

# The Crisis of Stigma: Young Adults' Negotiation of Racism and Homelessness In Trenton's Health Care System

*Rachel G. Kasdin, Princeton Class of 2020*

## Executive Summary

Young adults experiencing homelessness and housing instability are particularly prone to poor mental and physical health. Some experts have even deemed homelessness to be a public health crisis, highlighting the urgency and significance of the effects of homelessness on health outcomes. Many of the young adults in Trenton, New Jersey, who are experiencing homelessness are people of color, suggesting that the health effects of their homelessness may be further compounded by the effects of racism and race-based inequities within the health care system. Anchor House, and other organizations that similarly provide housing and other forms of support to homeless youth, work tirelessly to support young adults who are particularly vulnerable to these forms of marginalization. Using qualitative sociological research, I ask: **How do young adults who rely on Anchor House's services perceive their ability to access health care and the quality of care they receive? What is Anchor House already doing to effectively support these young adults' health-related needs, and how can the organization (and others like it) continue to address the public health crises experienced by these young adults?**

In this report, I argue that young adults' interactions with Trenton's health care system are shaped by both homelessness and racism. While Anchor House already very effectively reduces the effects of homelessness on access to health care, I suggest ways in which it could further support young adults by reducing the stigma they experience in clinical encounters. Based on my findings, I propose that Anchor House should help young adults find health care providers who are aware of their specific needs, implement a patient advocate or community health worker program, or provide on-site health consultations. In addition to these initiatives, I propose that Anchor House should partner with the health care system itself to change the way health care is delivered to these young adults, thereby reducing the effects of homelessness and racism on health outcomes.

*“There is a public health crisis playing out on the streets of our nation's communities... homeless Americans must not remain our invisible citizens. What they need are permanent places to live, jobs, education, and quality health care.”<sup>1</sup>*

---

<sup>1</sup> Written by Shaun Donovan (former U.S. Secretary of Housing and Urban Development) and Eric K. Shinseki (former U.S. Secretary of Veterans Affairs) in a report on homelessness in the United States (Donovan and Shinseki 2013:S180).

## Introduction

In 2018, on a single night in January, almost 500 people in Mercer County, New Jersey, were experiencing some form of homelessness (Monarch Housing 2018). Ninety-eight percent of these people were based in Trenton and over half (55%) were youth (Trenton Health Team 2019). As of February 2020, Trenton Mayor Reed Gusciora reported that there are estimated to be approximately 200 homeless young adults (between the ages of 16 and 24) in the greater Trenton area (Ursillo 2020). These numbers, however, are likely significantly lower than the actual rates of homelessness in Trenton. As Connie Mercer, the founder and executive director of HomeFront, explained to a local New Jersey newspaper, these measurements are deeply flawed and likely only reflect one quarter of the number of people experiencing homelessness (Matthau 2018).

Young adults experiencing homelessness or housing instability, including those in Trenton, are particularly prone to poor health outcomes. Homeless and unstably housed youth are especially prone to having infectious diseases, sexually transmitted infections, diabetes, dental problems, skin diseases, respiratory diseases, and range of psychiatric disorders (Edidin et al. 2012). The connection between homelessness and poor physical and mental health is sufficiently well-established that the Society for Adolescent Health and Medicine (2018:374) has emphasized that “stable housing is critical to health.” Some policymakers and advocates have even proposed that homelessness should be classified as a “public health crisis” (Donovan and Shinseki 2013:S180).

My senior thesis examines how, and whether, such a public health crisis plays out among homeless young adults of color in Trenton, New Jersey. Many young adults experiencing homelessness in Trenton, and all of the ones who participated in this research, are Black or Hispanic, as rates of homelessness in Trenton and surrounding Mercer County fall starkly along racial lines (Monarch Housing 2018). My research was motivated, then, by questions such as: “How do young adults who rely on Anchor House’s<sup>2</sup> services perceive their ability to access health care

