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[inspiring journalism]

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## The Medical Needs of Vulnerable Populations are Often Overlooked

By Nicole Kiser

It's a story often told. A concussion, a stroke, a heart attack, diabetes that couldn't be controlled. And then it spirals. One of the most common ways that homelessness starts is a health problem.

An injury or a worsening illness can lead to a lost job, lost income, and, eventually, a lost home. Often, people can't afford the treatment needed for them to improve. Adjusting for inflation, **health spending has increased six-fold**, from \$1,848 in 1970 to \$11,582 in 2019. Prescription drugs have **rapidly increased in price**, swelling 40% between 2007 and 2017, with a projected additional 60% increase by 2027.

According to the **RAND Corporation**, "Prescription drugs in the United States on average cost around 2.5 times more than those same drugs do in other Western countries." Insulin alone costs **ten times as much in the U.S.** as in other developed countries, with the brand Humalog having increased prices more than 1,000% since 1999.

For those without insurance or with inadequate insurance,

these increases cannot be managed while maintaining basic essentials. And applying for financial aid is often a complicated process, involving detailed paperwork and long waits for reimbursement, a process that is further hindered by language and education barriers already present in vulnerable populations.

### And it's only gotten worse...

The effects of the pandemic, and the subsequent economic recession and then rebound, have served to throw the health inequities faced by vulnerable populations into sharp relief. Though the country experienced an **average increase of 22% in mortality** during the pandemic, cities across the country have reported a staggering increase in the number of deaths in their unhoused populations — up to **triple the previously recorded number of deaths** in some locations.

This surge in mortality for those experiencing homelessness is not only, or even primarily, caused by the COVID-19 virus. The pandemic has had a monumental ripple effect for supportive services typically offered to those that are unhoused. As



*Nurses from the Parkland HOMES program distribute COVID-19 vaccines to clients at The Stewpot on March 11. Courtesy of Maddie Nutt.*

awareness, and subsequently fear, of the COVID-19 virus grew, **outreach services that typically served encampments halted**, and some never returned. Service providers and shelters were forced to limit services, or shut their doors entirely.

Many experiencing homelessness stopped going to medical appointments, feeling like going to clinics or hospitals increased their risk of catching COVID-19. Those that did try to access medical care often found procedures delayed, **off-site emergency rooms closed**, and hospitals overwhelmed with combating the virus.

### What's being done

Programs like Parkland's Parkland Homeless Outreach Medical Services (HOMES) program try to bridge the health disparities caused by homelessness. "Patients are distributed across the metroplex," says Dr.

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WHAT SHOULD WE COVER NEXT? FILL OUT  
OUR SURVEY AT: <https://bit.ly/2WbMRsg>



# STREETZine

**STREETZine** is a program of The Stewpot.



The **STREETZine** is a monthly newspaper published by The Stewpot, a ministry of the First Presbyterian Church of Dallas. The Stewpot provides services and resources for people experiencing homelessness or who are at risk of being homeless. The organization also offers opportunities for a new life.

As part of this ministry, the **STREETZine** seeks to raise awareness about the issues surrounding homelessness and poverty. The monthly publication also offers financial opportunity for Stewpot clients who sell the paper to Dallas residents. Vendors are able to move towards economic self-sufficiency by using the money they receive from selling copies to purchase bus passes, food, and necessary living expenses. Clients also receive stipends for contributing articles to **STREETZine**.

The content in **STREETZine** does not necessarily reflect the views or endorsement of its publisher, editors, contributors, sponsors or advertisers. To learn more about this publication, contact Betty Heckman, Director of Enrichment, 1835 Young Street, Dallas, Texas 75201 or [BettyH@thestewpot.org](mailto:BettyH@thestewpot.org). To read more about **STREETZine**, a member of the International Network of Street Papers, go to [www.thestewpot.org/streetzine](http://www.thestewpot.org/streetzine).

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## The Pastor's Letter: Finding Normal

By The Rev. Amos Disasa

Sometimes my computer surprises me. You might think one of these surprises is when the computer translates the movement of my fingers into visible text on a screen in real time. Or perhaps I should be breathless at the speed the text is transmitted across the country as I kill time instant messaging a friend. But no, I grew accustomed to these helpful surprises long ago. Now I take them for granted. But in moments when the text lags behind my fingers dancing on the keyboard, or my internet connection is too weak to support a video chat, I'm equally astonished to discover that technology isn't perfect.

Rarely do I realize the absurdity of my complaint: That a computer — a box of wires connecting circuits and some other stuff I can't explain — should on occasion fail to accurately parse one command of the thousands it computes each second, is somehow regarded by me as an anomaly. 99.99% accuracy is unacceptable. The box must be perfect!

Consider that we are more forgiving of people than computers, even as the latter continues its steady encroachment into every corner of human life. Circuit boards and semi-conductors inexplicably quit at the worst possible time, but they aren't emotionally manipulative, gossipy or judgmental about our appearance. We quietly forgive the bad behavior of others, but, when our computers are slow to boot, it's quite okay to release a primal scream while thwacking the monitor's side with an open palm.

I just got off the phone with an old friend, with whom phone conversations are often interrupted by silence. The screen on my friend's phone is supposed to be disabled when the phone is pressed to her ear. But the phone was dropped months ago, shattering the screen and necessitating a replacement. The repair person made a mistake during the screen replacement and failed to connect all the wires. Often, she'll accidentally graze the mute button with her cheek causing her voice to disappear for a moment. When that happens, it is not the repairman she blames with an indistinguishable grunt and snarl, but the phone.

