

Homelessness is a national problem that is worsening. Some challenges the homeless face—lack of shelter, food, health care, support, and opportunities—are well known. Cancer, an unrecognized problem among the homeless, is a leading cause of their deaths.

AT A GLANCE

- Homelessness is a complex situation resulting from internal and structural factors.
- Homelessness makes cancer even more challenging because of lack of resources, a peaceful environment, and family and friends.
- Increasing awareness of homelessness, knowing about healthcare resources, counseling on smoking cessation, and advocating for better cancer care are some ways oncology nurses can make a difference to people who are homeless.

KEYWORDS

homelessness; access to health care; smoking cessation; palliative care

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Homeless With Cancer

An unrecognized problem in the United States

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On a single night in January 2017, the U.S. Department of Housing and Urban Development ([HUD], 2017) conducted a point-in-time (PIT) survey, counting more than half a million people as homeless in the United States; this was the first increase in seven years. This is equivalent to 17 in every 10,000 people being homeless (HUD, 2017). HUD's report to Congress included the fact that about two-thirds of homeless people live in sheltered environments, like emergency shelters, transitional housing programs, and safe havens (see Table 1). In addition, one-third of the homeless population's nighttime stays were at a public or private location that is not a usual sleeping accommodation (e.g., sidewalks, parks, vehicles, tents). The PIT survey showed the greatest changes in the year to be a decrease of 5% in homeless families and an increase of 12% in individuals with chronic patterns of homelessness (those homeless for more than a year) (see Table 2). For the first time, the PIT survey provided baseline data of 40,799 homeless youths in the United States (HUD, 2017). The PIT survey did not report on those who were ill or had cancer.

The basis for homelessness can be a synergistic relationship between individual factors (e.g., poverty, early childhood adverse experiences, mental health and substance misuse problems, personal history of violence, association with the criminal justice system) and structural factors (e.g., absence of low-cost housing,

jobs, and income support) (Fazel, Geddes, & Kushel, 2014). For homeless individuals aged 12–25 years, their individual factors are different and include family conflict, victimization, nonheterosexual identity, and child welfare system experience (Fazel et al., 2014).

Within the healthcare system, domestic violence, social disconnection, poverty, psychological trauma, and unemployment experienced by people who are homeless may not be recognized as their social determinants of health (Stafford & Wood, 2017). These social determinants interplay with health to lead to frequent emergency department visits and hospitalizations of those who are homeless (Stafford & Wood, 2017).

Compounded by Cancer

Cancer is a leading cause of death among homeless people, second only to drug overdose (Baggett, Hwang, et al., 2013). More than one-third of these cancer deaths were caused by cancers of the trachea, bronchus, and lung, with mortality rates two to three times higher than those in the general population (Baggett, Hwang, et al., 2013).

Although information on homelessness and cancer is limited, research on the veteran population provides some foundation for data. Hwa, Dua, Wren, and Visser (2015) found that, of 90 veterans with hepatocellular cancer, 30% were homeless and 21% lived with a family member, with a friend, or in a trailer; the others were able to rent (26%) or own (23%) a home, with 15% receiving housing