Peer Responses

Name

Institution Affiliation

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Response to Daniel

I do agree with Daniel's findings that demonstrate the failure of the healthcare system to the homeless population. However, homelessness and healthcare are two aspects that seem to be interlinked. The National Coalition for the Homeless approximates that 70% of the people experiencing homelessness also do not possess the appropriate health insurance (2012). Additionally, roughly 14% of homeless individuals that receive treatment from health care programs for the homeless are children under the age of 15 (National Coalition for the Homeless, 2012).

Ineffective health insurance on its result into homelessness. This is because most individuals that lack health insurance also have low incomes and lack the funds that are needed to pay for health services by themselves. A critical illness or ailment in a family may imply overwhelming expenses for hospitalization, diagnoses, and treatment. Most homeless people are forced to decide between their rent and hospital costs. The National Coalition for the Homeless reveals that 50% of the personal insolvencies that occur in the U.S are attributable to health issues (National Coalition for the Homeless, 2012). The most important insight that I have gained from these findings is that it is important to establish the right strategy and initiatives for assisting homeless people to receive treatment. Just because the current system does work, we should not undermine that these people are also human beings.

Response to Josh

I also agree with Josh on the need for an interdisciplinary and multi-pronged approach to providing the homeless with health care. The clear answer to the homelessness problem is to prevent people from becoming homeless in the first place. This is because the moment people

lack homes, they go through a degrading and detrimental downward spiral (Davis, 2016). The challenging solution is to establish more housing that incorporates social services

Although there are many policies, zoning regulations, and protocols that are created to guarantee public health and safety, they have not tackled homelessness. The objective should be to construct supportive housing with social services. Still, it will require time, financing, and continued political will to overpower neighborhood opposition.

The insight that I received from this finding is that as we strive toward this objective of ensuring housing for the homeless, we should enhance shelter design, maintain the current initiatives, and transform present buildings that are in minimal use. However, this should be done with improved effectiveness, evidence-based assessment of the initiatives, and client tracking between service providing bureaus.

References

Davis, S. (2016). Solutions for the homeless: Housing First. *Berkeley Wellness*. Retrieved from http://www.berkeleywellness.com/healthy-community/health-care-policy/article/solutions-homeless-housing-health-link

National Coalition for the Homeless. (2012). Health care and homelessness. Retrieved from http://www.nationalhomeless.org/factsheets/health.html