

# Health Care for the Homeless RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. Many of the results from this customized search can also be found in a research database on the HCH Information Resource Center website at [www.bphc.hrsa.gov/hchirc/bibliographies](http://www.bphc.hrsa.gov/hchirc/bibliographies). This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from (approximately) October -December 2005. Summaries are categorized into themes which vary each quarter.

## HOMELESS HEALTH CARE: OUTCOMES AND INTERVENTIONS

**Title:** Outcome Measurement in Homeless Systems of Care

**Authors:** Crook WP, Mullis RL, Cornille TA, Mullis, AK

**Source:** Evaluation and Program Planning, 28(4):379-390, Nov 2005.

**Summary:** Public and private interest groups are pressured to demonstrate that investments of resources, time, and effort have resulted in improvements in the lives of those experiencing homelessness and/or reductions in the scope of homelessness. Measuring desired outcomes can provide information to support accountability efforts. This article reviews the literature on outcome measurement in homeless systems of care, grounded in a conceptual model consisting of three elements: continuums of care, service programs, and clients. This review did not reveal the existence of any single comprehensive outcome measurement instrument that could be used for the homeless system of care. System-level outcomes include cost savings, reduction of access barriers, and organizational linkages. Service program-level outcome measurement is typically based on the aggregation of client-level outcomes. At the client-level of measurement, several instruments were identified in the literature that have potential for providing the basis of outcome measurement.

**Title:** Interventions to Improve the Health of the Homeless - A Systematic Review

**Authors:** Hwang SW, Tolomiczenko G, Kouyoumdjian FG, Garner RE

**Source:** American Journal of Preventive Medicine, 29(4):311-319, Nov 2005.

**Summary:** Homelessness is a widespread problem in the United States. The primary goal of this systematic review is to provide guidance in the development and organization of programs to improve the health of homeless people. MEDLINE, CINAHL, HealthStar, PsycINFO, Sociological Abstracts, and Social Services

Abstracts databases were searched from their inception through July 2004 using the following terms: homeless, homeless persons, and homelessness. References of key articles were also searched. 4564 abstracts were screened, and 258 articles underwent full review. Seventy-three studies conducted from 1988 to 2004 met inclusion criteria (use of an intervention, use of a comparison group, and the reporting of health-related outcomes). Two authors independently abstracted data from studies and assigned quality ratings using explicit criteria. Forty-five studies were rated good or fair quality. For homeless people with mental illness, case management linked to other services was effective in improving psychiatric symptoms, and assertive case management was effective in decreasing psychiatric hospitalizations and increasing outpatient contacts. For homeless people with substance abuse problems, case management resulted in greater decreases in substance use than did usual care. For homeless people with latent tuberculosis, monetary incentives improved adherence rates. Although a number of studies comparing an intervention to usual care were positive, studies comparing two interventions frequently found no significant difference in outcomes. Coordinated treatment programs for homeless adults with mental illness or substance abuse usually result in better health outcomes than usual care. Health care for homeless people should be provided through such programs whenever possible. Research is lacking on interventions for youths, families, and conditions other than mental illness or substance abuse.

**Title:** Capturing Intervention Effects Over Time: Reanalysis of a Critical Time Intervention for Homeless Mentally Ill Men

**Authors:** Lennon MC, McAllister W, Kuang L, Herman DB

**Source:** American Journal of Public Health, 95(10):1760-1766, Oct 2005.

**Summary:** We analyzed whether a method for identifying latent trajectories - latent class growth analysis (LCGA) - was useful for understanding outcomes for individuals subject to an intervention. We used LCGA to reanalyze data from a published study of mentally ill homeless men in a critical time intervention (CTI) program. In that study, 96 men leaving a shelter's on-site psychiatric program were randomly assigned to experimental and control groups. The former received CTI services and the latter usual services. Each individual's housing circumstances were observed for 18 months after program initiation. Our outcome measure was monthly homelessness: a person was considered homeless in a month if he was homeless for even 1 night that month. Four latent classes were found among the control group,

but just 3 among the experimental group. Control, but not experimental, group individuals showed a small class of chronically homeless men. The size of the never-homeless class was 19 percentage points larger for the experimental than for the control group. J- and inverted-U-shaped patterns were also found among both groups, but with important differences in timing of patterns. Our results reveal effects not apparent in the original analysis, suggesting that latent class growth models improve intervention evaluation.

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**Title: Health Care for the Homeless Assesses the Use of Adapted Clinical Practice Guidelines**

**Authors:** Strehlow AJ, Kline S, Zerger S, Zlotnick C, Proffitt B

**Source:** Journal of the American Academy of Nurse Practitioners, 17(11):433-441, Nov 2005.

**Summary:** This article describes a process of evaluating and adapting existing clinical practice guidelines (CPGs) for homeless individuals by different healthcare providers in multiple healthcare settings across the country. Data were collected using a standardized evaluation tool in nine sites across the United States. Clinicians completed an evaluation of the CPG after every use. Most clinicians used the CPG five times. Descriptive statistics were reported on the characteristics of the clinicians, and the utility of the guidelines and written comments. Clinicians had an average of 12 years of clinical experience, 8 years of which were specifically spent working with homeless individuals. Ninety-one percent of the clinicians practiced in urban settings. The majority of clinicians felt the adapted guidelines met evaluation criteria. The major weaknesses reported the delineation of outreach and case management activities. Results did not vary by clinicians' disciplines, years of experience, or any other indicators. Clients and clinicians providing primary care to homeless individuals may benefit from utilizing Health Care for the Homeless Clinicians' Network adapted CPGs to assure quality, evidenced-based care to a vulnerable population.