Google searches containing a misspelled word now adjust automatically to offer re-

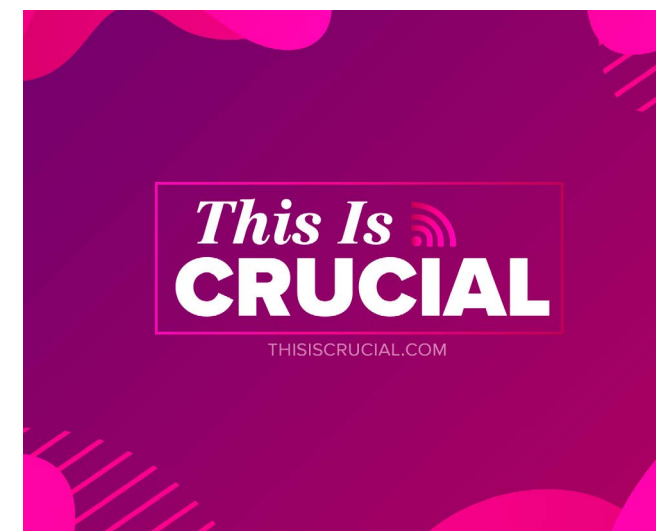
sults as if we knew what we were doing. Our expectations for technology, it seems, now demand that the circuit boards connected by wires not only remain perfect but also intuit our needs even when we are not. Subtly, we've come to expect that technology be godly: omniscient, available and incorruptible.

I'm certain God isn't looking for a worthy successor to the Holy One, but we should consider how our relationship to technology already indicates that we've found one. Technology is magical, but it is not inscrutable. It breaks. God does not. May we never surprise ourselves and confuse the two.

**The Rev. Amos Disasa is senior pastor of the First Presbyterian Church of Dallas.**



Welcome Baskets Needed!



*This is Crucial* is a podcast with live and interactive recording sessions focused on healing justice and racial equity. It is an opportunity to learn from a rotating guest list of experts as they sit down to discuss these important, timely, and sometimes uncomfortable topics. *This is Crucial* is hosted by Rev. Amos J. Disasa (Senior Pastor of FPC Dallas) and Rev. Dr. Charlene Han Powell (Senior Pastor of FPC Berkeley).

## A Letter from the Executive Director

By Brenda Snitzer

First Presbyterian Church of Dallas (FPC) members have always cared for the vulnerable in our city. They have been serving the community since the downtown church's inception in 1856, one day after the City of Dallas was incorporated.

FPC's community ministries has spanned this history, prioritizing the health of those most at risk. This work included creating a Children's Clinic in the church in 1921. The clinic provided free quality medical care to underprivileged children, regardless of their ethnicity or race. It later became the outpatient clinic for today's Children's Medical Center.

The Stewpot was launched in 1975 to feed those experiencing homelessness. Soon, other programs grew out of identified gaps in services to the homeless. One such need quickly became apparent: the lack of dental care. Many people experiencing homelessness had difficulty simply eating due to tooth infections or rotting teeth.

Since there was no place for regular dental care, FPC members Dr. Frank Higginbottom, Dr. Larry Chapman and Dr. Dee Ogden, each of whom were dentists, helped create The Stewpot Dental Clinic in 1988. When The Stewpot moved into its own building in 1991, the building design centered around a new dental clinic. It has four fully functioning dental operatories to meet primary

care dental needs: teeth cleaning, fillings and extractions, as well as creating custom dentures and building crowns.

Today, the Parkland Homeless Outreach Medical Services (HOMES) program operates the clinic at The Stewpot. Five days a week, two dentists, two dental hygienists and several other caring staff members tend to the needs of our clients.

In ensuing years, other health care needs were identified. Thanks to the generous support of concerned FPC members, a medical clinic was begun by Dr. Elgin Willis Ware Jr. in 1999, along with Dr. Buddy Hurst. Dr. Ware served as the medical director from 1999-2011. He and his wife, Karen, recognized that accessible health care is an urgent need for those who are homeless.

For a long time, congregational and community medical volunteers served more than 3,000 clients. Chronic issues such as high blood pressure, diabetes, respiratory conditions and foot problems were common. So were emergency issues such as spider bites, which is a common problem for those who sleep outside. Now also run by the Parkland HOMES program, the operation is appropriately named the Karen and Elgin Ware Medical Clinic.

In 2004, FPC member Dr. Tom Wood started an eye clinic. Dr. Wood volunteered his time and resources for years to The Stewpot community. In recent years, other eye doctors have seen clients, and the Stewpot volunteer and client services department has annually hosted eye clinics to test our clients' vision and offer any necessary prescrip-

tion services.

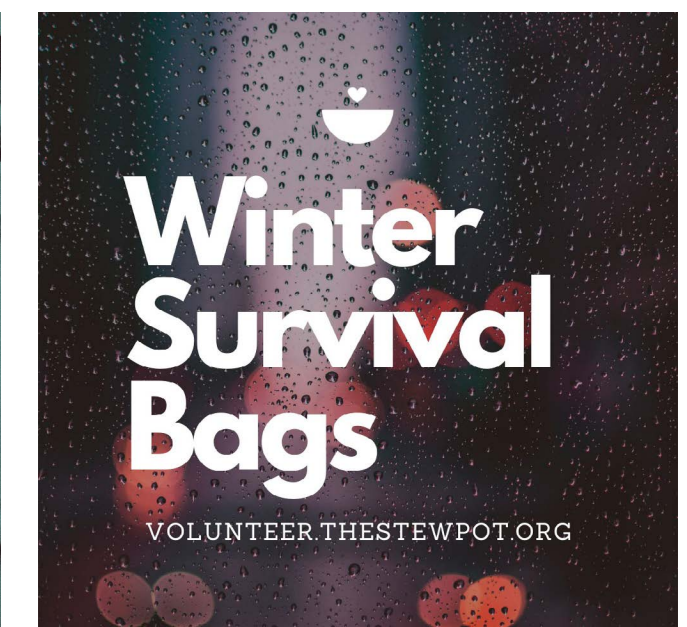
All of these medical programs have been vital for Stewpot clients.

