

# 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) July –September 2006. Summaries are categorized into themes which vary each quarter.

### **INFECTIOUS DISEASES: HIV, TB, MRSA**

**Title:** Associations between Alcohol Use and Homelessness with Healthcare Utilization among Human Immunodeficiency Virus-Infected Veterans

**Authors:** Gordon AJ, McGinnis KA, Conigliaro J, Rodriguez-Barradas MC, Rabeneck L, Justice AC; VACS-3 Project Team  
**Source:** Medical Care, 44(8) Suppl: S37-S43, Aug 2006.

**Summary:** Alcohol use is a frequent root cause of homelessness, and both homelessness and alcohol use influence the quality and quantity of interactions with health care providers. The objectives of this study are to compare rates of homelessness and alcohol use in a cohort of human immunodeficiency virus (HIV)-infected persons and to evaluate the influence of homelessness and alcohol use on utilization of health services. Data were obtained from the Veterans Aging Cohort 3-Site Study, a cohort study of 881 HIV-infected veterans at 3 VA hospitals. In a baseline survey, we assessed current and past history of homelessness and levels of alcohol consumption. Health care service utilization (ambulatory visits, emergency room visits, and hospital admissions) for the preceding 6 months was determined by self-report and VA administrative records. Logistic regression was used to assess whether homelessness and drinking variables were associated with health care visits in the past 6 months. Among HIV-infected veterans with complete data (n = 839), 62 (7%) were currently homeless, and 212 (25.3%) had a past, but not current, history of homelessness. Among the currently homeless, 36% reported alcohol consumption, 34% were hazardous drinkers, 46% were binge drinkers, and 26% had a diagnosis of alcohol abuse. When adjusting for age, severity of HIV disease, and use of illicit drugs, hazardous drinking and current homelessness were associated with less than 2 outpatient clinic visits. HIV-infected veterans who were homeless in the past were more likely to be hospitalized in the prior 6

months than those never homeless. Although homeless HIV-infected veterans tend to use inpatient services more than nonhomeless HIV infected veterans, they were less likely to achieve optimum outpatient care. Alcohol use complicates the effect of homelessness on adherence to outpatient care and is associated with increased inpatient utilization among HIV-infected veterans.

**Title:** Predictive Value of Plasma HIV RNA Level on Rate of CD4 T-cell Decline in Untreated HIV Infection

**Authors:** Rodriguez B, Sethi AK, Cheruvu VK, Mackay W, Bosch RJ, Kitahata M, Boswell SL, Mathews WC, Bangsberg DR, Martin J, Whalen CC, Sieg S, Yadavalli S, Deeks SG, Lederman MM

**Source:** Journal of the American Medical Association (JAMA), 296(12):1498-1506, Sept 27, 2006. Comment on pp.1523-1525.

**Summary:** Plasma human immunodeficiency virus (HIV) RNA level predicts HIV disease progression, but the extent to which it explains the variability in rate of CD4 cell depletion is poorly characterized. The objective of this study was to estimate the proportion of variability in rate of CD4 cell loss predicted by presenting plasma HIV RNA levels in untreated HIV-infected persons. Study design included repeated-measures analyses of 2 multicenter cohorts, comprising observations beginning on May 12, 1984, and ending on August 26, 2004. Analyses were conducted between August 2004 and March 2006. Two cohorts of HIV-infected persons were included: patients followed up at 4 US teaching medical institutions or participating in either the Research in Access to Care for the Homeless Cohort (REACH) or the San Francisco Men's Health Study (SFMHS) cohorts and participants in the Multicenter AIDS Cohort Study (MACS) cohort. Participants included antiretroviral treatment-naive, chronically HIV-infected persons (n = 1289 and n = 1512 for each of the 2 cohorts) untreated during the observation period (> or = 6 months) and with at least 1 HIV RNA level and 2 CD4 cell counts available. Approximately 35% were nonwhite, and 35% had risk factors other than male-to-male sexual contact. Main outcome measures were the extent to which presenting plasma HIV RNA level could explain the rate of model-derived yearly CD4 cell loss, as estimated by the coefficient of determination (R<sup>2</sup>). In both cohorts, higher presenting HIV RNA levels were associated with greater subsequent CD4 cell

decline. In the study cohort, median model-estimated CD4 cell decrease among participants with HIV RNA levels of 500 or less, 501 to 2000, 2001 to 10,000, 10,001 to 40,000, and more than 40,000 copies/mL were 20, 39, 48, 56, and 78 cells/microL, respectively. Despite this trend across broad categories of HIV RNA levels, only a small proportion of CD4 cell loss variability could be explained by presenting plasma HIV RNA level. Analyses using multiple HIV RNA measurements or restricting to participants with high HIV RNA levels improved this correlation minimally, and measurement error was estimated to attenuate these associations only marginally. Presenting HIV RNA level predicts the rate of CD4 cell decline only minimally in untreated persons. Other factors, as yet undefined, likely drive CD4 cell losses in HIV infection. These findings have implications for treatment decisions in HIV infection and for understanding the pathogenesis of progressive immune deficiency.