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**SUBSTANCE USE AND MENTAL ILLNESS**

**Title: Injection Drug Use Among Homeless Adults in the Southeast with Severe Mental Illness**

**Authors:** Linn JG, Brown M, Kendrick L

**Source:** Journal of Health Care for the Poor and Underserved, 16(4):83-90, Nov 2005.

**Summary:** This study examined injection drug use and HIV risk behaviors in a predominantly African American sample of homeless men with mental illness. Personal interviews focusing on injection drug use and sexual risk behaviors were completed with 240 homeless mentally ill men in two shelters in a southeastern city. Sixty-two (26%) of the 240 men injected drugs. Among the injection drug users (IDUs), most reported high-risk behaviors, including needle sharing (70%) and participation in shooting galleries (71%). Very few performed risk reduction activities (e.g., cleaning needles with bleach [19%] or using a needle exchange program [0%]). Within the preceding 6 months, most of the IDUs had had sex with women (51%) or men (8%) without a condom. This investigation reported a high lifetime occurrence of injection

drug use in a sample of predominantly African American homeless men with mental illness. The IDUs reported intravenous drug use and sexual activities with great risk of HIV transmission and provided little evidence of risk-reduction efforts. These men are outside of most social service and health care systems but must be included in special programs to decrease the transmission of HIV.

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**Title: Tri-Ethnic Variations of Co-Morbid Substance and Alcohol Use Disorders in Schizophrenia**

**Authors:** Montross LP, Barrio C, Yamada AM, Lindamer L, Golshan S, Garcia P, Fuentes D, Daly RE, Hough RL, Jeste DV

**Source:** Schizophrenia Research, 79(2-3):297-305, Nov, 2005.

**Summary:** This study examined the differential prevalence of substance and alcohol use disorders among European Americans, African Americans, and Latinos with schizophrenia (n = 6424) who received public mental health services in San Diego County during fiscal year 2002-2003. Data were obtained from the public mental health database used by the San Diego County Mental Health System. Chi-Square analyses and stepwise logistic regression analyses were used to examine differences regarding the prevalence of substance and alcohol use among clients with schizophrenia and schizoaffective disorder, and to analyze the sociodemographic variables associated with this co-morbidity. Significant differences in the prevalence of diagnosed co-morbidity were found across the ethnic groups. Rates of comorbid diagnosis among African Americans (25%) were significantly higher than those among European Americans (22%) and Latinos (19%). Logistic regression results revealed ethnicity was a significant predictor of co-morbid substance and alcohol use, as was being homeless and male. Among Latinos, language preference was also a significant predictor. Latinos who denoted English as their primary language were 1.7 times more likely to be diagnosed with co-morbid substance or alcohol use disorders than Latinos who denoted Spanish. Among people with schizophrenia, there were significant differences in prevalence rates and predictors of diagnosed co-morbid substance and alcohol use disorders. Future research is needed to examine the relationship among language preference, level of acculturation, and subsequent diagnosing barriers for Latinos. Among African Americans, the reasons behind increased co-morbidity rates need to be examined, and homelessness should be carefully addressed among all three ethnic groups.

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**Title: Substance Abuse and Personality Disorders in Homeless Drop-In Center Clients: Symptom Severity and Psychotherapy Retention in a Randomized Clinical Trial**

**Authors:** Ball SA, Cobb-Richardson P, Connolly AJ, Bujosa CT, O'Neill TW

**Source:** Comprehensive Psychiatry, 46(5):371-379, Sep-Oct 2005.

**Summary:** This study evaluated the psychiatric symptoms, psychosocial problems, and treatment response of personality-disordered substance abusers receiving services within a homeless drop-in center. Fifty-two homeless clients were assessed after program admission and randomly assigned to receive either individual psychotherapy focused on personality disorder and

substance abuse relapse prevention (dual-focus schema therapy [DFST]) or standard group substance abuse counseling (SAC). Client functioning was assessed using measures of personality disorder, psychiatric symptoms, early maladaptive schemas, interpersonal problems, and addiction-related psychosocial impairment. Therapy retention (total weeks in treatment) and utilization (number of weeks in which sessions were attended) were the primary outcomes. Although rates of cluster B personality disorders were comparable to other substance dependent samples, clusters A and C disorders were disproportionately more common. Clients reported significant psychiatric symptoms, criminality, and psychosocial impairment, yet made limited lifetime use of mental health services. Overall, there was greater utilization of individual DFST than group SAC. However, clients with more severe personality disorder symptoms demonstrated better utilization of SAC than DFST.

