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AUDIO CONFERENCE: YOUTH & HOUSING FIRST December 9, 2004

We invite you to join us from 3 - 4 PM eastern time on Thursday, December 9, for a national audio conference on reconciling the needs of youth with a Housing First approach. Our featured speakers will include David Myers, Executive Director, Teen Living Programs, Chicago, IL, and Daria Zvetina, Zvetina and Associates, Inc, Chicago, IL. Myers and Zvetina will share their experience in working to meet the needs of youth as Chicago converts its homeless assistance system to a Housing First approach under the City's ten-year plan to end homelessness.

Teen Living Programs is devoted exclusively to serving non-ward youth who are homeless in Chicago. The agency provides a variety of services including community and street outreach, two health care clinics, an emergency shelter for minors, and a group transitional residence and individual long-term apartments for older youth. Over the past two years, Teen Living Programs and other youth providers have worked to ensure that the needs of youth are recognized and addressed within Chicago's Continuum of Care process and its ten-year plan to end homelessness. In

particular, they have developed a framework and strategies for reconciling the developmental needs of youth with the ten-year plan's emphasis on a system-wide Housing First philosophy and approach. The speakers will explain the programs operated by Teen Living Programs, their role as a youth provider in the Continuum of Care planning process and how this work has affected the programs operated by Teen Living Programs. Following the presentations, we will have a question and answer period open to all participants.

Thanks to the cooperation of the PATH program at HHS, those of you with Internet audio capability can participate in this conference call via the web free of charge. For complete information on how to listen to the call through the webcast and submit questions by e-mail, please see <http://www.endhomelessness.org/audio/webcast.htm>. If you wish to be able to ask questions by phone, we encourage you to use the phone-in option. This option is available at a fee of approximately \$30 for the one-hour call and pre-registration is required. To register, call Wendy Simmer at 1 800 403-3303 ext 212 between the hours of 8 AM - 5 PM central time.

This call is a part of the [Leadership to End Homelessness Audio Conference Series](#), a monthly series of national conference calls focusing on the leading strategies that states, local jurisdictions, and nonprofit organizations have employed to end homelessness. The series is sponsored by the Council of State Community Development Agencies, the National Alliance to End Homelessness, the National Council of State Housing Agencies, the National League of Cities and the U.S. Conference of Mayors. Please feel free to pass this message on to other members of your community or state.

-Nan Roman | naeh@newsletter.naeh.org

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THE BROOKDALE FOUNDATION

Deadline for applications: January 15, 2005

The Brookdale Foundation is seeking proposals for its [Relatives as Parents Program](#). The program is designed to encourage and promote the creation or expansion of services for grandparents and other relatives who have taken on the responsibility of surrogate parenting with biological parents are unwilling to unable to do so. Matching support is required. On-going technical assistance will be provided. Selected organizations will receive

mini-grants of \$10,000 over a two-year period. For more information, go to <http://www.brookdalefoundation.org>.

SOURCE: Funding Alert | Nov. 8, 2004 | www.dc.gov

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TEAMMATES FOR KIDS FOUNDATION

Deadline for applications: February 1, 2005

The Teammates for Kids Foundation supports the on-going work of organizations that help needy children in the areas of health, education and inner-city services. Eligible applications including nonprofit organizations that specialize in working with children. Grants range from \$10,000 - 50,000. For more information and to access the application, go to <http://www.teammates4kids.com/index.htm>

SOURCE: Funding Alert | Nov. 1, 2004 | www.dc.gov

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TIGER WOODS FOUNDATION

Deadline for applications: February 1, 2005

The Tiger Woods Foundation supports programs that provide opportunities to children and families who are underserved. The following are approved programmatic areas for funding: education, youth development, parenting and family health and welfare. Eligible applicants include nonprofit organizations. For more information, go to <http://www.twfound.org/grants/funding.sps?section=grants&sid=941&lid=1&gra=0>