Mental health is no less important, which is why Metrocare Services began serving in The Stewpot building during the 1990s. Metrocare provides medical, mental and behavioral health services, along with helping clients manage their medications. This service is vital for folks experiencing life on the street. Over the years, The Stewpot has developed additional partnerships with North Texas Behavioral Health, Baylor Scott and White, 12-Step groups and many other health care organizations.

One early pioneer staff member in health care services at The Stewpot is Metrocare's Hope Stedman. Not long after she started in 1999, we began remodeling the first floor. As she shared recently, "It really was pretty incredible on the whole first floor. Parkland, Metrocare and Stewpot caseworkers were all working in the garage (while the interior was being remodeled). Rooms were divided with heavy plastic and there were big heaters. Everyone made it work. Our clients taught us to make it work."

Caring for folks' health is an important aspect of The Stewpot services and we are grateful to so many heroes, both named and unnamed, for providing care for so many throughout the years, and especially through the past eighteen months of the pandemic. God bless them all!

**Brenda Snitzer is executive director of The Stewpot.**





# Housing as a Health Care Solution for People Experiencing Homelessness: A Conversation with Tinenciaa Harris

By Bill McKenzie

*Tinenciaa Harris is the clinical and quality improvement manager for the National Health Care Council for the Homeless. The council includes members from across the nation who work in partnership to address the health needs of people experiencing homelessness. She spoke with STREET-Zine's Nicole Kiser and Bill McKenzie about the relationship between homelessness and health in the interview below, which has been edited for length and clarity.*

## Broadly speaking, what do you see as the major connection between one's health and being homeless?

One of the major causes of homelessness is poor health, and homelessness can take on many forms: People living on the streets, in encampments, in transitional housing and shelters or doubled up with friends or family. An injury or illness can start out as a health condition, but it can quickly lead to an employment problem due to something like missing time from work.

*But there is a stigma around people experiencing homelessness... People come into this discussion with several stigmas and traumas that have pushed us into this space of medical mistrust.*

People experiencing homelessness often have existing health problems. Homelessness also creates new health problems. Not being able to recover from those health issues is a big concern.

People of color disproportionately experience homelessness due to systemic racism. In turn, that causes health inequities.

## What health issues are the major drivers among people experiencing homelessness? Diabetes? Heart issues? Mental health? Something else?

All of those are major drivers. For example, if a person experiencing homelessness has a chronic condition like diabetes, you are talking about having to manage those issues. That is hard to do that without being housed. Storing medications. Finding the proper foods to eat. Coping with depression and alcoholism. Those can develop and be made worse without proper care by a provider and then getting into recovery. Being housed provides a stable, quiet place to manage them more effectively.

## How does homelessness cause new health problems?

If you are living on the streets or in a crowded shelter, you may be exposed to food or respiratory issues, hepatitis, and now Covid-19. You can also suffer injuries from living on the streets or in encampments or crowded shelters. Accidents and violence are threats, too, and your injuries from all of these risks may not heal properly. People experiencing homelessness need proper bathing and access to bandages to keep wounds clean.

## Where do you see these issues being addressed successfully? How is that being done?

One of the biggest ways is through partnerships with centers that provide health care for the homeless. For example, our members may have collaborated with a local public health department or a shelter or even a mobile medical unit.

We also partner with community health workers who have a peer relationship with clients. They may have experienced homelessness themselves. Trust exists between the health workers and the clients.

The council also works with members who are Federally Qualified Health Centers across the country. We provide the centers with education, training, research and advocacy. Those centers have identified new partnerships during the pandemic as well while maintaining existing ones.

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# A View from the Street: Managing Diabetes from the Street

By Sarah Disasa

Food sustains life. It captivates audiences of cooking shows. It brings people together, and is passed down for generations through old family recipes. In our culture, everything revolves around food. For people with diabetes, however, food gets more complicated, and questions arise. What to eat? How much to eat? When to eat? How many carbs are in that cracker I just ate? Having diabetes requires constant attention to maintain sugar levels and overall good health.

Richard Belluardo is a client of the diabetes clinic at The Stewpot, which is operated by the Parkland Homeless Outreach Medical Services (HOMES) program. He has been insulin dependent for ten years, and, at the time he was diagnosed, he didn't know much about diabetes. When he first started going to the diabetes clinic, a doctor there noticed that Richard really cared about his health. "She worked with me very closely," he said, "and taught me about my diabetes."

One of the important measures for diabetics is the A1C, which reflects the average glucose level over the past 3 months. When Richard first went to The Stewpot diabetes clinic, his A1C was over 13. Normal levels are under 5.7.

Richard now goes to the clinic once a month for a check-up. Although he is no longer homeless — he rents a room in Richardson now — finding the resources to buy a bus or DART ticket to downtown Dallas is a priority. "Controlling that part of my life is that important," he said.