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**Title: A Prospective Study of Risk and Protective Factors for Substance Use Among Impoverished Women Living in Temporary Shelter Settings in Los Angeles County**

**Authors:** Tucker JS, D'Amico EJ, Wenzel SL, Golinelli D, Elliott MN, Williamson S

**Source:** Drug and Alcohol Dependence, 80(1):35-43, Oct 1, 2005.

**Summary:** Alcohol and drug use are significant public health problems facing homeless women, but few prospective studies have examined risk and protective factors for substance use in this population. This 6-month prospective study identified psychosocial, behavioral, and economic predictors of drinking to intoxication, crack use, and marijuana use in a probability sample of 402 women living in temporary shelter settings in Los Angeles County with a simple majority of homeless residents (92% of these women had a history of homelessness). Engaging in sexual risk behavior and having depressive symptoms were risk factors for more frequent intoxication, marijuana use, and crack use. Drinking to intoxication was additionally predicted by perceived HIV susceptibility, lower social support, more avoidant and less active coping, and lower self-esteem. Additional predictors of marijuana use included partner alcohol misuse and less social support, whereas more frequent crack use was additionally predicted by partner alcohol misuse, lack of economic resources, and more avoidant and less active coping. These findings suggest that effective substance use programs may need an integrative approach that addresses other types of risk behaviors, assists women in strengthening their support networks and learning effective coping skills, and provides access to basic services (e.g., housing, health care). For women in relationships, there may be a further need to address issues of partner substance use.

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**Title: Injection Risk Behavior among Women Syringe Exchangers in San Francisco**

**Authors:** Lum PJ, Sears C, Guydish J

**Source:** Substance Use and Misuse, 40(11):1681-1696, 2005.

**Summary:** Women who inject drugs in cities where syringe exchange programs (SEPs) are well established may have different risks for HIV infection. In 1997, we interviewed 149 female syringe exchangers in San Francisco, CA, a city with high rates of

injection drug use that is home to one of the largest and oldest SEPs in the United States. In this report, we describe their sociodemographics, health, and risk behavior, and we examine factors associated with recent syringe sharing. Fifty percent of respondents were women of color and the median age was 38 years. Most (86%) injected heroin and nearly half were currently homeless or had recently been incarcerated. One-third of all women reported needle sharing in the prior month. This was higher than the rate of needle sharing reported by a mixed gender sample of San Francisco exchangers in 1993, although it resembled the rate reported by a mixed gender sample in 1992. In a multivariate analysis, syringe sharing was associated with age, housing status, and sexual partnerships. Syringe sharers were more likely to be young, homeless, or have a sexual partner who was also an injection drug user. While wide access to sterile syringes is an important strategy to reduce HIV transmission among injection drug users (IDU), syringe exchange alone cannot eradicate risky injection by female IDU. Additional efforts to reduce risky injection practices should focus on younger and homeless female IDU, as well as address selective risk taking between sexual partners.

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**Title: Taking it to the Street: A Psychiatric Outreach Service in Canada**

**Authors:** Farrell SJ, Huff J, MacDonald SA, Middlebro A, Walsh S

**Source:** Community Mental Health Journal, 41(6):737-746, Dec 2005.

**Summary:** This paper describes a model of flexible psychiatric outreach service in Canada designed to meet the needs of persons who are homeless or marginally housed and have mental illness. The activities of the Psychiatric Outreach Team of the Royal Ottawa Hospital for individual clients and the community agencies who serve them are profiled, followed by a demographic and mental and physical health profile of the clients seen in the past year. The differences from other models of service and the benefits and limitations of this unique multidisciplinary team are discussed, with implications for future service development for this vulnerable population.

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**Title: Unmet Need for Medical Care Among Homeless Adults with Serious Mental Illness**

**Authors:** Desai MM, Rosenheck RA

**Source:** General Hospital Psychiatry, 27(6):418-425, Nov-Dec 2005.

**Summary:** The objective of this study was to determine the rates and predictors of unmet medical needs among homeless adults with serious mental illness entering a community-based case management program and those of receipt of medical care in the subsequent 3-month period. We analyzed baseline and follow-up data for 7213 homeless clients in the multisite Access to Community Care and Effective Services and Supports program. Overall, 43.6% of the sample reported having an unmet need for medical care at baseline; of these subjects, only 36.1% received medical services during the 3 months following program entry. Using multivariate logistic regression modeling, we found that, at baseline, independent correlates of an unmet medical need included lower educational level, increased depressive and

psychotic symptoms and greater number of potentially competing needs. None of these variables, however, adversely affected the likelihood of receiving medical care during follow-up. Factors associated with receiving medical services in the 3 months following program entry included receiving outpatient psychiatric services and reporting stronger therapeutic alliance with one's case manager. Collaborative case management may play an important role in meeting mentally ill homeless persons' medical needs. Greater efforts are needed to identify and link at-risk clients with appropriate medical services.