SOURCE: Funding Alert | Nov. 1, 2004 | www.dc.gov

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YOUNG CHILDREN WITHOUT HOMES NATIONAL CONFERENCE ANNOUNCED

Horizons for Homeless Children has announced the Young Children Without Homes National Conference to be held in Boston, Massachusetts, on April 27 - 29, 2005. A primary focus of the conference will be on developing awareness of the impact of homelessness on young children and improving the nation's capacity to respond to their needs. The three main themes of the conference are:

- * Impact of homelessness on young children birth to age six
- * Best practices: How can we help?
- * Current policies: Impacts on child & family homelessness

For more information, visit: <http://www.horizonsforhomelesschildren.org/>
**SOURCE: National Alliance to End Homelessness | Online
Newsletter | November 15, 2004**

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PRODUCTS FROM THE NEW JERSEY MEDICAL SCHOOL NATIONAL TB CENTER

The following are new and updated products from the New Jersey Medical School National Tuberculosis Center. They may be downloaded from the center's website at <http://www.umdnj.edu/ntbcweb> or by calling 973 972-0979.

Treatment of TB: Standard therapy for active disease in children & adolescents

This pocket-sized card for clinicians provides information on standard anti-TB therapy for active disease including dosages, daily and intermittent regimens, side effects, treatment information, and pictures of first-line drugs. The information is specific to the treatment of pediatric TB and is based on the 2002 official joint statement of CDC, the American Thoracic Society, and Infectious Diseases Society of America, as well as on the American Academy of Pediatrics *2003 Red Book: Report of the Committee on Infectious Diseases*.

Treatment of TB in adult & adolescent patients co-infected with HIV

Revised 2004. This pocket-sized card for clinicians provides information on treatment options and recommendation for the co-infected patient, including drug interactions and side effects.

**SOURCE: TB NOTES | NO. 3, 2004 | Centers for Disease &
Prevention | DHHS | PHS**

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FREE CME & DVDs AVAILABLE TO HELP COMBAT CHILDHOOD OBESITY

In response to the growing epidemic of childhood obesity in this country,

the U.S. Department of Health and Human Services has developed a CME program and two DVDs to educate clinicians about the best ways to prevent and treat obesity in children and to teach children and their parents about smart eating and physical activity. Free copies of the DVDs are available through the [AHRQ Publications Clearinghouse](#) by calling 1 800 358-9295 or visiting <http://www.ahrq.gov/child/> <<http://imageb.epocrates.com/mailbot/links?EdID=10971728&LinkID=1560>> . For a preview of both DVDs, go to <http://www.ahrq.gov/child/dvdobesity.htm> <<http://imageb.epocrates.com/mailbot/links?EdID=10971728&LinkID=1561>>

More Detail about the DVDs

The Agency for Healthcare Research and Quality has partnered with FitTV, the newest network from Discovery Networks, U.S., to produce a fun and interactive 30-minute DVD for children ages 5 to 9 and their parents called "[Max's Magical Delivery: Fit for Kids.](#)" The DVD features healthy tips on ways parents can take small steps to make changes in the way their families eat and exercise every day, as well entertaining and informative segments with an energetic cast of child actors.

A second DVD, "[Childhood Obesity: Combating the Epidemic,](#)" has been developed for pediatricians, family physicians and other health care providers to help them learn new methods for assessing and treating childhood overweight and obesity. This 55-minute program provides helpful clinical tools such as body mass index measurement in children, in addition to tips for initiating and sustaining behavior change in children. This DVD also includes the children's version, "Max's Magical Delivery."

[Free continuing education credits](#) are available for children's health care providers including nurse practitioners. Visit www.discoveryhealthcme.com for more information.

SOURCES: [Research Activities | October 2004 and Epocrates DocAlert® Message | http://www2.epocrates.com/docAlerts.html](#) <<http://imageb.epocrates.com/mailbot/links?EdID=10971728&LinkID=1259>>

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CHILDREN'S HEALTH FUND NUTRITION GUIDELINES

I wanted to let you know about the nutrition guidelines prepared for HRSA by the Children's Health Fund. There are two pieces to their work:

[Homeless Family Facility Nutrition Guidelines](#) and [Improving the Nutrition Status of Homeless Children: Guidelines for Homeless Family Shelters](#).

