

Community and Network Responses for Assisting Mobile Vulnerable Populations

EXECUTIVE SUMMARY

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Background

Vulnerable populations include individuals who could be at-risk for adverse outcomes (Mechanic & Tanner, 2007). These individuals thus require special attention and consideration to ensure that their vulnerability is not exploited. Broader social issues such as poverty, racial discrimination, and a lack of access to healthcare can further exacerbate vulnerability, effectively perpetuating the difficulties faced by these populations (Mechanic & Tanner, 2007; Runkle et al., 2012). For this reason, vulnerable populations often require a multidisciplinary response to address their diverse needs (Aday, 1994).

In this context, the term “mobile vulnerable populations” is used to include persons experiencing homelessness, victims of human trafficking, immigrants, refugees, and Latinos/as. Mobile vulnerable populations have unique needs that must be considered (e.g., Barreto et al., 2018; Rajaram et al., 2017). These individuals can experience specific traumas and circumstances that most individuals, who are not part of a mobile vulnerable population, may not have to encounter in their lives. It is important to consider the unique aspects of these populations that can make them vulnerable to various adverse outcomes, including how the COVID-19 pandemic affected individuals, agencies, and the ability to administer services.

Purpose of the Study

The COVID-19 crisis has highlighted the increasing vulnerability of individuals, households, and communities. The impact of this crisis is far reaching. It is almost certainly even more devastating among those who rely on community networks and organizations for aid but are less able to access aid networks in the current conditions of reduced mobility. In this context, we are interested in the effects on mobile vulnerable populations and the intersecting nature of the problems they face.

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The current project was designed to start a conversation with local Omaha service providers about what they need to serve mobile vulnerable populations in the community and how the pandemic has affected their ability to do so. We argue that building connections between UNO/ UNMC and community organizations, as well as assisting in the development of networks among various organizations, is central to the mission of the University and could benefit the community more broadly. In doing so, researchers are able to consolidate resources, assess them, inform service providers on the most beneficial paths of intervention, and learn from the experiences of community organizations who work directly with mobile vulnerable populations. The overarching goal is to ensure that mobile vulnerable populations are receiving the necessary services to reduce any existing vulnerabilities and improve their quality of life. The study was guided by three overarching research questions:

1. What do organizations need in the current crisis?
2. What will organizations need in the immediate aftermath of the crisis?
3. What can UNO and UNMC faculty and researchers do to assist the community in fulfilling these needs?

Method and Analysis

The project was carried out in multiple steps between August 2020 and July 2022. First, information was gathered on all organizations in the Omaha area that worked in some way with mobile vulnerable populations. Searches were completed between September and December 2020 to identify organizations that specifically state they serve these populations, or who were otherwise known to work with these populations by the researchers. Notably, some agencies had multiple departments or divisions that could work with different populations, and these contacts were counted separately within our database. In this context, a total of 87 potential contacts in the Omaha area were collected. In total, there were 66 unique agencies represented in these potential contacts.

Second, a survey was created to gain more insights from providers in the greater Omaha area regarding the characteristics of the organizations, the services they offer, and the needs of their organizations. The survey was developed by reviewing extant literature on mobile vulnerable populations and integrating key issues (e.g., Alegría et al., 2002; Baretto et al., 2018; Bustamente et al., 2017; Farrell et al., 2019; Warren, 2021). The survey was thus organized in nine parts (e.g., partnerships, perceptions, funding, COVID-19) and uploaded to Qualtrics to be administered via the platform. Of the 72 possible contacts, 11 were sent to two individuals for them to distribute among different areas of the organization and 23 contacts were part of 3 organizations. These 72 contacts worked with homeless individuals ($n = 14$), victims of human trafficking ($n = 7$), refugees ($n = 9$), immigrants ($n = 7$), Latinos/as ($n = 11$), and the population more generally ($n = 24$). The survey was administered between May and August 2021. The survey was opened by 28 individuals (38.9% response rate). Of those, 16 completed the survey, two answered between 50%-75% of the survey, three between 15%-40%, and seven responded to 2% or less.

Third, after the surveys were administered and analyzed, an interview protocol was developed between August and September 2021 to take a deeper dive into the day-to-day activities of service providers and the needs of their clients. The extant literature, as well as the survey responses, were used to guide the development of the interview questions (e.g., Alegría et al., 2002; Herault & Ribar, 2017; Jasso et al., 2000; Salami et al., 2018; Warren, 2021). The interview protocol was organized by four overarching themes (see Appendix). Of those agencies/respondents who responded to the survey, 20 individuals participated in interviews (71.4% response rate), with interviewees working with homeless individuals ($n = 7$), victims of human trafficking ($n = 4$), refugees ($n = 2$), immigrants ($n = 2$), Latinos/as ($n = 3$), and the general population ($n = 2$). The participants represented 12 separate agencies. The interviews were conducted from October 2021 to March 2022 and all interviews were completed virtually via Zoom. All respondents gave their verbal consent to be interviewed and agreed to have the interview recorded so responses could be captured accurately. All interviews were transcribed verbatim for data analysis. Interviews lasted between approximately 20 and 75 minutes (average interview length = 45 minutes).