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## **TUBERCULOSIS**

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### **Title: Management of Active Tuberculosis**

**Authors:** Potter B, Rindfleisch K, Kraus CK

**Source:** American Family Physician, 72(11):2225-2232, Dec 1, 2005.

**Summary:** Although the overall incidence of tuberculosis has been declining in the United States, it remains an important public health concern, particularly among immigrants, homeless persons, and persons infected with human immunodeficiency virus. Patients who present with symptoms of active tuberculosis (e.g., cough, weight loss, or malaise with known exposure to the disease) should be evaluated. Three induced sputum samples for acid-fast bacillus smear and culture should be obtained from patients with findings of tuberculosis or suspicion for active disease. If the patient has manifestations of extrapulmonary tuberculosis, smears and cultures should be obtained from these sites. Most patients with active tuberculosis should be treated initially with isoniazid, rifampin, pyrazinamide, and ethambutol for eight weeks, followed by 18 weeks of treatment with isoniazid and rifampin if needed. Repeat cultures should be performed after the initial eight-week treatment.

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### **Title: Predictors of Perceived Health Status of Tuberculosis-Infected Homeless**

**Authors:** Nyamathi A, Berg J, Jones T, Leake B

**Source:** Western Journal of Nursing Research, 27(7):896-910, Nov 2005.

**Summary:** This study examines the predictors of perceived health status among homeless adults with latent tuberculosis (TB) in Los Angeles, especially in relation to gender differences. In total, 415 men and women enrolled in a TB-adherence trial completed baseline assessments concerning health status. Results indicated that women were more likely than men to report being in fair or poor health and to have experienced health problems. More women than men self-reported daily drug use and poor mental health. Homeless women were also more likely than their male counterparts to receive support from non-drug-users. Homeless adults who reported fair or poor health were also more likely than those who reported better health to have used injection drugs, to report experiencing depressive symptoms and poor mental health, and to have been homeless more than 3 years. Predictors of fair or poor health included being female and experiencing more depressive symptoms.

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### **Title: Use of Rapid Genomic Deletion Typing to Monitor a Tuberculosis Outbreak Within an Urban Homeless Population**

**Authors:** Freeman R, Kato-Maeda M, Hauge KA, Horan KL, Oren E, Narita M, Wallis CK, Cave D, Nolan CM, Small PM, Cangelosi GA

**Source:** Journal of Clinical Microbiology, 43(11):5550-5554, Nov 2005.

**Summary:** Beginning in mid-2002, a large tuberculosis outbreak occurred among homeless persons in King County, Washington. In order to further monitor the outbreak following its peak in 2003, Mycobacterium tuberculosis isolates from all new King County tuberculosis (TB) patients in 2004 and the first half of 2005 (n = 220) were genotyped by using a rapid comparative genomics-based (genomic deletion-typing) approach, with confirmation by mycobacterial interspersed repetitive units and repetitive-sequence-based PCR (rep-PCR). Results were compared to retrospective genotypic data from 1995 to 2003. The outbreak strain SBRI9, which was not seen among King County homeless persons prior to 2002, accounted for 16 out of 30 TB cases (53%) within this population in 2002. This trend continued with 27 out of 35 cases (77%) caused by the outbreak strain in 2003, 11 out of 13 cases (85%) caused by the outbreak strain in 2004, and 4 out of 10 cases (40%) caused by the outbreak strain in the first 5 months of 2005. Thus, the outbreak strain remained well established within this homeless population throughout the study period. At least four SBRI9 cases were in people who had previously been infected by other strains. The novel PCR-based strain-typing approach used in this investigation proved to be cost-effective and very rapid. In most cases, it was possible to analyze DNA extracted directly from primary isolation (Mycobacterium growth indicator tube) cultures submitted by clinical laboratories, a feature that markedly reduced the delay between diagnosis and strain typing results. This rapid turnaround facilitated public health efforts to prevent new outbreaks involving this strain.

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## **TOBACCO**

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### **Title: Marketing to the Marginalized: Tobacco Industry Targeting of the Homeless and Mentally Ill**

**Authors:** Apollonio DE, Malone RE

**Source:** Tobacco Control, 14(6):409-415, Dec 2005.

**Summary:** This study describes the tobacco industry's relationships with and influence on homeless and mentally ill smokers and organisations providing services to them. Internal tobacco industry documents and journal articles are analyzed. Results indicate the tobacco industry has marketed cigarettes to the homeless and seriously mentally ill, part of its "downscale" market, and has developed relationships with homeless shelters and advocacy groups, gaining positive media coverage and political support. Tobacco control advocates and public health organisations should consider how to target programmes to homeless and seriously mentally ill individuals. Education of service providers about tobacco industry efforts to cultivate this market may help in reducing smoking in these populations.