They include information about how to advise homeless parents about healthy eating. The guidelines can be downloaded at

<http://www.childrenshealthfund.org/hfsni.html>

-Jean Hochron | Director, Office of Minority & Special Populations | Bureau of Primary Health Care

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SUICIDE, DRUG USE CLAIM LIVES OF MANY HOMELESS YOUTH

Dear Colleagues,

"Suicide, Drug Use Claim Lives of Many Homeless Kids," reports on new research from Montreal, recently published in *JAMA*. The article is from *HealthDay*, which is a wire service-type operation. It was picked up by NBC TV affiliates in Lexington, KY, and Evansville, IN, by Forbes.com, by HealthCentral.com, and by Yahoo News. Thanks to the Advisory Committee for their work on our publication [Homeless Young Adults, Ages 18 - 24: Examining Service Delivery Adaptations](#), which helped me to comment on this story.

-John N. Lozier, MSSW | Executive Director | National Health Care for the Homeless Council | [Homeless Young Adults, Ages 18 - 24: Examining Service Delivery Adaptations](#) is online at <http://www.nhchc.org/publications.html>

Suicide, Drug Use Claim Lives of Many Homeless Kids

by Amanda Gardner | *HealthDay Reporter*

Homelessness and substance abuse both contribute to a death rate among street kids that is 11 times higher than that of other children. Suicide and infection with HIV also contributed to this disturbing reality, says a study in the Aug. 4 issue of the *Journal of the American Medical Association*, a theme issue on "Violence and Human Rights."

"Homeless youth, who lack the family support that usually makes the transition into adulthood possible, are thrust into an unimaginably harsh environment without the experience or resources to succeed," said John N. Lozier, executive director of National Health Care for the Homeless

Council. "This new research demonstrates that in numbers far exceeding their peers, they do not survive the ordeal of homelessness." Street youth are at times homeless and at other times living in unstable situations. "There are kids that go home intermittently," said Dr. Sue Ellen Abdalian, author of an accompanying editorial in the journal and head of adolescent medicine at Tulane University School of Medicine in New Orleans.

The study was designed to look at street youth in Montreal for several years to determine what factors, including homelessness, might increase the risk of death. The authors "set it up in a way so homelessness was a time-dependent variable, especially during times when they were actually homeless, just not in a crummy situation," said Abdalian, who also cares for New Orleans street youth as medical director of The Adolescent Drop-In Center.

From 1995 to 2000, the authors recruited 1,103 young people between the ages of 14 and 25. The participants were interviewed twice a year and were eligible for follow-up until they turned 30 or they reported consecutively four times that they were not homeless and were not using services from street youth organizations. The study participants were paid \$20 a visit and were followed for an average of 33.4 months. During the course of the research, 26 participants died—a mortality rate more than 11 times that of youth in the general population. It was a rate the study authors characterized as "extremely high."

Thirteen of the young people died of suicide, eight from drug overdoses, two from accidents and one each from hepatitis A and heart disease. Another one died of "unidentified" causes. Four of the dead were infected with HIV, the virus that causes AIDS. The researchers found that HIV infection, daily alcohol use in the month before death, homelessness in the last six months of life, drug injection in the last six months, and being male were also risk factors. "If you look at what they died from, mostly it's suicide and drug overdose, but they were at higher risk for those things during homeless periods," Abdalian said. The problems may be even worse in the United States, the researcher said.

"The reality that 18- to 24-year-olds in the U.S. are more likely than any other age group to be uninsured only aggravates the severe health problems underlying these results from Canada, where universal [health]

coverage is at least theoretically available," Lozier said.

The study authors suggested that treating addiction and mental health problems should be priorities. Abdalian added that moving people off the street also should be a priority. "What this really tells me is that, yes, we have to address all the social issues around homelessness, but we also need to make sure that there are places to stay for kids who need them," she said.

