

NetworkNews

An E-newsletter for members of the HCH Clinicians' Network



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CREATING HEALTHY WORKPLACES

We recently added new resources to our **Healthy Workplace** page at www.nhchc.org/healthyenviron.html. Please visit the site and let us know if you have comments or suggestions for additional resources that you would like us to add.

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SEEKING VOLUNTEERS TO JOIN AN ADVISORY GROUP ON DIABETES

In 2002 - 04, the Network developed a series of adapted clinical practice guidelines containing treatment recommendations for homeless patients. These guidelines are posted on Agency for Healthcare Research & Quality's National Guideline Clearinghouse website [www.guideline.gov]. To continue to have them posted, we must review our guidelines every five years, and we are convening an

advisory group to conduct this review. The review process will have two components: 1) peer-reviewed published literature on the topic and 2) practice-based clinical review.

Currently, we are recruiting members from among Network members to serve on the advisory committee that will review and comment on *Treatment & Recommendations for Homeless Patients with Diabetes Mellitus*. Barbara Wismer, MD, has agreed to chair the committee, which will meet by conference call. Network staff will perform the preliminary literature search of medical databases and provide the committee with copies of relevant literature. Committee members must be available to join one to two conference calls, and be willing to read and comment on the clinical guidelines as they relate to their experience working with homeless persons. You need not be a diabetes expert to participate!

To learn more or to volunteer for this special opportunity, please contact Sharon Morrison, who will staff this effort.

Sharon Morrison, RN | Health Disparities Collaborative Coordinator |
smorrison@nhchc.org

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UPCOMING APHA CONFERENCE & HOMELESS CAUCUS

We are looking forward to seeing many of you at the APHA Conference in Boston in early November. We received more research abstracts this year than ever before, so we are able to offer an especially exciting group of workshops on homelessness-specific research.

We encourage you to join us during the Homeless Caucus business meeting at the APHA conference on Monday, November 6, at 7 AM, at the Westin Boston Waterfront Hotel, Hale meeting room. We seek your active participation in the Caucus to keep issues of homelessness at the forefront during the planning and implementation of APHA conferences. We also are *soliciting nominations* for all leadership positions within the Caucus, including chair, program director, newsletter editor, membership director, and secretary/treasurer. The time commitment is reasonable (generally consisting of five to six conference calls annually) and the opportunities for making a difference are great! Please send contact information for your nominee (self-nominations are welcome) to Suzanne Zerger at szerber@nhchc.org or call her at 647 435-4616. Do not hesitate to write or call if you have any questions. Thank you so much for your support, we look forward to seeing you in Boston!

Suzanne Zerger, Chair, Caucus on Homelessness | Nan Thomas, Program Director & Newsletter Editor | Kathy Proctor, Secretary | Jillian Price, Membership & Treasurer

The newsletter of the Caucus on Homelessness in 'official relations' with the American Public Health Association, which includes the dates and times of workshops and other Caucus-related events, is included with this e-mail.

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UPDATED HPV VACCINE FACT SHEET FOR HEALTH CARE PROVIDERS

Here are two recent additions to CDC's HPV website at www.cdc.gov/std/hpv:

1. CDC's Division of STD Prevention has recently updated its HPV Vaccine fact sheet for health care providers. We encourage you to distribute this information widely to providers and colleagues in the field. Please visit www.cdc.gov/std/HPV/STDFact-HPV-vaccine-hcp.htm
2. An interim Vaccine Information Statement (VIS) for HPV vaccine is now posted on CDC's website. You may access it through our HPV page or directly at www.cdc.gov/nip/publications/VIS/vis-hpv.pdf. The ACIP recommendations are currently under CDC review and once approved will be published in *Morbidity and Mortality Weekly (MMWR)*. At that point, and once the vaccine is picked up by the Vaccine Injury Compensation Program, a final edition of the VIS will be published.