## **HOMELESS YOUTH**

**Title:** *The Health of Street Youth - A Canadian Perspective*

**Authors:** Boivin JF, Roy E, Haley N, du Fort GG

**Source:** Canadian Journal of Public Health, 96(6):432-437, Nov-Dec 2005.

**Summary:** Objective: To review epidemiologic studies of the health of street youth in industrialized countries, with a special focus on Canadian youth. Methods: We identified 52 peer-reviewed studies from searches of the MEDLINE database and bibliographies of published papers, for data on blood-borne and sexually transmitted infections, mental health problems, pregnancy, violence and mortality. Results: Rates of hepatitis B, hepatitis C, and HIV infection are much higher among street youth than among their non-street peers. Likewise, the prevalence of all mental health problems assessed in street youth is greater than that in non-street youth. Pregnancy is more frequent among street than household youth. Street youth also experience high levels of violence: a large proportion report physical abuse or assault. Finally, mortality is about 11 times the expected rate based on age and sex and is mainly caused by suicide and drug overdose. Conclusion: Current research results are useful to orient public health interventions for street youth, but further epidemiologic research is needed. The need for Canadian data is particularly acute in specific areas including mental health, violence, pregnancy, and sexually transmitted infections such as, for example, herpes infection and syphilis.

**Title:** *Hepatitis C Virus Infection, Substance Use and Mental Illness Among Homeless Youth: A Review*

**Authors:** Nyamathi AM, Christiani A, Windokun F, Jones T, Strehlow A, Shoptaw S

**Source:** AIDS, 19(Suppl 3):S34-S40, Oct 2005.

**Summary:** Homeless youth are at a high risk of substance abuse, mental illness and blood-borne infections, such as hepatitis C. In this paper, we review the implications of these conditions, discuss the unique challenges faced by homeless youth, and explore potential strategies for harm reduction and intervention in this vulnerable population. Interventions that combine youth-centered, service-based care, street out-reach, case management, and motivational interviewing with integrated health services such as hepatitis A/B vaccination, and mental health and substance abuse programmes, are presented as innovative approaches to address the healthcare needs of homeless youth. Conclusion: Recommendations for age-appropriate interventions and further research are made.

**Title:** *Living on the Streets in Canada: a Feminist Narrative Study of Girls and Young Women*

**Authors:** Reid S, Berman H, Forchuk C

**Source:** Issues in Comprehensive Pediatric Nursing, 28(4):237-256, Oct-Dec 2005.

**Summary:** Homelessness affects thousands of girls and young women in Canada. Terms that are commonly used to describe the homeless include lazy, mentally ill, middle aged, and male. The reality is that homelessness is not limited to a particular age, gender, or ethnocultural group, or to individuals of any single

intellectual ranking. As a result of the prevailing stereotypes, little research has been conducted on homelessness among adolescent females, making it difficult to capture an accurate and comprehensive picture of the full scope of the problem. The purposes of this feminist narrative study were to (1) explore the intersections between homelessness and health among adolescent girls, with particular attention to the influence of contextual factors such as violence, gender, and poverty; and (2) to examine how these young women access health care, barriers they encounter, and factors that contribute to their health promotion. The sample consisted of ten females, ages 16-21, who were interviewed either individually or in small groups. Consistent with feminist research approaches, the interviews were conducted in an interactive manner in order to encourage critical reflection and dialogue. Data analysis consisted of a thematic analysis of the participants' experiences. Findings revealed that most girls had fled from difficult, and at times dangerous, situations at home to lives on the street that brought a new set of challenges, including a multitude of health problems and exposure to violence, chronic poverty, and discrimination. Many barriers to effective health care were described. In this article, the findings of the research will be presented and implications for health and social service providers will be addressed, including recommendations for programming and policy.

**Title:** *The Relationship Between Violence Exposure and HIV Sexual Risk Behaviors: Does Gender Matter?*

**Author:** Voisin DR

**Source:** American Journal of Orthopsychiatry, 75(4):497-506, Oct 2005.

**Summary:** This study examined the association between violence exposures and HIV risk behaviors among 409 adolescents and whether such associations are gendered. Results indicated that adolescents exposed to either childhood sexual abuse or family or community violence were almost 3 and 4 times more likely, respectively, than peers not exposed to such violence to report a higher number of HIV-related risk behaviors. In addition, boys exposed to family violence were almost 3 times more likely than girls to report multiple partners and use of drugs during sex. Findings suggest a complex relationship among violence, gender, and HIV risks among adolescents.

## **HIV AND HEPATITIS**

**Title:** *Gender and Race Matching Preferences for HIV Post-Test Counselling in an African-American Sample*

**Authors:** Striley CW, Margavio C, Cottler LB

**Source:** AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV, 18(1):49-53, Jan 2006.

**Summary:** This study tested whether having racially and gender-matched counsellors for HIV Post-test counselling were preferred. In the NIDA-funded EachOneTeachOne study, 115 African American respondents (19 - 68) were asked would they rather talk to someone of the same sex and race. Forty-three percent of the counsellor-respondent pairs were race concordant, and 58% were gender concordant. Chi-square statistics examined effects of

gender, race and match. Out of those who desired a gender-match, 89% were men compared to 11% of women. Only 9% of African-Americans reported that they would feel more comfortable talking to an African-American counsellor. The sample size dropped due to non-response of the matching reference questions. Among the 39 race-counsellor concordant respondents (n = 98), 23% expressed a preference for a race matched counsellor while no one with a race discordant counsellor expressed such a preference. Among the 56 respondents with a gender concordant counsellor (n = 102), 27% said they would prefer a gender matched counsellor in the future; only 7% of those with a gender discordant counsellor expressed such as preference. Previously matched respondents were more likely to desire matched counsellors, but the majority still did not. Assumptions that race and gender matching are imperative are not supported by these findings.