Analytic Strategy

The analyses were completed in two steps. First, the survey data were examined through descriptive statistics and frequencies for each item. As noted previously, the survey findings were used in part to develop the items used in the interview protocol. Second, the final interview transcription files were uploaded to MaxQDA 2022 for data analysis (VERBI Software, 2022). Interview transcripts were analyzed thematically in a two-step process. First, transcripts were coded based on categories in the interview protocol (Patton, 2002). Second, data associated with codes based on interview categories were analyzed for nuances, emergent themes, and patterns across and within themes (Saldaña, 2015).

Overview of Findings

Our findings highlight the many ways in which organizations that serve mobile vulnerable populations in the Omaha area serve these groups by leveraging their strengths despite significant challenges. The following section summarizes these findings.

- **Organizations were already under-resourced prior to the pandemic.** Many organizations have long struggled to secure adequate funding to support their operating costs and maintain staff. This has made meeting the complex needs of mobile vulnerable populations, already a challenge, even more difficult.
- **The impact of the COVID-19 pandemic on organizations was substantial.** Organizations, already struggling to meet the needs of mobile vulnerable populations, were further strained by the pandemic in many ways. Across organizations serving different mobile vulnerable populations, interviewees noted a substantial increase in client need for mental health, substance use disorder, and childcare services.

- **Organizations described similar strengths and innovative responses to the pandemic.** Interviewees across organizations described the strength, resilience, adaptability, and perseverance of their clients. Organizations similarly described their strengths in adopting a client-centered approach and flexibly responding to the challenges of the pandemic. They successfully shifted their services to meet the immediate needs of clients. Several even broadened their access to services by via remote delivery and increasing language translation efforts.
- **There was a lack of institutionalized collaboration with UNO/UNMC** that may prevent continuity of collaborative activities and make organizations' work more difficult. Interviewees often described sporadic collaborations with UNO/UNMC that were informal and vaguely structured. These collaborations, while described as useful, were frequently built on a connection to a specific person at UNO/UNMC, making them less sustainable than if they were institutionalized. Organizations universally requested more consistent, structured collaboration with UNO/UNMC, particularly through student internships and volunteer programs, when asked about their desire for future collaborations, expressing optimism about future collaborative efforts.

Recommendations

In light of the current study's findings, we offer four recommendations that could facilitate connections between UNO/UNMC and Omaha service providers working with mobile vulnerable populations.

1. **More connections are needed between UNO/UNMC and agencies in the Omaha area**

Most of the agencies interviewed did not have existing collaborations or relationships with UNO/UNMC campuses. Stronger collaborations would give agencies access to interns, volunteers, and student workers that could assist the agency with their day-to-day tasks. This relationship would also give students real-world experience and facilitate networking that could support future employment opportunities.

2. **It is likely that there are existing relationships between agency partners and UNO/UNMC faculty, staff and students that could be leveraged.**

UNO/UNMC personnel may already have working relationships with agency partners that can be used to create stronger connections between the broader university system and our community so they can access university resources. UNO has encouraged these connections by developing the Barbara Weitz Community Engagement Center (CEC) where agency partners can meet with university members and attend seminars. As the central community-focused center, the CEC may be able to coordinate between UNO stakeholders and Omaha agencies to strengthen existing relationships and build new collaborations.

3. There is an opportunity to prepare students and emphasize workforce growth among providers.

There is a great need to serve mobile vulnerable populations specifically. UNO/UNMC thus have an opportunity to promote programs that can train students for these service professions while simultaneously drawing on relationships with Omaha stakeholders (e.g., politicians, business leaders) to provide meaningful assistance to mobile vulnerable populations. Degree programs that already exist to support this workforce development may require additional resources to connect students to the community partners in need (e.g., paid internships, summer funding for students).

4. The important work of serving mobile vulnerable populations can be rewarding but also challenging for Omaha providers.

Even though all interviewees highlighted strengths of their work, the clients, and their organizations, there were substantial challenges that were oftentimes outside of their control (e.g., legislative policies, lack of access to resources, employment opportunities). Although UNO/UNMC cannot reasonably address all the challenges providers face, there is a need for sustainable programs to support staff wellbeing and to help them avoid burnout.