---

<sup>2</sup> Founded in 1978, Anchor House works to provide homeless, runaway, abused, or at-risk youth and young adults in Trenton with shelter, transitional and supportive housing, and street and school outreach services. More than forty years after its founding, Anchor House continues to serve runaway youth who are in need of short-term support. As the organization’s website explains, Anchor House’s mission remains to “provide a safe haven where abused, runaway, homeless, aging out and at risk youth and their families are empowered to succeed and thrive” (Anchor House 2020). “Today,” the website continues to explain, “Anchor House Inc. provides shelter, school outreach, transitional and supportive housing, and street outreach to youth, ages 12 to 21 years of age, from Mercer County and throughout the state of New Jersey” (Anchor House 2020). The young adults who participated in this research are all part of one of four of Anchor House’s programs for young adults between the ages of 18 and 24, including the Anchor Link Outreach Program, the Anchor Line Apartment Program, the Connect to Home Program, and the Rapid Re-Housing Program.

and the quality of care they receive?”, “How are these interactions with the health care system shaped by racism and homelessness?”, and, ultimately, “How can the structural and interpersonal factors that negatively impact these young adults’ interactions with the health care system be addressed by Anchor House and other organizations like it?” By answering these questions, I illuminate the nature of homelessness as a public health crisis among these young adults in Trenton.

Based on interviews I conducted with young adults associated with Anchor House and policymakers, social workers, health care providers, and public health advocates who were able to contextualize the experiences of these young adults, I conclude that racism and homelessness both shape these young adults’ interactions with the health care system in multiple ways. In this report, I describe the nature of the effects of homelessness and racism on these interactions, highlight the ways in which Anchor House is already effectively addressing some of their effects, and propose ways that Anchor House can further reduce the effects of racism and homelessness on young adults’ health both independently and in partnership with the city’s health care system. Finally, I suggest that the material deprivation associated with homelessness is certainly the cause of a public health crisis, but that so, too, is the health care system’s intensely stigmatizing reaction to young people who are homeless or who are assumed to be homeless by their health care providers.

## **Methods**

This research was conducted over the course of four months using in-depth, semi-structured interviews. Qualitative research, and the use of interviews, allows research to describe people’s lived experiences and how they make sense of the world around them. Over the course of a 30 to 60-minute interview, it becomes possible to discern patterns in people’s stories and in their interpretations of these stories. Through this research, I hope to first illuminate how much there is to learn from the young folks who call Trenton their home by centering their narratives in academic research and, secondly, to highlight the ways in which homeless young adults of color can be better supported in their interactions with health care systems in Trenton and beyond.

Over the course of four months, I interviewed nine young adults who are affiliated with Anchor House’s programs. These interviews focused on the participants’ experiences of housing and homelessness in Trenton, and on how housing affects their health care. Specifically, I asked about where these young adults seek care for general health and mental health concerns—such as from health care institutions including hospitals and clinics, service agencies and community-based organizations, or peer networks—and their experiences of interacting with and receiving this care.

In addition to the interviews I conducted with these young adults, I interviewed health care providers, social workers, public health advocates, and government officials about their experiences of caring for homeless young adults or making policies that affect these young adults in Trenton. Over the course of my research, I interviewed people who works at The Center for African American Health Disparities and Research, the Rescue Mission of Trenton, Capital Health Regional Medical Center, Children’s Futures, HomeFront, Henry J. Austin Health Center, the City of Trenton Department of Health and Human Services, and the Turrell Fund. In these interviews, I asked my interviewees about their perspectives on the experiences of homeless young adults of colors as they interact with the health care system and to describe how they, through their work, support these young adults.

Together, the perspectives of young adults and the professionals who care for them illuminate both the causes of these young adults’ poor health outcomes and potential ways to address them.

## **Findings**

**Key Observation #1:** Before becoming involved with Anchor House’s programs, these young adults faced significant structural and financial barriers that often prevented them from accessing the health care that they needed.