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**Title: Characteristics of Homeless HIV-Positive Outreach Responders in Urban U.S. and Their Success in Primary Care Treatment**

**Authors:** Tommasello AC, Gillis LM, Lawler JT, Bujak GJ

**Source:** AIDS Care, 18(8):911-917, Nov 2006.

**Summary:** Homeless HIV+ persons with persistent mental illness and substance use disorders need services, but are hard to reach and enroll into treatment. Connecting them to services is a major challenge of the AIDS epidemic. This report describes characteristics of homeless HIV+ substance abusers who responded to outreach and enrolled in integrated treatment services. The target population was urban, homeless, HIV+ individuals with substance dependence and/or mental illness diagnoses. Health and physical functioning were measured using a refinement of the Medical Outcomes Study Health Survey. Questions based on the PRIME-MD measured subjects' mental health status. Outreach occurred at shelters, soup kitchens, and on the streets. The outreach team consisted of a nurse, substance abuse counselor, and a formerly homeless person. Outreach contacted 3,059 individuals; 1,446 entered the clinic, 110 of 206 eligible candidates enrolled in the study, and 82.7% of study participants completed 12-month follow-up interviews. Enrollees exhibited 5th percentile composite health scores. They reported heavy street drug use and unmet service needs particularly for housing and financial assistance. Outreach successfully recruited targeted individuals into treatment. They stayed in treatment and demonstrated improvements on measures of physical and mental health 12-months later.

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**Title: In-house Work Opportunities: Implications for Housing Organizations Serving Persons Living With HIV/AIDS**

**Authors:** Egan BE, Hoagland J

**Source:** Work, 27(3):247-253, 2006.

**Summary:** Finding work and/or re-entering the workforce can be extremely challenging for persons living with HIV/AIDS. Also difficult is assisting them in the process, mostly because

there is little documentation or resources about programs that provide vocational services specifically for this population. In response to this dilemma and because it was perceived as a win/win situation, three urban residential community organizations serving the HIV/AIDS population, decided independently to create in-house work opportunities for their clients. All of these organizations are a variation of the same theme: transitional/supportive housing for persons with HIV/AIDS that were formerly homeless and are now interested in becoming increasingly self-sufficient. This article will present a program description that addresses unique manner in which these three sites created in-house job programs in the areas of receptionist, kitchen, and maintenance work. More specifically, this paper will address the strengths, limitations, and ethical considerations that guided program development.

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**Title: Outbreak in Alberta of Community-Acquired (USA300) Methicillin-Resistant Staphylococcus Aureus in People with a History of Drug Use, Homelessness or Incarceration**

**Authors:** Gilbert M, MacDonald J, Gregson D, Siushansian J, Zhang K, Elsayed S, Laupland K, Louie T, Hope K, Mulvey M, Gillespie J, Nielsen D, Wheeler V, Louie M, Honish A, Keays G, Conly J

**Source:** Canadian Medical Association Journal, 175(2):149-154, July 18, 2006. Comment p.161.

**Summary:** The USA300 strain of community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) can cause severe infection and is increasingly recognized as a cause of community outbreaks. In 2004, an outbreak was identified in the Calgary Health Region (CHR). MRSA isolates were identified with standard methods at a central regional laboratory and typed via pulsed-field gel electrophoresis (PFGE). Isolates were tested by PCR for mecA, Panton-Valentine leukocidin (PVL), SCCmec, and spa genes. Cases were defined as such if a clinical isolate of the USA300 strain was noted between January 1 and September 30, 2004, and the patient had lived or traveled in CHR within 2 years before symptom onset. Demographic, clinical and risk data on all such cases were collected from several sources for statistical analysis. A case was defined as high-risk if the patient had a history of drug use, homelessness or incarceration. Of 40 isolates with the USA300 PFGE pattern, all tested positive for PVL, SCCmec type IVa and spa type 008. Almost all infections (39/40, 98%) involved skin and soft tissues, except for 1 death from necrotizing hemorrhagic pneumonia; a notable proportion (38%) required hospital admission or intravenous antimicrobial therapy. The outbreak centred on the high-risk population in CHR. People with histories of illicit drug use, homelessness or recent incarceration were at highest risk for infection with CA-MRSA. The emergence and spread of this virulent strain has important implications for treatment and public health in Canada.

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**Title: Strain-specific Differences in Two Large Mycobacterium Tuberculosis Genotype Clusters in Isolates Collected from Homeless Patients in New York City from 2001 to 2004.**

**Authors:** Macaraig M, Agerton T, Driver CR, Munsiff SS, Abdewahab J, park J, Kreiswirth B, Driscoll J, Zhao BY  
**Source:** Journal of Clinical Microbiology, 44(8):2890-2896, Aug 2006.