"Getting off the street and being able to bathe and wash and actually have a place to sleep where they are not frightened of getting picked up or getting hurt or losing their stuff" is important, Abdalian said. "It's really hard to make plans for the future when your stuff gets stolen every other day." "[We give them expensive antibiotics], three days later their squat [camping spot] gets raided, they have to run out and everything gets trashed so they weren't able to take their medications," she added. "It's really very difficult to live on the street."

REFERENCES: Sue Ellen Abdalian, M.D., head, adolescent medicine, Tulane University School of Medicine, and medical director, The Adolescent Drop-In Center, both in New Orleans; John N. Lozier, executive director, National Health Care for the Homeless Council, Nashville, Tennessee.; Aug. 4, 2004, *Journal of the American Medical Association*

SOURCE: [HealthDayNews](#) | Tuesday, Aug. 3 | ©2004 [ScoutNews, LLC](#) | All rights reserved

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[SURGE IN HOMELESS FAMILIES SETS OFF DEBATE](#)

[June 29, 2004 by Leslie Kaufman | The New York Times](#)

ST. CLOUD, Minn. - In small cities like this one and big ones like Kansas City, Mo., and New York, families are knocking on the doors of homeless shelters in growing numbers. Inside a faded yellow-brick Victorian on a block near downtown here, dozens of families know of the increase firsthand. Behind the front door, the 11 rooms of the Landon House Shelter are packed with homeless parents and their children, often exceeding the 48-bed capacity and requiring the staff to roll out cots. In the communal kitchen, someone is always cooking, and the refrigerator has eight different gallons of milk. Children wander in and out screaming for peanut butter and jelly bars and fruit punch boxes. Behind the house is a courtyard where mothers gather to smoke while the children run in

circles. "We are always full," said Darlene Johnson, executive director of the shelter. "Pretty much bursting out of the seams."

With its rents near record highs and wages stagnant, this wind-swept Plains city of 60,000 about 60 miles northwest of Minneapolis has seen the number of families requesting shelter climb by 45 percent in the last decade, to an average of 124 families a night. The number of homeless families in Minnesota tripled to 1,341 in 2003 a night from 434 in 1991, when the state first started conducting surveys every three years, and most of the last increase came in rural areas like this one.

And Minnesota is not alone. It is hard to count homeless families, because by their very nature they drift from relatives to shelters to friends' homes. The nationwide count most often cited comes from the Urban Institute, a research group in Washington that surveyed homeless assistance providers in 1996. It found that at least 1.4 million children and 2 million adults were homeless, but that number has surely grown as cities like Columbus, Ohio; Philadelphia; St. Louis; and New York have all reported surges at their homeless shelters for the last two or three years. Some experts on homelessness say the numbers are growing because of the widening gap between low pay and high rents. But others say the federally built homeless shelter system, which helped pay for welcoming surroundings like the Landon House Shelter, has become too attractive for poor families to resist.

Federal officials, who do not dispute the national growth in homeless families, say both theories appear to have merit. But they say the lack of consensus on the precise cause makes it hard to deal with the increase. "In places where good data is kept, it is clear that the numbers of homeless families are increasing," said Phil Mangano, executive director of the White House Interagency Council on Homelessness, the federal agency that coordinates government programs related to the homeless. But a lack of hard research, Mr. Mangano said, has prevented the Bush administration from advocating any solution, even as the government has begun efforts to reduce chronic homelessness among single men. "It is an urgent problem," he said, "but we have learned that an ad hoc reaction may make it worse."

Family homelessness first emerged as a national problem in the mid-1980s. After a public outcry over the wretched conditions endured by

many such families living in crumbling converted hotels, President Ronald Reagan in 1987 signed the McKinney Act, which gave states money to build emergency shelters and help such families. In the years since, billions in federal dollars have financed an explosion in the number of such shelters. In 2003 alone, the federal government spent \$1.3 billion on more than 3,700 local programs that run shelters. Yet the demand for such beds has hardly slaked.