- ❖ The young adults I interviewed identified a lack of health insurance as the biggest barrier to care they have faced. They remember that before becoming involved with Anchor House, various factors prevented them from enrolling in health insurance such as a lack of a permanent address, an inability to access the documentation (like birth certificates) they needed, not knowing how to transition out of the Division of Child Protection and Permanency into a new health insurance plan, and limited time and attention for figuring out how to enroll in health insurance while also looking for a job and a place to stay that night.
- ❖ The health consequences of not being able to access care were significant for these young adults. One recounted losing a dangerous amount of weight while not even knowing that her kidneys were failing, while another was many months into her pregnancy before being able to receive prenatal care. At other times these young adults were left with no choice but to seek out care despite not being insured, leaving them with significant medical bills.

**Key Observation #2:** Once these young adults were able to look to Anchor House for help with housing and the support of case managers, they became able to navigate around these barriers to care.

- ❖ The young adults I interviewed emphasize that once they could rely on the support of Anchor House's case managers, accessing health care became much more feasible. The case managers were able to help them enroll in health insurance, find doctors, and help them keep track of what they needed to do to stay in good health or to become healthy. With the support of Anchor House, these young adults are able to access health care more effectively and sustainably than they had previously been able to.

**Key Observation #3:** Despite Anchor House's ability to address the material concerns of these young adults, many struggle with the label of 'homeless' before and after their involvement in the organization.

- ❖ While some of the young adults I interviewed embrace the label of 'homeless' to describe themselves before becoming involved with Anchor House's services, others reject the label, explaining that it does not fit their situation or that it would imply a moral failure. Others note that despite not identifying with the term, they often felt forced to use the label of 'homeless' in order to receive the services they needed from various organizations and governmental programs throughout Trenton.
- ❖ Even once these young adults can rely on Anchor House for support or are receiving subsidized housing from the organization, their complicated relationship with 'homeless' as an identity or label continues. Some young adults continue to feel that the label fits them, as they don't know how long they can rely on Anchor House for housing, while others note that they have an apartment and should not be considered to be homeless. Some young adults continue to reject the label of 'homeless' because they associate it with laziness or irresponsibility and do not see themselves that way.

**Key Observation #4:** When these young adults communicate that they are homeless to health care providers or are assumed to be homeless by health care providers, they receive care that they perceive as being deeply stigmatizing and low-quality.

- ❖ According to the young adults I interviewed, while some health care providers ask about their housing status (forcing these young adults to decide whether or not to take on the label

of 'homeless'), many health care providers make assumptions about these young adults' homelessness. This continues to be true once young adults are able rely on Anchor House for support since many health care providers associate the organization with homelessness.

- ❖ When young adults either disclose their homelessness to providers or are assumed to be homeless, they believe that they are given lower quality, often negligent, health care. They report that health care providers often make them wait longer to receive care, make snide comments about their inability to care for themselves and maintain certain standards of hygiene, and make assumptions that they abuse drugs.

**Key Observation #5:** While public health advocates and other professionals identify interpersonal and institutional racism as being significant and profoundly influential factors, in addition to homelessness, in shaping homeless young adults of colors' interactions with the health care system, the young adults I interviewed do not identify racism as playing this role.

- ❖ Public health advocates, health care providers, and policy makers in Trenton all identify interpersonal and institutional racism as existing within the city's health care system and structuring homeless young adults of colors' ability to access the health care they need.
- ❖ Despite describing traumatic interactions with the health care system that these professionals would likely describe as being the result of such racism, the young adults I interviewed explicitly denied that racism plays a role in their ability to access care, the quality of care they receive, or their health outcomes.

## Conclusions

- ❖ **Two Public Health Crises:** The material experience of homelessness, through the challenges it creates (such as difficulty in enrolling in insurance or being able to find transportation to appointments), should be considered to be a public health crisis. However, the way that the health care system reacts to homelessness, especially in the form of stigmatizing clinical encounters, is also a pressing public health crisis. In order to ensure that the young adults that Anchor House works with are able to access equitable health care, both crises must be addressed.
- ❖ **The Crisis of Access:** Anchor House plays an important role in addressing the first crisis. By providing young adults with subsidized housing and other essential forms of support, Anchor House enables these young adults to navigate around the structural and financial

barriers to care that were previously insurmountable to them. This helps reduce the negative impact of homelessness on their health outcomes.