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**Title: Residential Substance User Treatment Programs as Venues for HCV Pharmacological Treatment: Client and Staff Perspectives**

**Authors:** Strauss SM, Astone JM, Munoz-Plaza C, Hagan H, Des Jarlais D

**Source:** Substance Use and Misuse, 40(12):1811-1829, 2005.

**Summary:** Hepatitis C virus (HCV) infection is highly prevalent among drug users. While there are antiviral medications available to combat the virus, the medication regimen is quite arduous, presenting special issues for drug users. We examined the challenges and benefits of using residential substance user treatment programs as venues for clients to undergo HCV medication regimens. Analyses of qualitative data collected from clients and staff in 2003 at four residential substance user treatment programs in the U.S. indicate that challenges primarily include issues involving the medications' side effects, and both financial and communication concerns. Benefits especially involve clients' feelings that they are being proactive in addressing health issues in an environment that provides much-needed support. Findings illuminate the complex issues involved for both clients and the programs, and some steps that programs can take to better support HCV-infected clients regarding HCV medication concerns.

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**Title: HIV, HBV, and HCV Infections Among Drug-Involved, Inner-City, Street Sex Workers in Miami, Florida**

**Authors:** Inciardi JA, Surratt HL, Kurtz SP

**Source:** AIDS Behavior, 24:1-9, Dec 2005.

**Summary:** This study describes the rates of HIV, HBV, and HCV seropositivity among drug-involved, female street sex workers in low-income, inner-city sections of Miami, Florida; further, their sociodemographic characteristics, drug use, and sexual risk behaviors were assessed; and predictors of infection were reported. A sample of 586 sex workers was recruited through targeted sampling methods, interviewed, and counseled and tested for the presence of antibody to HIV, HBV, and HCV. Respondents' median age was 38 years, median time in sex work was 14 years, all were heavily involved in the use of alcohol and drugs, and 42% were homeless. More than half (51.0%) had engaged in

unprotected vaginal sex in the past month. Prevalences were HIV, 22.4%; HBV, 53.4%; HCV, 29.7%. A multidimensional public health program must address not only issues related to unsafe sex, but also the problems of drug abuse, homelessness, and other lifestyle factors that contribute to risk behaviors.

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**Title: Health Care Access and Utilization Patterns in Unstably Housed HIV-Infected Individuals in New York City**

**Authors:** Cunningham CO, Sohler NL, McCoy K, Heller D, Selwyn PA

**Source:** AIDS Patient Care and STDs, 19(10):690-695, Oct 2005.

**Summary:** As part of a multi-site initiative to evaluate outreach targeting underserved HIV-infected individuals, we describe baseline characteristics of unstably housed HIV-infected individuals from New York City, and their health care access and utilization patterns. Interviews with 150 HIV-infected single room occupancy (SRO) hotel residents on health care access and utilization, barriers to accessing health care, demographic characteristics, history of incarceration, severity of HIV disease, depressive symptoms, substance use, and exposure to violence were conducted. Most participants were 40 years of age or older, male, black or Latino, had public insurance, a history of substance use, depressive symptoms, and a CD4(+) count above 200 cells/mm<sup>3</sup>. Access to and utilization of care was high with 91% reporting having a regular provider, 95% identifying a non-emergency department (ED) clinic or office as their usual location of care, 89% reporting at least one ambulatory visit, and 82% reporting optimal ambulatory visits during the previous 6 months. Additionally, 45% reported at least one ED visit, and 30% at least one hospitalization within the previous 6 months. Among black and Latino marginalized SRO hotel residents in New York City, this study found surprisingly high measures of access to and utilization of ambulatory care services, along with high use of acute care services. Understanding HIV-related health services access and utilization patterns among marginalized populations is essential to improve their HIV care. These patterns of high levels of access to and utilization of health care services contradict clinical experiences and other studies, and require further exploration.

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**Title: HIV/AIDS and Homelessness, Part 1: Background and Barriers to Care and Part 2: Treatment Issues**

**Authors:** Douaihy AB, Stowell KR, Bui T, Daley D, Salloum I

**Source:** The AIDS Reader, 15(10):516-520, Oct 2005 (Part I); 15(11):604ff, Nov 2005 (Part II).

**Summary:** (Part I) Co-occurrence of homelessness and HIV/AIDS poses a complex and multidimensional challenge to the health care provider's clinical and system integration skills. There are special considerations and challenges health care providers may face in caring for homeless persons with HIV/AIDS. An integrated, flexible, interdisciplinary, community-based system of care addressing the full array of medical, psychiatric/substance abuse, and housing services would optimize clinical care for this population. Areas that deserve particular attention include HIV/AIDS prevention, access to comprehensive HIV and health care, use of antiretroviral therapy, and adherence to treatment.