**Summary:** We studied two large Mycobacterium tuberculosis genotype clusters associated with recent outbreaks in homeless persons to determine factors associated with these tuberculosis (TB) strains. Isolates from all culture-positive TB cases diagnosed from 1 January 2001 to 31 December 2004 were genotyped. Patients whose isolates had identical restriction fragment length polymorphism patterns and spoligotypes were considered clustered. Health department records were reviewed and reinterviews attempted for clustered cases. Patients with the Cs30 and BEs75 strains were compared to other genotypically clustered cases and to each other. The two largest genotype clusters among homeless persons were the Cs30 strain (n = 105) and the BEs75 strain (n = 47). Fifty-one (49%) patients with the Cs30 strain and 28 (60%) with the BEs75 strain were homeless. Compared to patients with the BEs75 strain, patients with the Cs30 strain were less likely to be respiratory acid-fast bacillus smear positive (51% versus 72%). Furthermore, patients with the BEs75 strain were more likely to be HIV infected (74% versus 42%), which suggests that most patients with this strain advanced to disease after recent infection. Cases in clusters of strains that have been circulating in the community over a long time period, such as the Cs30 strain, require additional investigation to determine whether clustering is a result of recent transmission or reactivation of remote infection.

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**Title: A Randomized Controlled Trial of Two Treatment Programs for Homeless Adults with Latent Tuberculosis Infection**

**Authors:** Nyamathi AM, Christiani A, Nahid R, Gregerson P, Leake B

**Source:** International Journal of Tuberculosis and Lung Disease, 10(7):775-782, July 2006.

**Summary:** Few studies have examined strategies for optimizing adherence to latent tuberculosis infection (LTBI) treatment programs in homeless populations. This study's aims are: 1) To compare the effectiveness of an intervention program employing nurse case management and incentives (NCMI) vs. a control program with standard care and incentives on completion of LTBI treatment; and 2) to compare the impact of the two programs on tuberculosis (TB) knowledge among participants. This was a prospective, two-group site-randomized design conducted among 520 homeless adults residing in the Skid Row region of Los Angeles from 1998 to 2003, assessing completion rates of a 6-month isoniazid (INH) treatment program and change in TB knowledge. Using intent-to-treat analysis, 62% of participants in the intervention program, compared with 39%

of controls, completed the full 6-month course of LTBI treatment with WH. Logistic regression modeling revealed that intervention participants had three times greater odds of completing INH treatment than controls. TB knowledge improved in both programs, but the increase was greater among the intervention participants. Nurse case management combined with education, incentives, and tracking dramatically improves both adherence to LTBI treatment and TB knowledge in homeless persons compared to a standard approach of outreach and incentives.

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**MEDICAL RESPITE CARE**

**Title: The Effects of Respite Care for Homeless Patients: A Cohort Study**

**Authors:** Buchanan D, Doblin B, Sai T, Garcia P

**Source:** American Journal of Public Health, 96(7):1278-1281, July 2006.

**Summary:** Homeless individuals experience high rates of physical and mental illness, increased mortality, and frequent hospitalizations. Respite care provides homeless individuals with housing and services allowing more complete recovery from illnesses and stabilization of chronic conditions. We investigated respite care's impact on 225 hospitalized homeless adults consecutively referred from an urban public hospital during a 26-month period. The cohort was separated into 2 groups: (1) patients referred and accepted into the respite center and (2) patients referred but denied admission because beds were unavailable. All patients met the center's predefined eligibility criteria. Main outcome measures were inpatient days, emergency department visits, and outpatient clinic visits. The 2 groups had similar demographic characteristics, admitting diagnoses, and patterns of medical care use at baseline. During 12 months of follow-up, the respite care group required fewer hospital days than the usual care group (3.7 vs 8.3 days), with no differences in emergency department or outpatient clinic visits. Individuals with HIV/AIDS experienced the greatest reduction in hospital days. Respite care after hospital discharge reduces homeless patients' future hospitalizations.

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**HOMELESS WOMEN**

**Title: At the Intersection of Invisibilities: Canadian Women, Homelessness and Health Outside the "Big City"**

**Author:** Whitzman C

**Source:** Gender Place and Culture, 13(4): 383-399, Aug 2006.

**Summary:** This article explores the concept of 'invisibility' in relation to women, homelessness and health in Ontario, Canada. While popular images of homelessness continue to focus on older men with mental illness and/or addictions issues, the proportion of women without secure, affordable shelter continues to rise. The stereotypes of homelessness also have a spatial component, with the incorrect assumption that housing affordability crises are concentrated in the centres of large cities. There is a third aspect to 'invisibility': the tendency of the traditional medical model of health care

to ignore the interrelated physical and emotional impacts of stress among women who make up the majority of the 'hidden homeless'. While an increasing number of women are facing loss of their accommodation in suburban, small city and rural settings, this social policy issue remains largely invisible outside the realm of local services struggling to meet women's needs. Interviews with women facing homelessness in Haliburton, Kingston and Oshawa, a rural area, small town and outer suburb, illustrate both experiences of invisibility and possibilities of integrated health services combating this personal and societal invisibility.