Allison L. Friedman, MS | Health Scientist | Centers for Disease Control & Prevention | Division of STD Prevention | Behavioral Interventions & Research Branch
phone: 404 639-8537 | e-mail: alf8@cdc.gov

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HOMELESS ADMISSIONS TO SUBSTANCE ABUSE TREATMENT 2004

The federal Substance Abuse and Mental Health Services Administration's Office of Applied Studies (OAS) released a report analyzing data from 2004 on the characteristics of people experiencing homelessness who entered the substance abuse treatment system. The report examined over 175,000 people who were homeless at the time of admission into the Treatment Episode Data Set. OAS compared those who were homeless and those who were not homeless on a variety of variables including substance used, racial/ethnic distribution, gender, age, and how the person was referred to treatment. Among the homeless population, alcohol was the primary substance of abuse (52 percent), followed by opiates (21 percent), and cocaine (17 percent). In addition, homeless admissions were more likely than substance abuse treatment admissions who were not homeless to refer themselves for treatment (48

percent vs. 33 percent) and were over twice as likely to have had five or more prior admissions to substance abuse treatment (21 percent versus 9 percent). For more information, go to <http://oas.samhsa.gov/2k6/homeless/homeless.cfm>

SOURCE: National Alliance to End Homelessness | Alliance Online News | August 8, 2006

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SAN FRANCISCO: THE AGING HOMELESS POPULATION

The Aging of the Homeless Population: Fourteen Year Trends in San Francisco, Hahn, et al. *Journal General Internal Medicine* 2006; 21: 775-778

From 1990 to 2003, researchers from the University of California, San Francisco; San Francisco General Hospital; and the Department of Medicine conducted a 14-year cross-sectional study of the homeless population in their city. This study found that the median age of homeless people in San Francisco increased by nine years (from 37 to 46) over the 14-year period, far exceeding the aging rate for the general population. In addition to aging, the median time spent "literally homeless" increased from 12 months to just less than 40 months. According to this study, these trends are not unique to San Francisco, as New York, St. Louis, Los Angeles and Pittsburgh have experienced similar trends in their homeless populations. An aging homeless population suggests a cohort effect that could be reduced drastically by a one-time increase in their respective supportive housing stock, according to this study's authors. An aging homeless population also requires more attention to health care and homelessness. Approximately 85 percent of homeless over the age of 50 report at least one chronic health issue. This study calls for increased attention to the integration of health care and stable housing as important to addressing this issue.

SOURCE: National Alliance to End Homelessness | Alliance Online News | August 22, 2006

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NO PLACE TO GO: ADDRESSING THE CHALLENGE OF HOMELESS PATIENTS

Community organizations, hospitals, and government agencies in Sacramento have joined forces to provide health care for homeless patients at a recovery shelter after they leave the hospital. *No Place To Go: Addressing the Challenge of Homeless Patients in Sacramento*, prepared by the California HealthCare Foundation, profiles the program and describes its potential benefits: better health outcomes for homeless patients, reduced costs and more available beds for hospitals. Go to www.chcf.org/documents/hospitals/HomelessPatientsSacramento.pdf for more information.

SOURCE: Health Funding Watch | Foundation Center | August 16, 2006

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THE EARNED INCOME TAX CREDIT: A MAINSTREAM RESOURCE FOR HOMELESS & AT-RISK FAMILIES

The federal Earned Income Tax Credit (EITC) is an important and often underutilized tool to prevent and end homelessness among working, low-income families and individuals. According to the Internal Revenue Service, millions of low-income Americans forfeit this critical tax relief each year, when they qualify and could claim the credit, owe no tax, or receive a tax refund.

EITC provides substantial tax relief to low-income families while encouraging work. In 2004, more than 21 million taxpayers collected more than \$39 billion in EITC payments. Studies by the IRS have indicated that 25 percent of qualified workers do not claim the credit. For persons experiencing or at-risk of homelessness, EITC can provide important financial resources. The EITC does not affect eligibility for low-income housing, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income (SSI), or food stamps. Families living in homeless shelters with their children are eligible for EITC.

