Homeless patients suffer from decreased health status compared to average. These patients are also less capable of remaining compliant with treatments and less appropriate in seeking care than are homed patients. Certainly, the rigors and complexities of life without a home make quality health care a challenge for the patient and provider alike. This patient population needs rehabilitative interventions in which they have influence in choosing. Although somewhat of a surprise, this desire was consistently expressed in a number of shelters and the results were felt to be significant enough to warrant further consideration.

First, we reasoned that there may be value in recreational therapy in this particular population as it is commonly implemented in inpatient mental health units as a tool to improve coping mechanisms and general mental health. Ultimately, it was decided that the health goals of the patient should be the aims of our care, so long these goals pose no obvious harm, and especially when these goals contribute to the overall well-being of the patient.

The final question in the survey was considered the “desired intervention question” and it was intended to determine patient preferences and beliefs regarding potential improvement interventions.

Baseline Needs Assessment-Reflection

A desire for more “fun” activities was prevalent. Although somewhat of a surprise, this desire was consistently expressed in a number of shelters and the results were felt to be significant enough to warrant further consideration.

1. Bowling Trip: Interested shelter residents were taken to a local bowling alley one afternoon and were able to bowl 2 games each.
2. Bingo Night: A volunteer organized Bingo for the residents every Thursday night. Donated prizes were awarded.
3. Movie Nights: New release movies were donated by local rental stores to watch at the shelter. Popcorn provided.
4. 3-Moves: We spent one evening cooking 3-mores around a fire; this was a new experience for some residents.
5. Washers: A “washers” game was constructed and installed behind the shelter and residents competed for prizes.
6. Hobbies: Some residents had hobbies/crafts that they enjoyed. Efforts were made to obtain supplies to support these endeavors.
7. Game Nights: We encouraged participation in card games and board games. Prizes were occasionally provided.

Improving quality of life and health perceptions among the homeless through recreation: an exercise in patient-centeredness

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Background

Homeless patients suffer from decreased health status compared to average. These patients are also less capable of remaining compliant with treatments and less appropriate in seeking care than are homed patients. Certainly, the rigors and complexities of life without a home make quality health care a challenge for the patient and provider alike and alcoholism, mental illness, infectious diseases, and injuries remain common concerns within this patient population[1].

In effort to provide more focused and effective care to the estimated 100,000 homeless residents of Buchanan County MO, the Social Welfare Board of St. Joseph obtained a Healthcare for the Homeless grant and began operation of the Homeless Outreach Medical Express (HOME) Unit in 2009. These services include complementary, comprehensive care in downtown St. Joseph MO under the direction of a full-time, dedicated nurse practitioner and case worker.

Baseline Needs Assessment-Plan

To better assess the needs of the local population and to gauge the patients’ beliefs and feelings regarding the HOME unit’s current effectiveness, a broad needs assessment survey was conducted during the winter of early 2010.

This 6-page survey was designed based on similar surveys used elsewhere[2] and it assessed the patients’ perception of their own health, currently available community resources, and any future needs. The survey was administered to multiple shelters and efforts were made to involve as many outdoor-dwelling patients as possible.

Baseline Needs Assessment-Results

The results of the 45 needs assessments were analyzed. In general, patients were appreciative of the HOME Unit’s current efforts and they gave a favorable evaluation. There was, however, a surprising respondent belief that “more fun activities” would have the most positive impact on health status (more than visits from providers or education on community resources). This desire for “fun” was uniformly present in all shelters surveyed.

When stratified by form source, it was noted that one particular shelter (Shelter #2) had a relative need for more resource education; this was found to stem from insufficient staff visits and rapid patient turnover. This issue was promptly addressed.

Baseline Needs Assessment-Reflection

A desire for more “fun” activities was prevalent. Although somewhat of a surprise, this desire was consistently expressed in a number of shelters and the results were felt to be significant enough to warrant further consideration.

First, we reasoned that there may be value in recreational therapy in this particular population as it is commonly implemented in inpatient mental health units as a tool to improve coping mechanisms and general mental health.

Ultimately, it was decided that the health goals of the patient should be the aims of our care, so long these goals pose no obvious harm, and especially when these goals contribute to the overall well-being of the patient.

Patient-centered Intervention Project-Background

A goal of making health care patient-centered was outlined in the IOM report, Crossing the Quality Chasm[3]. Others have continued to advocate the value of patient-centeredness and have proposed what this should look like in actual practice[4].

Our goal in this intervention was to implement a recreational therapy program because, not only might it provide tangible health benefits, but because it was an experience that the patients themselves identified as valuable to them.

Patient-centered Intervention Project-Plan

Aim: To improve the quality of life and health of homeless shelter residents by implementing a recreational therapy program within a single shelter in St. Joseph, MO.

Measure: An anonymous survey will be distributed to residents to assess the impact of the intervention. We will consider a subjective improvement in quality of life and health perceptions among 50% or more of the respondents to be a success.

Baseline Needs Assessment-Reflection

A desire for more “fun” activities was prevalent. Although somewhat of a surprise, this desire was consistently expressed in a number of shelters and the results were felt to be significant enough to warrant further consideration.

First, we reasoned that there may be value in recreational therapy in this particular population as it is commonly implemented in inpatient mental health units as a tool to improve coping mechanisms and general mental health.

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Patient-centered Intervention Project-Interventions

The following is a sampling of the types of activities that were conducted in the spring of 2010. Plans are ongoing regarding future opportunities that may be explored.

1. Bowling Trip: Interested shelter residents were taken to a local bowling alley one afternoon and were able to bowl 2 games each.
2. Bingo Night: A volunteer organized Bingo for the residents every Thursday night. Donated prizes were awarded.
3. Movie Nights: New release movies were donated by local rental stores to watch at the shelter. Popcorn provided.
4. 3-Moves: We spent one evening cooking 3-mores around a fire; this was a new experience for some residents.
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7. Game Nights: We encouraged participation in card games and board games. Prizes were occasionally provided.

Patient-centered Intervention Project-Reflection

The results of this pilot study suggest that there may be value in the implementing of recreational programs in homeless shelters, although more formal outcomes measures are needed to confirm this.

This exercise in providing patient-centered care measures yielded results of general approval from the patients’ perspectives. This suggests that patients may be more accepting of interventions in which they have had influence in choosing.

References