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**Title: RN-to-MSN Students' Attitudes Toward Women Experiencing Homelessness: A Focus Group Study**

**Authors:** Chung-Park M, Hatton D, Robinson L, Kleffel D

**Source:** Journal of Nursing Education, 45(8):317-322, Aug 2006.

**Summary:** When health professionals, including RNs, have negative attitudes toward women experiencing homelessness, they create barriers to services. It is incumbent on nursing faculty to develop curricula that address homelessness and associated stereotypes, as well as to prepare students to provide safe and appropriate care to the homeless population. The aim of this qualitative study was to examine the attitudes of RN-to-MSN students toward mothers living with their children in a transitional shelter. A convenience sample of 10 students enrolled in a community health nursing course at a university in southern California participated in the study. Two focus groups were conducted: one before and one after a 15-week clinical experience. Data analysis revealed that during the clinical experience, students discovered that they, or perhaps an individual like them, could become homeless. Their attitudes and views changed to include a bigger picture of homelessness, described by public health nursing researchers as "moving upstream." This article suggests strategies for integrating clinical experiences with socioeconomically vulnerable individuals into undergraduate nursing curricula.

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**Title: A Comparison of the Health and Mental Health Status of Homeless Mothers in Worcester, Mass: 1993 and 2003**

**Authors:** Weinreb LF, Buckner JC, Williams V, Nicholson J

**Source:** American Journal of Public Health, 96(8):1444-1448, Aug 2006.

**Summary:** We assessed background characteristics, health status, and prevalence rates of mental health disorders in 2 studies of homeless mothers conducted in Worcester, Mass, one in 1993 and the other in 2003. We compared the women taking part in the 2 studies, which involved similar methodologies, on the key variables of interest over time. Homeless families taking part in the 2003 study were poorer than those taking part in the 1993 study, and female heads of household in that study reported more physical health limitations, major depressive illness, and posttraumatic stress disorder. Data from 2003 suggest that the characteristics of homeless mothers changed over the 10-year period assessed.

Service providers and shelter staff may need to refine services so that they are responsive to these changing needs.

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**Title: Predictors of Unprotected Sex with Non-cohabitating Primary Partners among Sheltered and Low-income Housed Women in Los Angeles County**

**Authors:** Tucker JS, Wenzel SL, Elliott MN, Hambarsoomian K

**Source:** Journal of Health Psychology, 11(5):697-710, Sept 2006.

**Summary:** This study investigated associations of substance use, relationship abuse and HIV self-protective behavior with unprotected sex among 290 impoverished women with a non-cohabitating primary partner. Unprotected sex was associated with having a physically or psychologically abusive partner among low-income housed women, and having an abusive partner who also drank to intoxication among women living in shelters. Indicators of HIV self-protective behavior were associated with less frequent unprotected sex among sheltered women, even after accounting for abuse and substance use within the relationship. Results suggest the need for HIV-prevention interventions to address the problems of partner substance use and relationship abuse.

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**HOMELESS YOUTH AND YOUNG ADULTS**

**Title: The Relationship between Childhood Sexual Abuse and Sexual Health Practices of Homeless Adolescents**

**Authors:** Johnson RJ, Rew L, Sternglanz RW

**Source:** Adolescence, 41(162):221-234, Summer 2006.

**Summary:** This study explored the gender differences in sexual self-concept, personal resources for sexual health, safe sex behaviors, and risky sexual behaviors among homeless adolescents with and without histories of sexual abuse. Data for this secondary analysis were collected in 2003 to 2004 in the first phase of a larger repeated-measures sexual health intervention study; 371 homeless youth between 16 and 23 years of age were recruited from a street outreach center. The majority (64.6%) of participants were males. Self-report instruments were completed at the outreach center via audio computer-assisted self-interview (A-CASI) format. It was found that female participants were better off than males on numerous measures of sexual health behaviors and attitudes. Sexually abused participants had significantly less future time perspective, fewer sexual self-care behaviors, and less social support than nonabused participants and almost significantly more sexual risk-taking. However, no significant differences were found between abused and nonabused participants on sexual self-concept, self-efficacy or intention to use condoms, safe sex behaviors, AIDS knowledge, assertive communication, or self-efficacy to perform testicular/breast self-exams. Overall, participants who did not report a history of sexual abuse had significantly more sexual health resources and engaged in fewer sex-risk behaviors than those who reported having been abused. These differences have notable implications for screening adolescents for a history of sexual abuse. Adolescents who report sexual abuse should receive risk

counseling and be screened regularly for the development of sexual risk behaviors.