Some of the challenges that Richard faces with his diabetes are unique to his situation. Richard explained that he used to always have his own car. But after a car accident five years ago, Richard lost his car, and now does not have reliable transportation to The Stewpot or Parkland, where he receives his pre-

scriptions. Although his prescriptions are covered with disability insurance, he said, "I can't benefit from a service if I can't get there." He explained that having access to a bus pass is extremely important.

Another challenge involves the refrigeration recommended for insulin. He spoke of the time when he stayed in shelters and did not have access to refrigeration for his insulin. When asked about it, he laughed and said that there was "no option there at the shelters" to refrigerate his insulin. With refrigeration, insulin can last three months. Without it, insulin is only reliable for 28 days, assuming proper storage. Richard simply tried to keep the temperature of his insulin from fluctuating too much, yet another huge obstacle while being homeless.

But one of the biggest challenges that Richard faces is simply food. He does not have options. When living in the shelters, he said, "I have to eat what they serve." He explained that if a food had a high carbohydrate count, he would just adjust what he ate. But having options for low-carb foods and other healthy foods is sparse. "It's hard

being in that situation," he said.

Richard graciously gave thanks to The Stewpot and the diabetes clinic for all of their assistance. "The clinic at The Stewpot has changed my life," he said. He commented that although he still experiences ups and downs with his sugar levels, his conditions are not as severe as in the past because of all that he has learned through the clinic.

A serendipitous thing happened one Wednesday when Richard was at The Stewpot for his check-up at the diabetes clinic. It just so happens that The Dallas Street Choir also practiced on Wednesdays at The Stewpot. "I never would have known about it if I hadn't gone to the diabetes clinic," he said. "There's not many things that give you satisfaction when you are homeless," he said. But Richard loves to sing, and he has found a community of people who also love to sing. "It gives me the opportunity to sing in a choir. It's a lot of fun," he said.

*Sarah Disasa is a member of the First Presbyterian Church of Dallas and the STREETZine Editorial Advisory Board.*

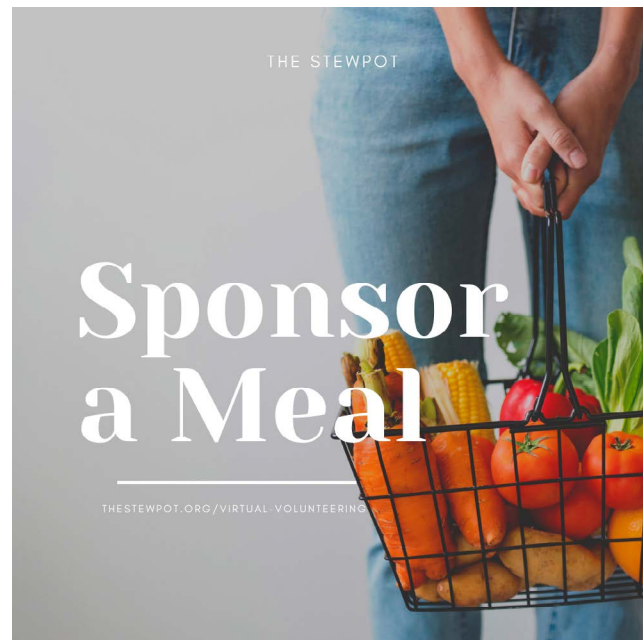
FOCUS ON COMMUNITY AND THE STEWPOT ARE HOSTING

# VISION HEALTH DAY

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.....  
**THIS EVENT IS FOR MEN AND WOMEN EXPERIENCING HOMELESSNESS WHO NEED:**  
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- EYE EXAMS (FIRST COME, FIRST SERVED)



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For help finding food or housing, child care, crisis counseling or substance abuse treatment.  
**ANONYMOUS**  
AVAILABLE 24/7, 365 DAYS A YEAR  
2-1-1 Texas helps Texas citizens connect with state and local health and human services programs.



## A New Smile for a New Life

By Poppy Sundeen

Matthew Ritter looks forward to the day when he can flash a friendly grin. For now, he settles for smiling with his lips pressed together to cover his toothless upper gums. “My top teeth were broken, and I had one pulled out in front,” he explains, “so it made it really difficult to smile.”

For Matthew, whose trade is electronic sales and repair, getting his smile fixed is part of getting his life fixed. “If you can’t smile while you’re working with customers, it definitely hinders things.”

### Seizures: the root of the problem

His dental challenges date back to childhood, when Matthew was diagnosed with epilepsy. “That’s where a lot of the broken teeth came from. During seizures I’d grit my teeth or clamp my jaw or I’d hit something when I fell.”

His medication couldn’t completely control the problem. “If I didn’t have a seizure during the day, I might have one in my sleep. Sometimes I’d wake up and find a tooth loose.”

But epilepsy didn’t stop Matthew from making friends and leading a normal childhood. He graduated from high school in Grapevine, Texas, and looked forward to a bright future.

### Bad decisions and lessons learned

Matthew makes no excuses for what happened next. He owns up to the bad decisions that landed him in prison at age 23. “I was in for five years, but I wasn’t idle while I was there. I got trade skill licensing in electrical and took some college courses.”

When he got out of prison, he found work as a commercial electrician’s apprentice for a large company in Houston. “It wasn’t hard for me to find a job,” he says, “just hard to keep from making bad decisions.” After getting mixed up with the wrong crowd, he left Houston and moved back to North Texas, where he enjoyed a close relationship with his mother and grandmother.

### Losing his mother. And his home.

Matthew was in prison once again during his mother’s final illness. When his mother was on her deathbed, the guards took him to her to say good-bye. He was wearing shackles as he stood by her bed.