The U.S. Department of Housing and Urban Development (HUD) and the IRS have taken steps to ensure that more eligible families and individuals take advantage of the tax credit. To qualify, taxpayers must meet certain requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return. The IRS provides a step-by-step guide [go to <http://apps.irs.gov/app/eitc2005/>] for determining eligibility for the EITC. In addition, the National League of Cities Institute for Youth, Education and Families has produced a toolkit, *Maximizing the Earned Income Tax Credit in Your Community* [go to www.nlc.org/nlctoolkit/html] that is a useful resource for family homelessness prevention efforts.

SOURCE: United States Interagency Council on Homelessness e-newsletter | August 9, 2006 | ichnews@setechnology.com

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HARDER TIMES: STUDY FINDS CHALLENGES INCREASED FOR HOMELESS MOTHERS

Amy B. Grassetto never expected to be homeless. She and her husband lost their shuttle-driving business, their Fitchburg apartment and their sense of security four years ago. They and their two teenage children doubled up with relatives and lived in shelters until landing an apartment in December 2003. That was the year researchers led by Dr. Linda Weinreb of the University of Massachusetts Medical School surveyed homeless mothers to see if there were any differences in their

health and well-being compared with a similar group interviewed for the Worcester Family Research Project in 1993.

Homeless mothers were poorer and suffered from more physical and mental illnesses in 2003 than 10 years earlier, they concluded. The findings were reported in last month's American Journal of Public Health. Dr. Weinreb is cautious about extrapolating the results beyond Worcester, but they ring true with people who know what homelessness looks like here.

That includes Ms. Grassetto, who began volunteering for the Homeless Families Project at Family Health in gratitude for the help they gave her family while they were homeless. She turned to the community health center for health care—she has advanced arthritis and her husband contracted tuberculosis while they were in a shelter—as well as housing assistance. She counted herself fortunate to have her husband to rely on, while many mothers she met in shelters were single parents.

Now she is paid for her work assisting people with applications for food stamps, coordinating donations to the homeless program and performing other duties for the health center on Queen Street. She also joined the consumer panel of the Substance Abuse & Mental Health Services Administration's Homeless Families Project.

"There are more homeless families than people realize," she said. "When people think of the homeless, they think of single people who don't want to work. So many families out there are struggling, either homeless or on the edge of being homeless." The national project sponsored research at eight sites across the country, including Worcester, to learn more about the difficulties facing homeless families, from poverty to hunger to physical and mental illness.

Ten years after the first SAMHSA-funded survey of 220 mothers, Dr. Weinreb found higher rates of poor health in 128 different mothers questioned in 2003. Mental health problems included depression, post-traumatic stress disorder, and alcohol or drug abuse. Fifty percent of the women received mental health services in 1993, dropping to 37 percent in the 2003 study. "It shows a relationship between poverty and depression and other stressors," Dr. Weinreb said. "But this is still fundamentally a housing problem. If there was affordable housing, we wouldn't have a problem with homelessness."

The Central Massachusetts Housing Alliance estimates that 186 families, or 553 people, stay at emergency shelters or transitional housing programs every night in

Worcester County. An additional 3,000 family members live in doubled-up situations because they have no homes of their own.

Frances M. Anthes, president and chief executive officer of Family Health Center, said Dr. Weinreb has clearly documented that homeless families are confronting a more daunting array of challenges in this decade than in the '90s. To her, the issue is poverty, with stable shelter an important component of the solution but not the only answer to the challenges that families are going to face. "This study shows the difficulties faced by the homeless mother," she said. "Obviously that's got to have some implications on other members of that family, including the kids."