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**Title: Short-term Effects of a Brief Motivational Intervention to Reduce Alcohol and Drug Risk Among Homeless Adolescents**

**Authors:** Peterson PL, Baer JS, Wells EA, Ginzler JA, Garrett SB

**Source:** Psychology of Addictive Behaviors, 20(3):254-264, Sept 2006.

**Summary:** The short-term results of a randomized trial testing a brief feedback and motivational intervention for substance use among homeless adolescents are presented. Homeless adolescents ages 14-19 (N = 285) recruited from drop-in centers at agencies and from street intercept were randomly assigned to either a brief motivational enhancement (ME) group or 1 of 2 control groups. The 1-session motivational intervention presented personal feedback about patterns of risks related to alcohol or substance use in a style consistent with motivational interviewing. Follow-up interviews were conducted at 1 and 3 months postintervention. Youths who received the motivational intervention reported reduced illicit drug use other than marijuana at 1-month follow-up compared with youths in the control groups. Treatment effects were not found with respect to alcohol or marijuana. Post hoc analyses within the ME group suggested that those who were rated as more engaged and more likely to benefit showed greater drug use reduction than did those rated as less engaged. Limitations of the study are discussed as are implications for development of future substance use interventions for this high-risk group.

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**Title: Life with Jib: A Snapshot of Street Youth's Use of Crystal Methamphetamine**

**Authors:** Bungay V, Malchy L, Buxton JA, Johnson J, Macpherson D, Rosenfeld T

**Source:** Addiction Research and Theory, 14(3):235-251, June 2006.

**Summary:** Crystal methamphetamine (CM) is a psychoactive form of methamphetamine whose effects include euphoria, alertness, restlessness, feelings of endless energy, sleep deprivation, depression, paranoia, acute psychosis, and malnutrition. CM use among street-involved youth is high, yet little is known about their patterns of use, the side effects they experience, and the ways in which they manage their drug use and survive on the streets. We undertook a small qualitative study among inner-city, street-involved youth to explore the social context of their CM use. Semi-structured interviews were conducted with twelve youth. Data were analyzed using thematic analysis and four key themes were identified: Patterns of Jib Use, Reasons for Using Jib, Downside of Using, and Managing Jib Use. Each theme revealed interrelationships between drug use and street-involvement. The youth used CM to stay awake to protect belongings, to enhance social interaction, to cope with negative emotions, and as an alternative to psychiatric medications. The negative consequences of CM use included

deteriorating physical and mental health, exploitation, isolation, and physical harm. These youth were knowledgeable about their drug use and capable of creatively adapting to many of the related consequences. Social service agencies and health care professionals were not identified as helpful in managing their drug use and its side effects. Although the sample size was small, this data gives insight for policy and program planning aimed at providing treatment and support for street-involved youth using CM.

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**Title: Treatment Outcome for Street-Living, Homeless Youth**

**Authors:** Slesnick N, Prestopnik JL, Meyers RJ, Glassman M

**Source:** Addictive Behaviors, Sept 19, 2006 [Epub ahead of print]

**Summary:** Comprehensive intervention for homeless, street living youth that addresses substance use, social stability, physical and mental health issues has received very little attention. In this study, street living youth aged 14-22 were recruited from a drop-in center and randomly assigned to the Community Reinforcement Approach (CRA) or treatment as usual (TAU) through a drop-in center. Findings showed that youth assigned to CRA, compared to TAU, reported significantly reduced substance use (37% vs. 17% reduction), depression (40% vs. 23%) and increased social stability (58% vs. 13%). Youth in both conditions improved in many other behavioral domains including substance use, internalizing and externalizing problems, and emotion and task oriented coping. This study indicates that homeless youth can be engaged into treatment and respond favorably to intervention efforts. However, more treatment development research is needed to address the barriers associated with serving these youth.

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**Title: Newly Homeless Youth STD Testing Patterns Over Time**

**Authors:** Solorio MR, Milburn NG, Weiss RE, Batterham P

**Source:** Journal of Adolescent Health, 39(3):e9-e16, Sept 2006.

**Summary:** The purpose of this study was to use the Behavioral Model for Vulnerable Populations to examine the predisposing and need characteristics of newly homeless youth that are associated with sexually transmitted disease (STD) testing over time. A longitudinal cohort of newly homeless youth from Los Angeles County (n = 261; ages 12-20 years) were followed for 24 months. Youth were interviewed at baseline, 3, 6, 12, 18, and 24 months, and asked about their background, housing situation, emotional distress (using the Brief-Symptom Inventory), substance use, sexual risk behaviors, and their STD testing rates. We modeled our longitudinal data using logistic random effects models. Characteristics of homeless youth that were associated with STD testing in our multivariate model included time in study, age at baseline, being African-American, being from a mixed race/ethnic group, self-identifying as a gay/bisexual, self-identifying as a heterosexual female, using amphetamines, and history of having gotten someone/becoming pregnant. Youth who lived in an

apartment were less likely to have received an STD test than youth who lived in other types of housing. Sexual risk behaviors such as inconsistent condom use and number of sexual partners over past 3 months were not predictive of STD testing over time. A need exists for interventions to target young newly homeless youth who engage in high-risk sexual behaviors to increase their STD testing rates and thereby decrease their risk for HIV infection.

