

Understanding the Spatial Dimension of Women's Homelessness

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Introduction

Chronically homeless women experience high rates of mental health and substance abuse issues (Edens et al., 2011). This study aims to help global health practitioners and researchers understand and address the health needs of chronically homeless women in Los Angeles county by developing a spatial accessibility index of different resources to improve their health outcomes.

Chronic homelessness can be prevented altogether by providing the recently homeless entitlement income and subsidized housing (Zlotnick et al., 1999). Helpful resources include food pantries, soup kitchens, drop-in centers, hospitals, residential treatment programs, outpatient clinics, and substance abuse programs (Drake et al., 2001). Social resources are helpful in alleviating stress experienced by those who are homeless and possibly helping them exit homelessness (Wong and Piliavin, 2001). Ontological security is extremely important in helping the homeless, particularly with serious mental illnesses (Padgett, 2007). Another important resource for successfully exiting homelessness is the relationship with the service provider (Thompson et al., 2004).

The type of resources that can help the homeless depend upon characteristics of the person experiencing homelessness. For example, in addition to the institutional spaces of homelessness such as night shelters, homeless women also use public spaces including but not limited to libraries, art centers, museums, bookstores, public restrooms, shopping complexes, parks, parking structures, and even airports (Casey et al., 2008). Homeless women also access health care services (Enriquez, 2005), including family planning (Gawron et al., 2018), and mental health services.

Method

Spatial accessibility index creation entails the incorporation of variables specific to the problem domain. In order to create a spatial accessibility index of resources that can help chronically homeless women, several variables are incorporated including those that generally affect homeless people regardless of their specialized needs such as food and those that are specific to them such as family planning, residential treatment programs, and substance abuse programs. To this end, the general and specific resources identified in the literature on homelessness, women's homelessness, and chronic

homelessness are incorporated in the creation of this index. Homeless counts for the same study location are also incorporated.

Chronically Homeless Women's Walkable Access to Resources

Since most unsheltered chronically homeless women do not have reliable access to transportation, buffer rings are sized according to walkability literature to determine which resources are accessible to them (Figure 1).

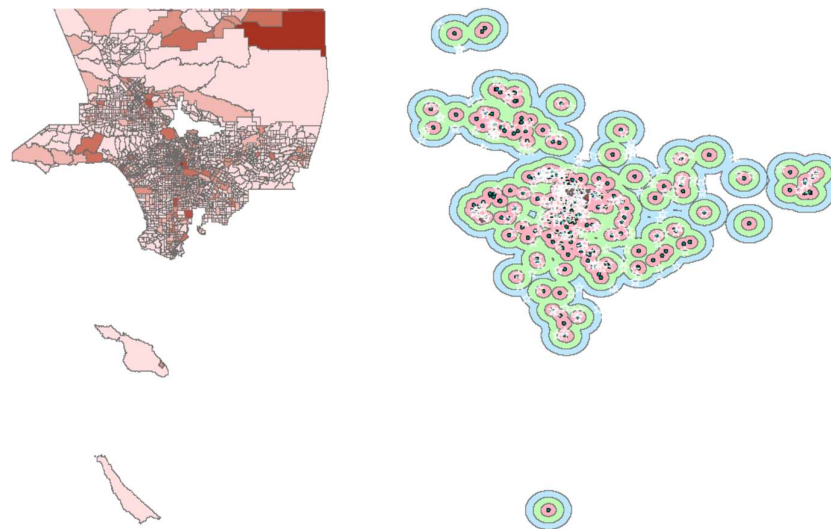


Figure 1: Walkability Buffers for Resources to Help Chronically Homeless Women.

Results

This study is expected to yield a new accessibility index that can global health practitioners and researchers better understand the geographic distribution of chronically homeless women and of the resources available to assist and support them.

Discussion and Conclusion

The findings from this study will have implications for global health practitioners and researchers engaged in efforts to help improve health outcomes for chronically homeless women.

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