The implication for service providers is to be aware of what families may need. Dr. Weinreb believes that primary health care can help families deal with physical and mental health problems, including substance abuse. "It's part of the routine," she said. "In the same way that someone will get blood pressure checked, we'll also screen for history of trauma and depression and we'll screen the kids for learning issues."

Amy Grassette believes when people find housing again it leads to other good things. It did for her. "Not that I ever wanted to go through the experience of being homeless—it was very humbling—but it really changed my life in a very positive way," she said last week about her work at Family Health Center and the national Homeless Families Project. "I share with lot of the girls in shelters, just because you're homeless doesn't mean you don't want the same things out of life that everyone wants. "Or that you don't deserve them.

SOURCE: Worcester Telegram & Gazette | Sep 11, 2006 | Copyright 2006 | www.telegram.com/apps/pbcs.dll/article?AID=/20060911/NEWS/609110336/1012

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FUNDING & AWARD OPPORTUNITIES

RWJF'S SUBSTANCE ABUSE POLICY RESEARCH PROGRAM

Deadline: November 14, 2006

Robert Wood Johnson Foundation (RWJF) announces funds to address issues related to substance use, one of the most pressing public health problems facing our nation. Projects are expected to increase understanding of public and private policy interventions to prevent, treat and reduce the harm caused by the use of tobacco, alcohol and other drugs. Eligible applicants include nonprofit organizations. Approximately \$4,000,000 is available to fund awards ranging from \$100,000 - 400,000. For further information, contact RWJF at 336 286-4548 or

saprp@leaders.ccl.org or go to www.rwjf.org/applications/solicited/cfp.jsp?ID=
SOURCE: Funding Alert | Volume 9, Issue 36 | September 5, 2006

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EVERYDAY HEROES IN MEDICINE

Nominations Due: November 1

The American Medical Association is looking for everyday heroes in medicine. The AMA Foundation, in association with the Pfizer Medical Humanities Initiative, wants to honor a select group of physicians and medical students who represent the highest standards of volunteerism, public service and leadership. The **Jack B. McConnell MD Award for Excellence in Volunteerism** recognizes the work of a senior physician (55 years or older) who cares for people who lack access to health care. The **Pride in the Profession Awards** recognize the contributions of up to four exemplary physicians who work in underserved areas or sacrifice their time for volunteer or public service efforts. The awards will be presented on February 12, 2007, in Washington, D.C. For more information on the criteria for each award or to download an application, click www.amafoundation.org/go/excellence.

SOURCE: NACHC® Communications | Washington Update | September 18, 2006

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QUESTIONS FROM OUR READERS

CARF certification process . . .

Do you know of any HCH mental health programs that have gone through the CARF certification process (particularly for mental health)? The Health Resource Center that I work with is going to be doing that soon and would benefit from talking with places that have done it. Thanks!

Bob Donovan, MD | Cincinnati Health Network

phone: 513 357-4602 | brodrbob@pol.net

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UPCOMING EVENTS OF INTEREST TO MEMBERS

October 20 - 21: **Second National Housing & HIV/AIDS Research Summit** |
Sponsors: National AIDS Housing Coalition and the Department of Health,
Behavior and Society of the Johns Hopkins Bloomberg School of Public Health |
Location: Mount Washington Conference Center | Baltimore | For further
information visit [www.nationalaidshousing.org/HousingandHIV-
AIDSResearchSummit.htm](http://www.nationalaidshousing.org/HousingandHIV-AIDSResearchSummit.htm)

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October 25: How to Write Grants & Understand the Evaluation Process Workshop | Market Access Training Center | Arlington, VA | For registration information, contact Pamela Greenstein, 703 807-2758 | For agenda information contact Kimberley Hovda, 703 894-1096

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December 7: How to Write Grants & Understand the Evaluation Process Workshop | Adam's Mark Hotel | Denver, CO | For registration information, contact Pamela Greenstein, 703 807-2758 | For agenda information contact Kimberley Hovda, 703 894-1096

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