Some liberals have expressed concern that these shelters have done little more than hide a shameful epidemic from public view, while conservatives have argued that they have become an expensive magnet for poor families who are unhappy with their living situations and are seeking government help. Yet, almost everyone agrees that the number of families knocking on their doors continues to swell.

Homeless families are traditionally difficult to count, but in 2001 Congress ordered the Department of Housing and Urban Development to try. While the agency does not expect to have a nationwide count until 2007, for now it relies on data from 10 cities and states, including Minnesota, St. Louis, Boston, New York, Washington, D.C., and Philadelphia. Among this group only one city, Spokane, Wash., had not experienced an increase in the number of families seeking shelter since 2000. Other cities not on HUD's list are also reporting increased family homelessness, including Charlotte, N.C.; Bridgeport, Conn.; and Denver.

But if the trend is clear, its cause is the source of hot debate. Many academics and advocates for the homeless cite a widening gulf between income and rents. Real pay for the bottom 10 percent of wage earners rose less than 1 percent in adjusted dollars from 1979 to 2003, according to the Economic Policy Institute, a liberal research group based in Washington. Welfare payments buy less than half of what they did in 1970, and millions of families no longer receive them at all.

By contrast, housing costs have nearly tripled since 1979, pushed up in part by stricter building codes and slum-removal programs. Meanwhile, city governments have been steadily eliminating public housing.

In the greater Minneapolis-St. Paul area, the gap between wages and rent has been widened by the recent recession. Average rents in St. Cloud and seven surrounding counties rose to \$860 a month in 2000 from \$670 a month in 1994, while the vacancy rate declined to less than 2 percent

from 4 percent, according to the Wilder Research Center, a nonpartisan organization that conducts a survey of the homeless for the state every three years. "Most of the vacancies are at the high end of the market, where landlords have to compete for customers with the credit records to buy," said Rod Johnson, the Wilder center's housing researcher. " And even though panicked landlords will cut deals like one month's free rent, they don't cut base rents often."

The hunt for cheap housing is what consumes many residents of the Landon shelter, who say rents are not the only barrier. Kiwanja Dotson came to St. Cloud from Chicago in 2002 with her husband and six children when they lost her home there. Although her husband has worked steadily as a cook for \$1,500 a month, the only landlord willing to rent to her family charged \$1,000 a month for a home with a crumbly roof and moldy walls, conditions that eventually led to a lawsuit, an eviction and a scarred credit record. Ms. Dotson has been on the telephone every day since the family left its last house in January, but because the couple has six children and sued their previous landlord, few owners are willing to take a risk on them.

If tight rental markets tell part of the story, they are clearly not the whole story. Since the 1980s, a significant body of research has developed to show that the heads of homeless families, like their single, street-sleeping male counterparts, are often drug addicts or mentally impaired or both. The families are also disproportionately African-American and usually headed by unwed mothers or women fleeing domestic violence.

The Wilder center estimates that 61 percent of the heads of homeless families in Minnesota have at least one significant mental illness, chronic illness or substance abuse problem. "You can't try and pretend they are just like you and me," said Ellen Shelton, a research scientist with the center. "Some are just down on their luck, but it is not the majority."

Critics of the shelter system argue that it may be abetting personal dysfunction. The shelter system constructed with federal dollars after the McKinney Act was a vast improvement over the shoddy hotels of the 1980s. Many programs, particularly in New York, place families in the shelter at the top of the list for government subsidized rental apartments, an incentive that New York is considering dropping. Such a system actually encourages families to enter the shelter system, argues

Howard Husock, who teaches at the John F. Kennedy School of Government at Harvard University, particularly those who are doubled up with relatives or living in otherwise uncomfortable situations because of personal choices, including unwed motherhood.