“She was in a coma, but I was able to share a message with her. I bent over and whispered in her ear, ‘You see, Mom, even prison couldn’t keep me away.’ My grandmother and I were there with her when she died.”

Matthew was released from prison not long after his mother’s death. He moved into the family house with his grandmother, but the solution proved temporary. She settled into an assisted living facility, and Matthew found himself without a home.

“I just kind of lost my footing.”

### Finding the way by setting priorities

He may have lost his footing, but he didn’t lose his resolve to turn things around. Matthew found temporary housing at a homeless shelter and began to pick up the pieces.

“I realized there were things I had to take care of right away so I could move forward.” He created a to-do list: medical insurance, doctor appointments, medication and dental care to fix his broken and missing teeth. Temp jobs would provide pocket money as he worked through those priorities — then on to permanent work.

### Happy to go to the dentist

Matthew laughs about the fact that while a lot of people dread dentist appointments, he was raring to go from the moment he learned about the dental



Matthew prepares for a denture fitting. Courtesy of The Stewpot.

clinic at The Stewpot, which is operated by the Parkland Homeless Outreach Medical Services (HOMES) program. “It’s a nice facility. The lady at the front desk is always friendly, I get along really well with the technicians, and Dr. Shachi Khatri is very good at numbing. That’s important!”

His first appointment was last summer. “They had to pull all my top teeth before they could fit me for removable dentures. I just have two more fittings to go, so I’m pretty excited about it.”

One of the dental assistants uses the phrase “chin up” when she needs Matthew to raise his face toward her. “That always reminds me of the song in the movie *Charlotte’s Web* about wearing a happy face.”

Before the end of this year, Matthew will be wearing a happy face of his own and flashing a toothy grin as he begins a new chapter in life.

**Poppy Sundeen, a Dallas writer, is a member of the STREETZine Editorial Advisory Board.**

Continued from page 1

Donna Persaud, medical director for the HOMES program. In order to provide care, the HOMES program works with more than 20 organizations each month, including shelters, churches and recovery centers, to provide barrier-free comprehensive care to those experiencing homelessness for free.

The Parkland HOMES program has fixed facilities at The Stewpot and The Bridge as well as five mobile clinics. The clinics at The Stewpot provide preventative care, screenings, blood draws, vaccinations, acute care, check-ups, access to medication, substance abuse groups and counseling, and other services. The Parkland HOMES program also hosts clinics for vision, podiatry, diabetes, and other chronic diseases as well as runs a dental clinic that provides cavity care, root canals, and other dental care.

### Of course, the best way to help those experiencing homelessness receive better healthcare is to help them become housed.

Those experiencing homelessness are at a higher risk for dozens of health conditions, including trauma, skin disorders, respiratory illnesses, dental problems, and chronic diseases like hypertension and diabetes. So, the HOMES program specially selects all staff for their skill across areas as well as their interpersonal communication skills.

Fostered by years of **historical abuse and mistreatment**, medical mistrust is a common barrier to helping people receive the services they need. Consistent outreach services **can build trust** with those they service through regular visits and can help convince people to attend medical appointments and receive treatment.

According to Dr. Persaud, the mobile clinics

were designed specifically for the HOMES outreach programs. Each clinic is operated by a small staff, with the driver acting as office administration, and includes a nursing station, two examination rooms, a class D pharmacy, and a restroom. These mobile clinics were planned using feedback from previous clients and the program’s past experience serving vulnerable populations. Their implementation increases access for patients that may not have transportation, and allows the HOMES program to serve the needs articulated by the populations they serve.

Additionally, Baylor Scott and White has a Community Health Worker located at The Stewpot that provides cultural mediation, care coordination, counseling, health education, and other services to clients of The Stewpot. These services help those experiencing homelessness feel safe and respected by their providers as well as plan and organize care for even complicated medical needs.

### Facing the problem head on

Of course, the best way to help those experiencing homelessness receive better healthcare is to help them become housed.

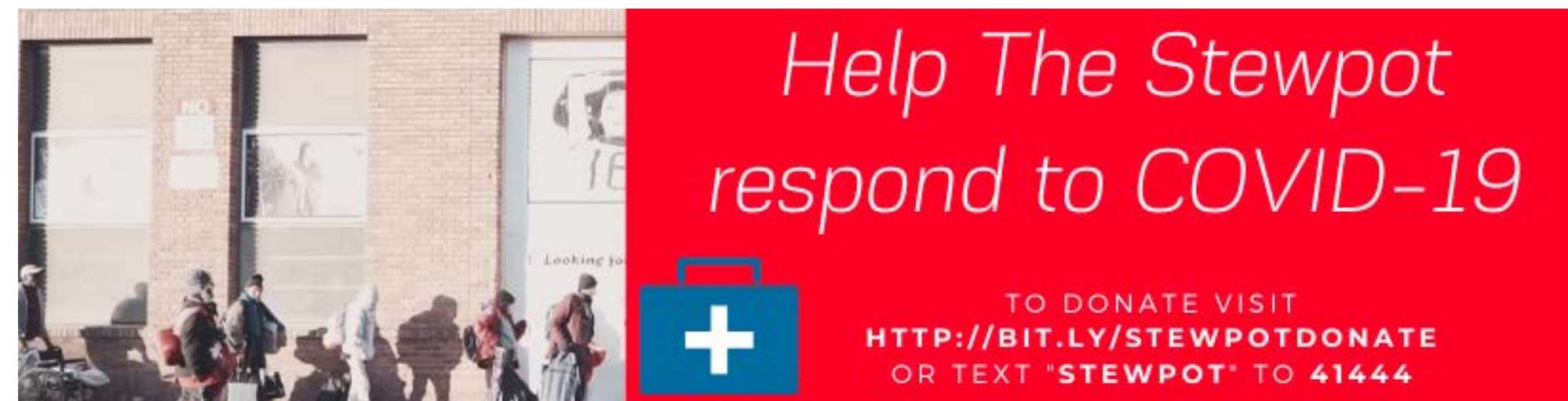
Housing provides practical, tangible benefits, like the opportunity for easier access to better and more consistent hygiene, simply through the presence constantly available running water. The stability of housing also makes it easier to find and maintain employment, which can provide the income necessary to purchase healthier foods. Access to a kitchen also helps people prepare a healthier diet, rather than being forced to rely on fast food or canned food for sustenance. In addition, housing provides a place to safely store food and medicine, which allows people to create long-term plans and take preventative measures to protect their health.