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**Title: Self-management of Medication for Mental Health Problems by Homeless Young People**

**Authors:** Muir-Cochrane E, Fereday J, Jureidini J, Drummond A, Darbyshire P

**Source:** International Journal of Mental Health Nursing, 15(3):163-170, Sept 2006.

**Summary:** Youth homelessness is a growing Australian and international concern associated with considerable health disadvantage, including serious mental health problems. This paper reports findings of a qualitative study that explored young homeless people's experiences of mental health and well-being through in-depth interviews. Thematic analysis identified medication use and management as a central issue for the young people. Reasons identified for medication non-adherence included unwanted side-effects, issues of access and storage, and lack of support from health and social agencies. These problems were compounded by everyday stresses of homelessness. Medication adherence was facilitated by social support, consistent contact with supportive health services, and regular medication supply, often resulting in improved mental health and well-being. For these young people, prioritizing management of medication helped stabilize one aspect of their lives. Health professionals can play an important role in helping them achieving this goal.

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**Title: Trading Sex: Voluntary or Coerced? The Experiences of Homeless Youth**

**Authors:** Tyler KA, Johnson KA

**Source:** Journal of Sex Research, 43(3):208-216, Aug 2006.

**Summary:** This study examined the circumstances surrounding a homeless youth's "decision" to trade sex for food, money, shelter, or drugs. Forty homeless youth in 4 Midwestern states participated in individual, in-depth qualitative interviews. Interviewers recruited youth through both service agencies and street outreach. The findings revealed that approximately one third of the sample had some experience with trading sex, whether it was in the form of having traded sex, having been propositioned to trade sex but having refused, or having friends or acquaintances that had traded sex. Young people's reports indicated that they had traded sex for things they deemed necessary in order to survive (i.e., food, shelter, money, or drugs) and that they did not want to trade sex, but did so because they were desperate and lacked alternatives. Additionally, others were coerced, manipulated, or forced to do so, indicating that the decision to trade sex is not always voluntary. We discuss the implications of these findings in

terms of cumulative effects on youths' later development. Directions for future research among this population are also discussed.

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**Title: A Qualitative Study of Early Family Histories and Transitions of Homeless Youth**

**Author:** Tyler KA

**Source:** Journal of Interpersonal Violence, 21(10):1385-1393, Oct 2006.

**Summary:** Using intensive qualitative interviews with 40 homeless youth, this study examined their early family histories for abuse, neglect, and other family problems and the number and types of transitions that youth experienced. Multiple forms of child maltreatment, family alcoholism, drug use, and criminal activity characterized early family histories of many youth. Leaving home because of either running away or being removed by child protective services often resulted in multiple transitions, which regularly included moving from foster care homes to a group home, back to their parents, and then again returning to the streets. Although having experienced family disorganization set youth on trajectories for early independence, there were many unique paths that youth traveled prior to ending up on the streets.

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**Title: Homeless Adolescent Mothers: A Metasynthesis of Their Life Experiences**

**Author:** Meadows-Oliver M

**Source:** Journal of Pediatric Nursing, 21(5):340-349, Oct 2006.

**Summary:** The purpose of this article was to synthesize the findings of six qualitative studies on homeless adolescent mothers. Metasynthesis was conducted using the meta-ethnographic approach of Noblit and Hare. Six reciprocal translations illuminating the experiences of homeless adolescent mothers emerged: being homeless, enduring abuse, lamenting lost years, searching for support, recreating self, and seeking a better life. The findings may be used by nurses working with this population as the basis for a framework of intervention strategies directed toward helping these mothers cope with their dual transitions into motherhood and adulthood while simultaneously being homeless.

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**RESILIENCE**

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**Title: Resilience in Homeless Adults: A Review of the Literature**

**Author:** Jones T

**Source:** Journal of National Black Nurses' Association, 17(1):36-44, July 2006.

**Summary:** Although the concept of resilience has been studied for the past three decades, a paucity of research has focused on this concept in homeless adults, particularly among homeless adults who are persons of color African-Americans have been characterized as being resilient and it has been reported that African-Americans are disproportionately represented among the homeless population

nationwide. The purpose of this article is to review the scope of research previously done in the area of resilience in homeless adults and to highlight the importance of the concept of resilience in the lives and existence of this at-risk group. Homeless adults face enormous stressors on a daily basis as they navigate a minefield of mental, physical, and environmental risks. How they respond and how they adapt to these stressors can potentially affect their health outcomes as well as their quality of life. The seven articles retrieved for this article support the contention that further research is needed to increase the understanding of how the concept of resilience impacts the ability of homeless adults, and in particular persons of color to endure and survive despite their adverse conditions.