Research is needed to better understand the multifaceted needs of this population and to develop prevention and treatment strategies applicable to daily clinical care. (Part II) Various factors interfere with proper access to and initiation of antiretroviral therapy in the HIV-infected homeless population, and it is important for health care providers to explore and address barriers to obtaining antiretroviral therapy and to foster a trusting relationship before offering therapy so that its success may be maximized. Patient education about the multifaceted aspects of antiretroviral therapy is a crucial component of care. Care providers should aggressively identify barriers to adherence and facilitate patient adherence by using multiple strategies, establishing solid lines of communication within the provider team, bringing program services to patients, and educating ancillary service providers about adherence. Co-management of antiretroviral therapy requires an interdisciplinary approach that includes case managers, mental health and substance abuse counselors, shelter providers, medical specialists, and parole/probation officers. More research is needed to understand the complexities of HIV/AIDS within the homeless population and to develop treatment interventions.

### **POVERTY – PUBLIC PERCEPTIONS**

*Title:* Lay Understandings of the Effects of Poverty: A Canadian Perspective

*Authors:* Reutter LI, Veenstra G, Stewart MJ, Raphael D, Love R, Makwarimba E, McMurray S

*Source:* Health and Social Care in the Community, 13(6):514-530, Nov 2005.

*Summary:* Although there is a large body of research dedicated to exploring public attributions for poverty, considerably less attention has been directed to public understandings about the effects of poverty. In this paper, we describe lay understandings of the effects of poverty and the factors that potentially influence these perceptions, using data from a telephone survey conducted in 2002 on a random sample (n = 1671) of adults from eight neighbourhoods in two large Canadian cities (Edmonton and Toronto). These data were supplemented with interview data obtained from 153 people living in these same neighbourhoods. Multivariate linear and logistic regressions were used to determine the effects of basic demographic variables, exposure to poverty and attribution for poverty on three dependent variables relating to the effects of poverty: participation in community life, the relationship between poverty and health and challenges facing low-income people. Ninety-one per cent of survey respondents agreed that poverty is linked to health, while 68% agreed that low-income people are less likely to participate in community life. Affordable housing was deemed especially difficult to obtain by 96%, but other resources (obtaining healthy food, giving children a good start in life, and engaging in healthy behaviours) were also viewed as challenging by at least 70% of respondents. The regression models revealed that when controlling for demographics, exposure to poverty explained some of the variance in recognising the effects of poverty. Media exposure positively influenced recognition of the poverty-health link, and attending formal talks was strongly related to understanding challenges of poverty.

Attributions for poverty accounted for slightly more of the variance in the dependent variables. Specifically, structural and sociocultural attributions predicted greater recognition of the effects of poverty, in particular the challenges of poverty, while individualistic attributions predicted less recognition. Older and female respondents were more likely to acknowledge the effects of poverty. Income was positively associated with recognition of the poverty-health link, negatively associated with understanding the challenges of low-income people, and unrelated to perceptions of the negative effect of poverty on participation in community life.

### **IMPRISONMENT**

*Title:* Revolving Doors: Imprisonment Among the Homeless and Marginally Housed Population

*Authors:* Kushel MB, Hahn JA, Evans JL, Bangsberg DR, Moss AR

*Source:* American Journal of Public Health, 95(10):1747-1752, Oct 2005.

*Summary:* We studied a sample of homeless and marginally housed adults to examine whether a history of imprisonment was associated with differences in health status, drug use, and sexual behaviors among the homeless. We interviewed 1426 community-based homeless and marginally housed adults. We used multivariate models to analyze factors associated with a history of imprisonment. Almost one fourth of participants (23.1%) had a history of imprisonment. Models that examined lifetime substance use showed cocaine use, heroin use, mental illness, HIV infection, and having had more than 100 sexual partners were associated with a history of imprisonment. Models that examined recent substance use showed past-year heroin use and methamphetamine use were associated with lifetime imprisonment. Currently selling drugs also was associated with lifetime imprisonment. Despite high levels of health risks among all homeless and marginally housed people, the levels among homeless former prisoners were even higher. Efforts to eradicate homelessness also must include the unmet needs of inmates who are released from prison.

### **HEALTH CARE ACCESS**

*Title:* The Inverse Care Law: Implications for Healthcare of Vulnerable Populations

*Authors:* Fiscella K, Shin P

*Source:* The Journal of Ambulatory Care Management, 28(4):304-312, Oct-Dec 2005.

*Summary:* Past and present, those with the greatest healthcare needs often receive the least adequate healthcare. This phenomenon, termed the "inverse care law," has implications for healthcare and outcomes for vulnerable populations including low-income persons, racial and ethnic minorities, and the uninsured among others. This article reviews disparities in health status and access to healthcare for vulnerable populations. It illustrates how concentration of risk factors within individuals, families, and communities worsens the paradox between healthcare need and access and highlights the models of healthcare delivery needed to adequately meet the needs of vulnerable populations.