- ❖ **The Crisis of Stigma:** Anchor House has the opportunity to provide some additional support and services to these young adults' in order to address the second crisis, and reduce their experience of stigma, though the root of this crisis will ultimately have to be addressed by the city's health care system itself.
- ❖ **The Presence of Racism:** While these young adults do not identify racism as affecting their ability to access high-quality care the way they identify homelessness as having these effects, public health advocates and other professionals believe that interpersonal and institutional racism have profound effects on homeless young adults of colors' interactions with the health care system. The forms of racism identified by these professionals likely affect these young adults in ways that are subtle and hard for young adults of color to detect.

## **Policy & Programmatic Implications**

- ❖ Anchor House is providing essential services to young adults who need help gaining access to and navigating Trenton's health care system. The organization should **continue its excellent work** of supporting young adults through its transitional and supportive housing programs.
- ❖ Anchor House should consider the ways it can support young adults in their interactions with the health care system to **reduce the stigma** they may face in clinical encounters.

There are various ways that the organization may be able to do this:

- Help young adults identify health care providers who are aware of and empathetic to the specific needs of young people who are experiencing homelessness or who are unstably housed.
- Provide young adults with advocates or community health workers to help them ensure that they are given high-quality, responsive, and attentive health care during their appointments at various health centers and hospitals.
- Create opportunities for young adults to receive health consultations on-site at Anchor House with physicians who are empathetic to their needs, thereby reducing young adults' need to define and communicate their housing status in clinical encounters.

- ❖ Anchor House, however, cannot solve the crisis of stigma within the health care system by itself. While it can help these young adults find less stigmatizing ways to interact with health care providers, ultimately only medical institutions and providers themselves can change how they react to their patients' homelessness. Anchor House should consider **partnering with health care institutions** to encourage them to implement “structural competency training” (Metzl and Hansen 2014:126) programs for their physicians or to create clinics that specialize in caring for homeless or otherwise vulnerable young adults.



## Bibliography

- Anchor House. 2020. "Our Mission." Retrieved March 8, 2020 (<https://www.anchorhousenj.org/>).
- Donovan, Shaun and Eric K. Shinseki. 2013. "Homelessness Is a Public Health Issue." *American Journal of Public Health* 103(2): S180.
- Edidin, Jennifer P., Zoe Ganim, Scott J. Hunter, and Niranjan S. Karnik. 2012. "The Mental and Physical Health of Homeless Youth: A Literature Review." *Child Psychiatry & Human Development* 43(3):354-375.
- Matthau, David. 2018. "NJ Too Expensive: Homelessness Rises by 9 Percent." *New Jersey 101.5*, October 23, <https://nj1015.com/nj-too-expensive-homelessness-rises-by-9-percent/>.
- Metzl, Jonathan M. and Helena Hansen. 2014. "Structural Competency: Theorizing a New Medical Engagement with Stigma and Inequality." *Social Science & Medicine* 103:126-133.
- Monarch Housing Associates. 2018. "Mercer County 2018 Point-In-Time Count of the Homeless." Retrieved April 17, 2020. (<https://monarchhousing.org/wp-content/uploads/njcounts18/2018PITReportMercer.pdf>).
- Society for Adolescent Health and Medicine. 2018. "The Health Care Needs and Rights of Youth Experiencing Homelessness." *Journal of Adolescent Health* 63: 372-375.
- Trenton Health Team. 2019. "Trenton Community Health Needs and Assets Assessment." Retrieved April 29, 2020 ([https://www.capitalhealth.org/sites/default/files/2019-08/Trenton-CHNAA-June-2019\\_7.2.19r.pdf](https://www.capitalhealth.org/sites/default/files/2019-08/Trenton-CHNAA-June-2019_7.2.19r.pdf)).
- Ursillo, Jen. 2020. "Trenton Launches New App to Mercer County's Homeless Youth," *New Jersey 101.5*, February 3, 2020 (<https://nj1015.com/trenton-launches-new-app-to-mercercountys-homeless-youth/>).