People with a stable home are also better able to create and maintain support networks, which can help **reduce the risk of depression, anxiety and addiction**. “The research has shown this,” says **Katrina Holland**, executive director of Portland’s JOIN, a homeless-to-housing program. “Somebody’s ability to sustainably manage a behavioral health concern is better supported when they have a place to live. Somebody’s ability to recover from the disease of addiction is better supported when they have a roof over their head. Research has told us this over and over and over and over again.”

Furthermore, a lack of housing can make healthcare more expensive, for both the patient and the taxpayer. Those experiencing homelessness often receive most of their healthcare from emergency rooms. According to **Green Door**, “Nearly one-third of all visits to the emergency room are made by people struggling with chronic homelessness,” costing \$18,500 per year for the average person experiencing homelessness. Housing can help people maintain a primary care physician and attend preventative care appointments, which would **treat 80% of emergency room visits made by people experiencing homelessness**.

But even outside of the Housing First approach, medical intervention can have a huge impact on the people served. Dr. Persaud said that she has seen those who receive help become sober, rebuild relationships and maintain employment and housing. “Some become artists,” she said. “We have one [former patient] that became a Parkland employee.” For more stories on the impact providing healthcare for the homeless can have, see our stories on pages 5 and 6.

**Nicole Kiser is a grant writer at The Stewpot and the managing editor of STREETZine.**





Continued from page 4

**What are the greatest barriers to improving the health of people experiencing homelessness?**

One of the biggest barriers is not being housed. That is our solution. Housing and health care work together. They lead to stable, essential care.

**And what about COVID-19? What do you see as the short- and long-term effects of the pandemic on people experiencing homelessness?**

COVID-19 has illustrated the racial and health injustices that we have known about for a long time. That is particularly true for people experiencing homelessness. But COVID-19 also gives us an opportunity to better identify ways to provide equitable care and shelter to our homeless population. This has been and will continue to be a time of great learning, both professionally and personally.

**Related to the vaccination debate, what is the role of trust in serving those experiencing homelessness? How do you build trust with those experiencing homelessness?**

Trust is earned and built through relationships and through creating a heart connection. That's where it starts. I could talk about this all the time.

The vaccination conversation is an interesting and necessary one. But there is a stigma around people experiencing homelessness. And there is a stigma around experiencing homeless and being a single mother, or experiencing homelessness and being a Black mom or a Latina mom. People come into this discussion with several stigmas and traumas that have pushed us into this space of medical mistrust.

Gaining that trust requires consistency and sustainability. Our community health center workers do a good job going into the community. They build relationships and that takes time. Vaccinations are absolutely important and we believe that here at the council. But we know the trauma that comes from the medical mistrust our population has experienced.

**How do you see health needs being met once your members get people housed?**

One example is the work that we do through our National Institute for Medical Respite Care. We work with partners in providing recuperative care to people experiencing homelessness. They get a bed and a warm place to recover. Being housed is part of our continuum of care.

*Bill McKenzie is a member of the First Presbyterian Church of Dallas and the STREETZine Editorial Advisory Board.*

# Stewpot Artists



*As The World Turns*  
Charles William

[inspiring journalism]

**International Network of Street Papers**  
Supporting a network of 100 street papers in 35 countries.

## 10 Things to Know about Health and Homelessness

*Reliable information is important in helping all of us understand the causes of homelessness, the impact of living on the streets or in a shelter and the solutions that can improve the lives of people experiencing homelessness. We offer this 10 Things to Know feature as part of STREETZine's focus on the challenges that homelessness presents and the solutions that can help alleviate them.*

1. The leading cause of death among people experiencing homelessness is complications related to chronic conditions like diabetes.

*Source: National Health Care for the Homeless Council*

2. Poor health is a major cause of homelessness, sometimes stemming from injuries that lead to a lost job, a lack of health care and the means to afford a doctor.

*Source: National Health Care for the Homeless Council*

3. Homelessness increases the risk of developing health problems such as diseases of the extremities and skin disorders, it increases the possibility of trauma, especially as a result of physical assault or rape, and it can also turn a relatively minor health problem into a serious illness.

*Source: Homelessness, Health, and Human Needs*

4. One review of academic literature found that, without appropriate support, people experiencing homelessness are likely to have poor control of their diabetes, leading to increased risk of major health complications.

*Source: International Journal of Public Health*

5. People who experience homelessness and who also have diabetes often have a difficult time managing their condition, affording medicines and tests, finding nutritious foods and finding places to store their medications and supplies, such as insulin pens.