### **HOSPITAL UTILIZATION**

**Title:** Emergency Department and Hospital Utilization Among Alcohol and Drug-Dependent Detoxification Patients Without Primary Medical Care

**Authors:** Larson MJ, Saitz R, Horton NJ, Lloyd-Travaglini C, Samet JH

**Source:** American Journal of Drug and Alcohol Abuse, 32(3):435-452, Jul-Sept 2006.

**Summary:** Utilization of emergency department (ED) services and hospitalization among a cohort of substance abusers are described based on structured research interviews with 470 adults without primary care admitted to an urban residential detoxification program. Cross-sectional analysis of baseline data of subjects found nearly 19% of subjects went to an ED on 2 or more occasions in the 6 months prior to detoxification and 14% were admitted for an overnight hospitalization. Upon further analysis of past 6-month ED utilization, the following factors were independently associated with increased odds of ED use: White race; at least one month homeless in the past 5 years chronic health condition; injury in past 6 months; and subject perception that their substance abuse interfered with seeking care from a regular doctor. Subjects with cocaine as a primary problem had lower odds of ED utilization than a reference group with alcohol as a primary problem.

### **SMOKING CESSATION**

**Title:** Smoking Cessation in Homeless Populations: A Pilot Clinical Trial

**Authors:** Okuyemi KS, Thomas JL, Hall S, Nollen NL, Richter KP, Jeffries SK, Caldwell AR, Ahluwalia JS

**Source:** Nicotine and Tobacco Research, 8(5):689-699, Oct 2006.

**Summary:** This study, which tested two motivational interviewing treatment approaches, assessed the feasibility of conducting a community-based smoking cessation intervention among homeless smokers. Participants (N = 46) were recruited from multiple facilities in the Kansas City area and were randomized to two counseling conditions in which they received five individual motivational interviewing sessions, six

group meetings, and their choice of 8 weeks of 21-mg nicotine patch or 4-mg nicotine lozenge. The two counseling conditions consisted of motivational interviewing targeted either to smoking behaviors exclusively (smoking only) or to smoking and other addictions or life events that could affect ability to quit (smoking plus). Group meetings were designed to provide educational information and social support. Measures of feasibility assessed included the proportion of participants who returned for randomization among those eligible, adherence to prescribed nicotine replacement therapies, retention rates at the week 26 final study visit, and biochemically verified 7-day abstinence at week 26. Most participants (69.6%) chose nicotine patches, and 32% of those participants reported using at least four patches per week. Carbon monoxide verified 7-day abstinence rates in the smoking-only and smoking-plus groups were 13.04% and 17.39% (ns), respectively, at week 8 and 8.70% and 17.39% (ns), respectively, at week 26. Participants who used at least four patches per week were more likely to have quit at 8 weeks than were those who used fewer patches. Results support the feasibility of conducting a smoking cessation intervention among homeless smokers. Findings also show promising effects for nicotine replacement therapy and counseling in this population. Developing programs to improve smoking cessation outcomes in underserved populations is an essential step toward achieving national health objectives and for ultimately reducing tobacco-related health disparities.

### **SEX TRADE**

**Title:** Gender-Specific Correlates of Sex Trade Among Homeless and Marginally Housed Individuals in San Francisco

**Authors:** Weiser SD, Dilworth SE, Neilands TB, Cohen J, Bangsberg DR, Riley ED

**Source:** Journal of Urban Health - Bulletin of the New York Academy of Medicine, 83(4):736-740, July 2006.

**Summary:** Sex exchange is a well-established risk factor for HIV infection. Little is known about how correlates of sex trade differ by biologic sex and whether length of homelessness is associated with sex trade. We conducted a cross-sectional study among a sample of 1,148 homeless and marginally housed individuals in San Francisco to assess correlates of exchanging sex for money or drugs. Key independent variables included length of homelessness; use of crack, heroin or methamphetamine; HIV status; and sexual orientation. Analyses were restricted by biologic sex. In total, 39% of women and 30% of men reported a lifetime history of sex exchange. Methamphetamine use and greater length of homelessness were positively associated with a history of sex trade among women while heroin use, recent mental health treatment, and homosexual or bisexual orientation were significantly associated with sex trade for men. Crack use was correlated with sex trade for both genders. Correlates of sex trade differ significantly according to biologic sex, and these differences should be considered in the design of effective HIV prevention programs. Our findings highlight the critical

need to develop long-term services to improve housing status for homeless women, mental health services for homeless men, and drug treatment services for homeless adults involved in sex work.

### **SUPPORTED HOUSING**

**Title:** Tenant Outcomes in Supported Housing and Community Residences in New York City

**Authors:** Siegel CE, Samuels J, Tgang DI, Berg I, Jones K, Hopper K

**Source:** Psychiatric Services, 57(7):982-993, July 2006.

**Summary:** This study examined whether outcomes in housing, clinical status, and well-being of persons with severe mental illness and a history of homelessness differ between those in supported housing and those in community residences, two housing arrangements that substantially differ in the level of independence that is offered to its tenants.

