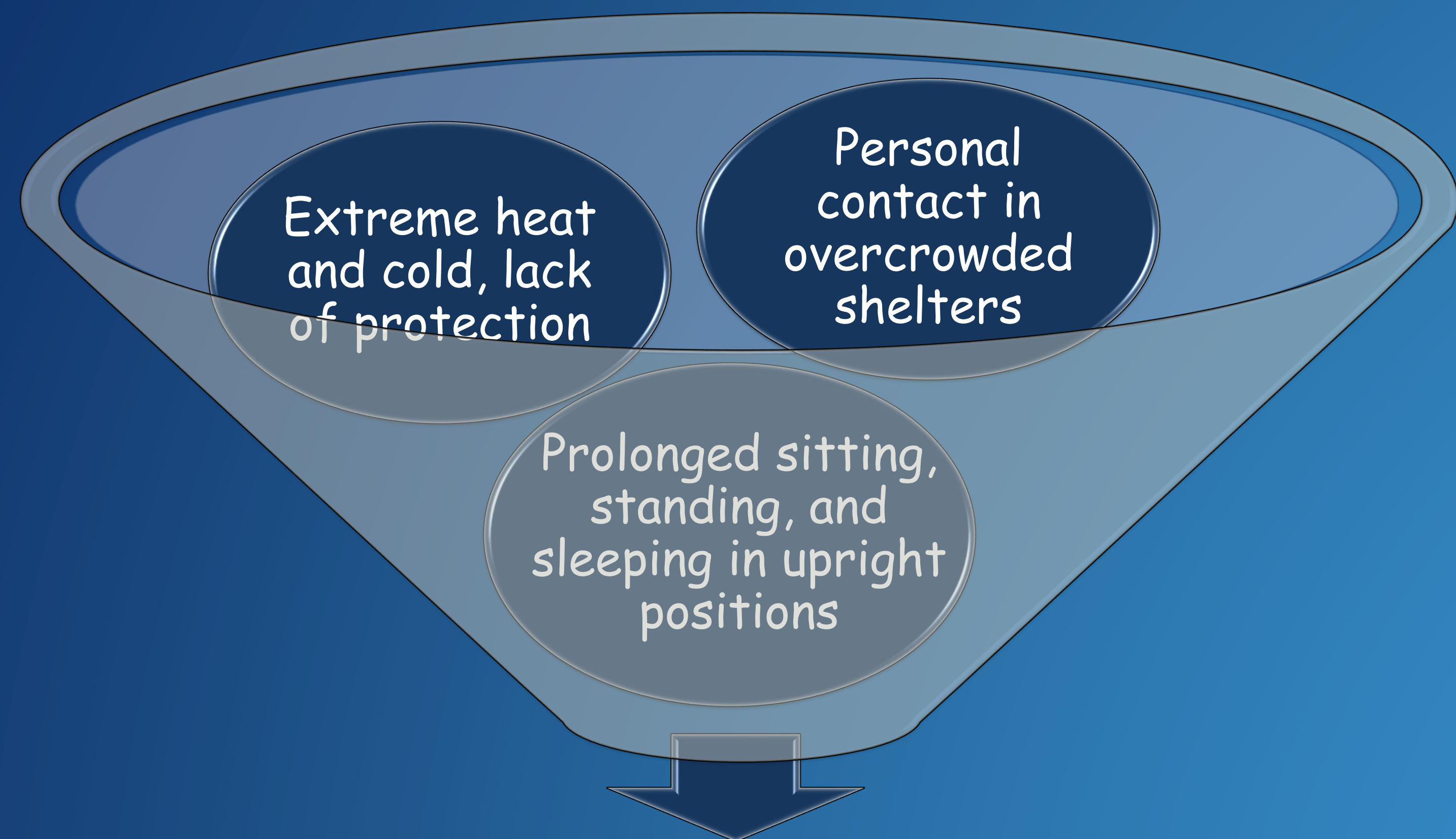
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# PROVIDING OCCUPATIONAL THERAPY TO THOSE WHO ARE HOMELESS: A BENEFICIAL SUPPORT

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## CAUSES AND EFFECTS OF BEING HOMELESS



Spread of Tuberculosis (TB)  
Reduced life expectancy  
Decreased functional capacity  
Swelling of feet and legs

### Ten most commonly-recorded support needs April - June 2018



## A CALL FOR REFORM IN PRACTICE

- Practices apply to needs, desires, and rights of clients
- Practices consider socioeconomic/political factors beyond the control of the client
- New processes:
  - Finding employment, increased follow-up, evaluation of occupational performance once a person becomes housed

## WHAT IS OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY (OT) is the use of assessment and intervention to **DEVELOP, RECOVER OR MAINTAIN** the meaningful **ACTIVITIES** or **OCCUPATIONS** of individuals, groups, or communities.

## LINKING IDENTIFIED PERFORMANCE PROBLEMS WITH OT PRACTICES

### Top eight occupational performance problems (n=25)

Problem	Number of people identifying	% of sample
employment	18	72
relationships	14	56
active recreation	13	52
quiet recreation	13	52
finances	12	48
housing	12	48
return to school	5	20
personal care	4	16

-Employment  
-Relationships  
-Active & Quiet Recreation

### EXAMPLES

- Beautification of shelters or community organizations through art-based projects
- Culturally-oriented activities
- Social skills training and community participation helps secure employment.

-Employment  
-Finances  
-Housing

### EXAMPLES

- Goal attainment
- Money management
- Access to employment opportunities
- Assistance securing and maintaining housing

-Personal Care  
-Active Recreation

### EXAMPLES

- Health and safety management
- Food-oriented activities and intense physical activities
  - Nutrition knowledge
- Massage therapy and fine-motor/cognitive skills practice helps with:
  - Arthritis
  - Blood circulation/Swelling
  - TBI
- Basic self-care
  - Bathing, dressing, hygiene

## BARRIERS AND AREAS OF WEAKNESS

- Many people who are homeless lack health insurance.
- Goals of intervention should prioritize basic needs.
- Clients have trouble reaching services because of service location.
- Attitudes of health workers limit the number of professionals willing to help those who are homeless.
- Clients are hesitant due to previous experiences.
- Physical health conditions prolong unstable employment.

Baltimore study proves 1/3 of the men in a shelter had arthritis and other musculoskeletal disorders.

Those who are homeless 15 times more likely than age-matched domiciled patients to have peripheral vascular disease.

## STATISTICS

Those who are homeless 25 times higher risk of contracting TB than general urban population.

San Francisco's 2017 Homeless Survey:

- 31% chronic health problems
- 23% physical disability,
- 12% traumatic brain injury

## A CALL FOR POLITICAL ACTION

- Funding for research
- Healthcare benefits w/integrated primary care
- More referrals to employment agencies
- Information on preventative resources
- Additional advocacy for physically accessible facilities
  - Inclusive public spaces where housing status is irrelevant to access
- More universal designs

## A CALL FOR MORE RESEARCH

- Address knowledge gaps in practice
- Understand effective & efficient practices
- Create treatment goals specific to population
- Potential of participatory partnerships
- Discover new assessment tools & processes