*Source: Systematic Reviews Journal*

6. Lack of access to housing contributes to people experiencing homelessness neglecting their physical condition.

*Source: Systematic Reviews Journal*

7. Pharmacists can significantly impact the healthiness of people experiencing homelessness. According to a study produced by experts at Parkland Health & Hospital System, "Homeless patients with hypertension and type 2 diabetes who had at least 1 visit with a pharmacist showed some improved health outcomes."

*Source: Journal of the American Pharmacists Association*

8. When care is tailored to suit the needs of those experiencing homelessness needs, it is feasible that outcomes may be improved.

*Source: Systematic Reviews Journal*

9. Stable housing not only provides privacy and safety, it is also a place to rest and recuperate from surgery, illness and other ailments without worry about where to sleep and find a meal, or how to balance these needs with obtaining health care and social services.

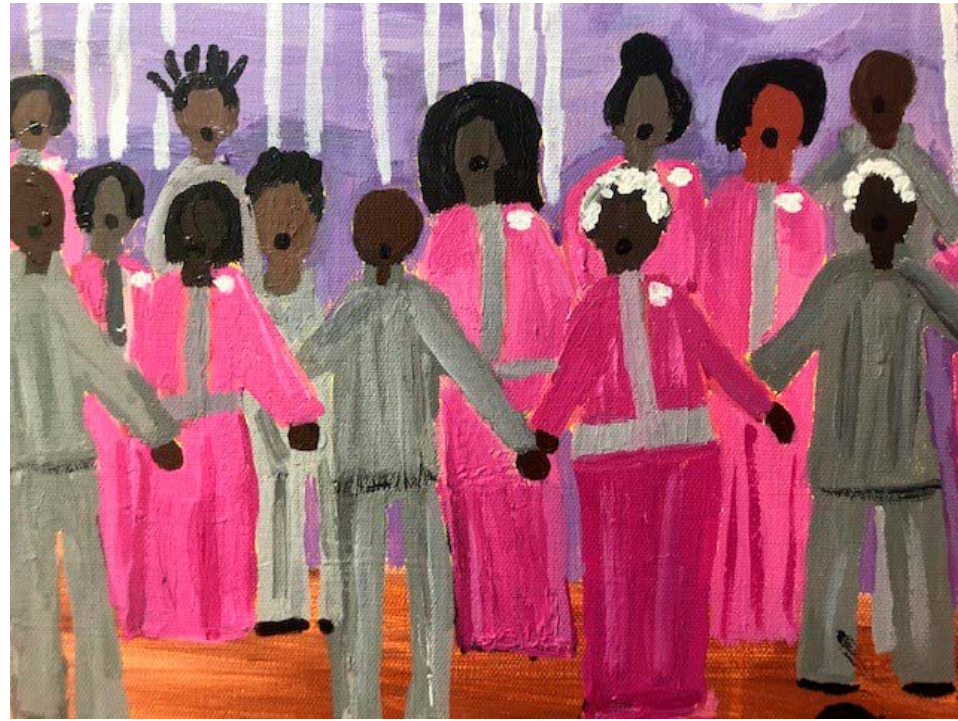
*Source: National Health Care for the Homeless Council*

10. Housing and health care work best together and are essential to preventing and ending homelessness. Health care services are more effective when a patient is stably housed, and, in turn, maintaining housing is more likely if proper health care services are delivered.

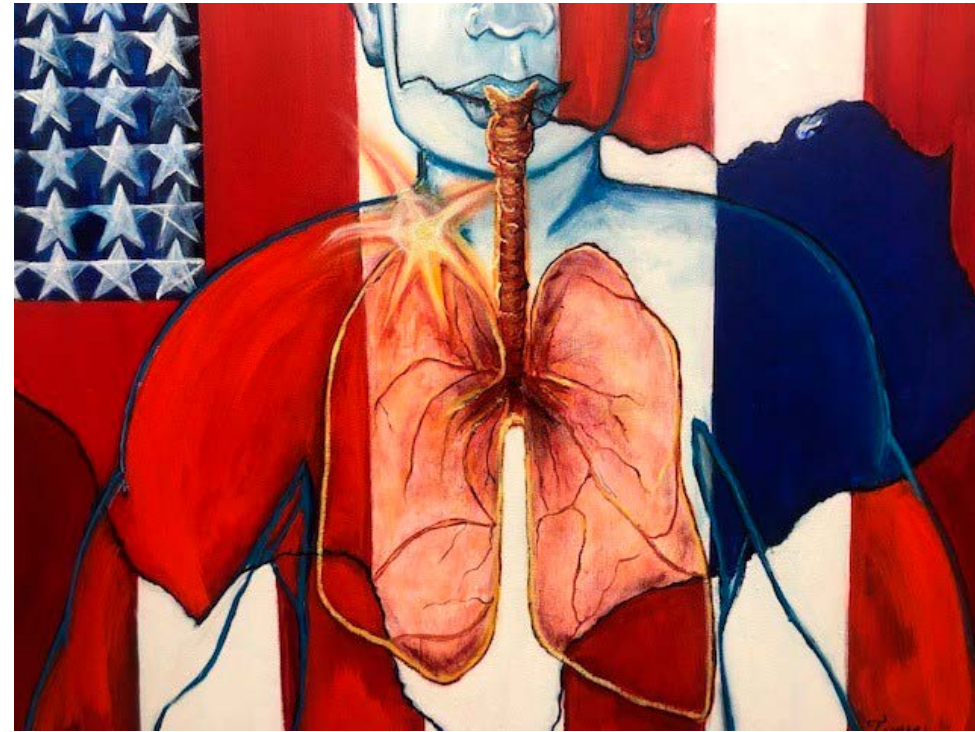
*Source: National Health Care for the Homeless Council*



# Stewpot Artists



**Detail: Pray We Be Ready**  
Cornelious Brackens Jr.



**Do We Breathe Through America**  
Teresa Zacarias



**Sundrops**  
Jennifer Moore



**Deep in My Heart**  
Gershon Trunnell

## Around The Stewpot: Vision Clinics

By Nicole Kiser

Impaired vision is a disability we rarely think about anymore. According to the Vision Council of America, three-quarters of Americans use some kind of vision correction. Nowadays, vision can be corrected relatively easily for the typical American — a trip to the optometrist, an eye exam, and many people have a new pair of glasses or a set of contacts within the week.