Until recently, Lela Jackson, 39, an unmarried mother of five, lived in a one-bedroom public housing unit in Chicago and worked from 4 p.m. to 1 a.m. as a security guard. Then her youngest son started getting into trouble. "Neighbors would stop me and tell me he was throwing eggs at their cars," Ms. Jackson said. She decided to move out of the projects. "I refuse to let him be lost to the streets," she said of the son. Her sister, who had already moved to Minnesota for the schools and lower rents, told Ms. Jackson about the Ramsey County Family Services Center, a newly built family shelter across from the municipal golf course in a suburb of St. Paul. Complete with a computer room, cheery cafeteria and immaculate apartments, it seemed like just the place to start a new life. So two months ago, Ms. Jackson quit her job in Chicago to move with her three younger children into the shelter in Minnesota, after a brief stay with her sister. "My plan was to come here and get housed," she said.

Mr. Mangano, the Bush administration's homelessness chief, said most families did not enter the shelter system unless they had exhausted every other option. Still, he said the emergency shelter system that Washington had built might have been a misuse of money. "If we had an opportunity to go back, we might have created a different response on homeless, one that focused more on investing in housing," he said. "We spent billions of dollars and have had 20 years of shuffling homeless people from one side of town to the other, from one homeless program to another. It is a disgrace."

SOURCE:

<http://www.nytimes.com/2004/06/29/national/29homeless.html?ex=1089526610&ei=1&en=15dcf89c066cd69e>

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IS DEET SAFE & EFFECTIVE?

Application of DEET has been recommended to prevent bites from insects/ticks that can cause West Nile Virus or Lyme disease. DEET (N,N-diethyl-*m*-toluamide) is the most effective of insect repellents. Non-DEET

repellents do not demonstrate appropriate protection against insect bites. An estimated 29 percent of American children are exposed to DEET. The concern has been caused by case reports associating use in children with precipitation of seizures.

Mechanism of action is unknown but it is thought that the chemical disturbs the function of receptors in the mosquito's antennae that allow it to locate humans. Effectiveness and duration of action of repellent is directly related to concentration of chemical. Products are available in variable concentrations and in various forms: aerosols, pump sprays, lotions, creams, liquids, sticks, etc. The concern about seizures is extrapolated from case reports of ingestion of the chemical. Hypotension, seizures, and coma have occurred within an hour of ingestion. The mechanism of seizures is unknown.

Ten case reports describing seizures in children following application of DEET have been reported in the last 50 years and none have been published since 1992. Because seizure disorders occur in 3 - 5 percent of children and 29 percent of children are exposed to DEET, one could see an association by chance. Epidemiologically, when two events are both prevalent, case reports are not good measures to use to determine causation. The evidence does not support an increased risk of adverse events or seizures in young children.

Safety of administration of DEET during pregnancy is supported in animal studies and in a randomized, double-blind trial involving 897 pregnant women in Thailand who continuously applied therapeutic doses of DEET topically during the second and third trimester vs. placebo. Cord blood samples demonstrated that the chemical crosses the placenta. There were no neurological, gastrointestinal, or dermatological effects in the women exposed to DEET. There were no adverse effects in the babies and growth and development were normal at one year of age. There are no studies of application during the first trimester.

Recommendations:*

- Children 6 months to 2 years should be limited to one application per day
- Children 2 - 12 years should be limited to 3 applications per day

- The maximum concentration used should be 10 percent or less for children up to 12 years of age. These low concentrations are effective for 2 - 3 hours.
- DEET will be washed away in water. A second application of DEET may be warranted if the child is out of doors for more than 12 hours.
- Limit time spent out of doors at dawn and dusk
- Wear protective clothing

*CMAJ 2003;169(3) 209-11

SOURCE: Donna Seger, M.D. | Medical Director | Tennessee Poison Center

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This Pediatrics Interest Group e-mail update is brought to you by the Health Care for the Homeless Clinicians' Network. We invite you to share your opinion on issues of concern to the pediatrics community. Plus, we welcome your feedback. If you have comments or suggestions for improvements to the newsletter, please send them to the Pediatrics Interest Group newsletter editor, Brenda Proffitt, at bproffitt@nhchc.org.

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