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**Title: Identifying Marginal Housing for People with a Mental Illness Living in Rural and Regional Areas**

**Authors:** Grigg M, Judd F, Ryan L, Komiti A

**Source:** Australian and New Zealand Journal of Psychiatry, 39(11-12):995-1000, Nov-Dec 2005.

**Summary:** Homelessness among people with a mental illness is a serious issue. Objective: The study aimed to identify the types of housing available for people with a mental illness in the region; to develop an audit tool to assess the housing of patients of the mental health service; and to pilot this audit tool. Method: Key informants were interviewed to obtain information about the type of housing options available in the Loddon Campaspe Southern Mallee Region. This information was used to develop a survey to audit the housing status of existing patients of the area mental health service. A pilot study using the survey was completed by case managers for 81 patients who were being case managed by the area mental health service. Results: There were a wide variety of housing options in the region, but housing availability was not evenly distributed. Although most patients lived in owned or rented accommodation, a substantial proportion of patients had difficulties with accessing the required services, the affordability of their housing, uncertainty of tenure or were at risk of violence within their housing. Conclusions: A substantial proportion of patients treated by a rural area mental health service had lived in impoverished housing.

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**Title: Ultralate Referral and Presentation for Renal Replacement Therapy: Socioeconomic Implications**

**Authors:** Obialo CI, Ofili EO, Quarshie A, Martin PC

**Source:** American Journal of Kidney Diseases, 46(5):881-886, Nov 2005.

**Summary:** Clinical and metabolic complications of late referral (LR) for dialysis therapy have been well documented, but there is a paucity of data on its socioeconomic implications. This study examines the role of lifestyle and socioeconomic status on referral pattern. During a 4-year period (1999 to 2002), we retrospectively reviewed records of all patients who initiated dialysis therapy at an urban tertiary-care center. Patients were classified into 3 categories according to the interval between first contact with a nephrologist and initiation of dialysis therapy: contact time of 3 months or longer indicates early referral (ER); 1 to less than 3 months, LR; and less than 1 month, ultralate referral (ULR). Of 460 patients (97% African Americans, 3% Hispanics), 212 patients (46%) were ULR, 168 patients (37%) were LR, and 80 patients (17%) were ER. Compared with ER and LR patients, those with ULR had significantly lower hematocrits, serum albumin levels, and glomerular filtration rates, but greater rates of temporary dialysis catheter use and mortality. Logistic regression analysis showed an association between mortality and homelessness, polysubstance abuse, and alcoholism. Alcoholics, substance abusers, and the homeless/unemployed were more likely to present as ULR cases. Patient-provided explanations for LR and ULR were denial (45%), unawareness of the presence of chronic kidney disease (30%), and economic difficulties (25%). Denial was more prevalent in LR and ULR cases. Poor socioeconomic status is a major contributor to delayed referral. More efforts need to be directed at patient and

physician chronic kidney disease educational awareness and improved health care access for inner-city and minority populations.

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**INTERPERSONAL VIOLENCE**

**Title: Experiencing Interpersonal Violence: Perspectives of Sexually Active, Substance-Using Women Living in Shelters and Low-Income Housing**

**Authors:** Tucker JS, Wenzel SL, Straus JB, Ryan GW, Golinelli D

**Source:** Violence Against Women, 11(10):1319-1340, Oct 2005.

**Summary:** As part of a larger study, the authors investigated experiences of recent violence among sexually active, substance-using women. Structured interviews were conducted with 172 women living in shelters and low-income housing, 41 of whom also completed an in-depth interview on their worst violent episode. Structured interviews indicated that rape and self-blame were more common among sheltered women. In-depth interviews suggested that sheltered women were vulnerable to instrumental aggression from a range of perpetrators, whereas housed women tended to experience hostile partner aggression. Intoxication during the violent episodes was more common among sheltered women. Implications for violence prevention and treatment services are discussed.

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**U.S. CONFERENCE OF MAYORS REPORT 2005**

**Note:** The following reference is not for a Peer-Reviewed publication, but may be of interest to readers.

**Title: Hunger and Homelessness Survey 2005- A Status Report on Hunger and Homelessness in America's Cities: A 24-City Survey**

**Authors:** US Conference of Mayors

**Source:** The full report can be accessed online at [www.usmayors.org/uscm/hungersurvey/2005/HH2005FINAL.pdf](http://www.usmayors.org/uscm/hungersurvey/2005/HH2005FINAL.pdf)

**Summary:** This report includes information on: emergency food assistance (by city, demographics, quality and quantity of resources, unmet needs); causes of hunger in the US; causes of homelessness; emergency shelter requests (by city, percentage as families); demographics of homeless persons; length of homeless episodes; funding of homeless services; an overview of services (transitional housing, single room occupancy); and more. An overview of hunger and homeless trends over 16 years, as well as expected future trends are given.¶

Selected Findings:

- 76% of cities surveyed had an increase in requests for food assistance, with an average increase of 12%.
- Los Angeles had the highest increased percentage of requests for emergency shelter (30%), followed by Trenton (28%), and Detroit (21%).
- Charlotte had the highest percentage of families requesting emergency food assistance (97%) followed by Philadelphia (91%).
- Lack of affordable housing was the most frequently cited cause of homelessness, followed by lack of good paying jobs, and mental illness coupled with lack of services.
- 90% of cities surveyed expect emergency food assistance requests to increase in 2006.