That simple trip to the eye doctor can prove an insurmountable barrier to those who are at-risk for or are experiencing homelessness. “For folks experiencing homelessness, one of the most difficult things to get is free eye care,” says Adrienne Nicholson, manager of volunteer services at The Stewpot.

In the United States, the average pair of glasses costs around \$195, not including the eye exam needed to get a prescription, with many pairs costing even more. Lack of insurance, or inadequate insurance, can put this cost fully on the consumer. For people experiencing poverty and homelessness, that sum can be better used on shelter, food, and other necessities.

Free eye care is not as widespread as many other services, even among providers who help those experiencing or

at-risk for homelessness, and those with poor vision may not be able to drive, making getting to an optometrist a challenge. Furthermore, the time necessary to get an eye exam and try on glasses is often viewed as better spent at work or obtaining other services. As many eye care providers require an updated prescription to obtain new glasses, this is time and money that must be spent regularly, even if the client feels their vision has not changed.

And lack of proper vision correction can mean more than just squinting. In many ways, poor vision can act in many of the same ways as a language barrier. Forms to obtain benefits, apply for work, or go to court can become indecipherable, and there is often no one available to help translate the paperwork into something accessible. Without vision correction, those with impaired vision may be unable to maintain a job due to their eyesight, or may experience headaches, eye pain, and fatigue.

In order to serve this often overlooked need, The Stewpot has partnered with Focus on Community to provide annu-



**The 2020 Vision Clinic, hosted by The Stewpot and Focus on Community. Courtesy of The Stewpot.**

al vision clinics for clients. “Last October, we served 214 folks,” says Nicholson. This year the clinic will be hosted on November 19th from nine to noon in the flat lot of the First Presbyterian Church of Dallas, with a goal of seeing 150 clients.

The vision clinics include comprehensive eye exams and provide emergency and reading glasses. With only one chair available to give exams, only the first 15 participants will receive a comprehensive eye exam at the clinic.

“Ultimately, long term, we’d like to have another chair,” says Nicholson. The precise requirements needed for comprehensive eye exams — an optometrist, a professional eye exam chair, a dark room — currently limit the number of clients that can be seen at the vision clinic. Vouchers and coupons for eye exams are given to clients that come to the clinic, but who are not able to receive comprehensive eye exams.

During the clinic, Stewpot volunteers provide snacks and water bottles to clients. In order to streamline the experience, those that receive prescriptions will have their prescriptions filled by Parkland, and the glasses can be picked up at The Stewpot while obtaining other services.

**Nicole Kiser is a grant writer at The Stewpot and the managing editor of STREETZine.**





# Street Newspapers - A Voice for the Homeless & Impoverished

## What is **STREETZine**?

**STREETZine** is a nonprofit newspaper published by The Stewpot of First Presbyterian Church for the benefit of people living in poverty. It includes news, particularly about issues important to those experiencing homelessness. **STREETZine** creates direct economic opportunity. New vendors receive ten free papers. After the first ten, vendors pay twenty-five cents for a paper to be distributed for a one-dollar or more donation. Vendors typically profit seventy-five cents from each paper. Vendors are self-employed and set their own hours. Distributing **STREETZine** is protected by the First Amendment.

## Distributing **STREETZine** is protected by the First Amendment.

**STREETZine** Vendors are self employed and set their own hours.

They are required to wear a vendor badge at all times when distributing the paper. In order to distribute **STREETZine** vendors agree to comply with Dallas City Ordinances.

If at any time you feel a vendor is in violation of any Dallas City Ordinance please contact us immediately with the vendor name or number at [streetzine@thestewpot.org](mailto:streetzine@thestewpot.org)

## CHAPTER 31, SECTION 31-35 of the Dallas City Code PANHANDLING OFFENSES

Solicitation by coercion; solicitation near designated locations and facilities; solicitation anywhere in the city after sunset and before sunrise any day of the week. Exception can be made on private property with advance written permission of the owner, manager, or other person in control of the property.

A person commits an offense if he conducts a solicitation to any person placing or preparing to place money in a parking meter.

The ordinance specifically applies to solicitations at anytime within 25 feet of:

- Automatic teller machines;
- Exterior public pay phones;
- Public transportation stops;
- Self service car washes;
- Self service gas pumps;
- An entrance or exit of a bank, credit union or similar financial institution;
- Outdoor dining areas of fixed food establishments.

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<https://bit.ly/2WbMRsg>

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Your vendor will receive sixty papers which will help him or her earn \$60.00.

Please include the vendor's name and badge number on this form.

Vendor Name

Vendor #

Make checks or money orders payable to

The Stewpot and send them to:

**STREETZine** 1835 Young Street, Dallas, TX 75201

[ ] Check here if you prefer that your check be returned if your vendor is no longer active. Otherwise, if your vendor is no longer distributing papers, your donation will be applied towards papers that are shared among active vendors.



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