**Methods:** A quasi-experimental 18-month follow-up study was conducted with 157 persons newly entering supported housing and community residences. The housing models accepted persons with similar illness characteristics and homelessness histories, so that the inability to randomly assign tenants to housing types could be compensated for by propensity scoring methods. Tenure in housing was examined by using survival models. Analyses of other outcomes used hierarchical linear and regression models in both intent-to-treat (N=139) and true-stayer (N=80) analyses. Tenure in housing did not differ by housing type. Substantial proportions of tenants in both models remained housed during the follow-up period. Tenants in supported housing reported greater housing satisfaction in terms of autonomy and economic viability. Over time some tenants in supported housing reported greater feelings of isolation. Independent of housing type, symptoms of depression or anxiety at housing entry increased the risk of poorer outcomes. The models of supported housing were viable portals of entry into community housing for homeless persons, even for consumers with characteristics indicating that they would have been more likely to be placed in community residences. The results suggest that greater clinical attention should be paid to persons who exhibit depression or anxiety when entering housing.

### **INCARCERATION HISTORY**

**Title:** Recent Incarceration History Among a Sheltered Homeless Population

**Authors:** Metraux S, Culhane DP

**Source:** Crime and Delinquency, 52(3):504-517, July 2006.

**Summary:** This study examined incarceration histories and shelter use patterns of 7,022 persons staying in public shelters in New York City. Through matching administrative shelter records with data on releases from New York State prisons and New York City jails, 23.1% of a point-prevalent shelter population was identified as having had an incarceration within the previous 2-year period. Persons entering shelter following a jail episode (17.0%) exhibited

different shelter stay patterns than did those having exited a prison episode (7.7%), leading to the conclusion that different dynamics predominate and that different interventions are called for in preventing homelessness among persons released from jail and from prison.

### **COUNSELING IN HOMELESS SHELTERS**

**Title:** A Descriptive Study of Single Adults in Homeless Shelters: Increasing Counselors' Knowledge and Social Action

**Authors:** Baggerly J, Zalaquett CP

**Source:** Journal of Multicultural Counseling and Development, 34(3):155-167, July 2006.

**Summary:** This article is intended to help counselors increase their knowledge and social action for single adults who are homeless. Findings from a period-prevalence study of 71 single adults in a homeless shelter over 2 years reveal demographics, mental health needs, and sociopolitical issues of this population. Implications including social justice action strategies for counselors are discussed.

### **SUBSTANCE USE AND MENTAL HEALTH**

**Title:** Psychotic Disorders among Homeless Subjects Attending a Psychiatric Emergency Service

**Authors:** Cougnard A, Grolleau S, Lamarque F, Beitz C, Brugere S, Verdoux H

**Source:** Social Psychiatry and Psychiatric Epidemiology, Aug 21, 2006 [Epub ahead of print]

**Summary:** Homelessness is an increasing problem among subjects with severe mental illnesses and little is known about the characteristics of homeless subjects with psychosis using emergency psychiatric services. The aims of the present study were to assess the frequency of psychotic disorders among subjects attending a psychiatric emergency service and to explore the clinical and demographic characteristics of these subjects and the management proposed by the emergency staff. All homeless patients (n = 104) consecutively attending a psychiatric emergency service were included over a 6-month period. Patients were categorised according to ICD-10 diagnoses as presenting with psychotic disorder (schizophrenia and other non-affective psychotic disorders) versus other disorders. A random sample of matched non-homeless controls (n = 71) was included over the same period. Nearly one out of three homeless subjects (32.7%) presented with a psychotic disorder, a higher proportion than that found in non-homeless subjects (15.7%). Compared to non-homeless subjects with psychosis, homeless subjects with psychosis were more likely to be male and to present with drug use disorder. The likelihood of being hospitalised after attending the psychiatric emergency services did not significantly differ between the two groups. Compared to homeless subjects with other psychiatric disorders, homeless subjects with psychosis were more likely to be single, to have a history of psychiatric hospitalisation and presented less frequently with anxiety or depressive symptoms motivating admission. Most homeless subjects with psychosis attending a psychiatric emergency service were already identified as

suffering from a severe mental illness, suggesting that homelessness was a consequence of a break in contact with mental health services. Since homelessness is incompatible with the adequate management of psychosis, strategies have to be developed in mental health organisations in combination with outside partnerships, to drastically reduce the frequency of this condition in subjects with psychosis.

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**Title: Substance Abuse Treatment and Psychiatric Comorbidity: Do Benefits Spill Over? Analysis of Data from a Prospective Trial Among Cocaine-Dependent Homeless Persons**

**Authors:** Kertesz SG, Madan A, Wallace D, Schumacher JE, Milby JB

**Source:** Substance Abuse Treatment and Prevention Policy, 1(1):27, Sept 11, 2006.

**Summary:** Comorbid psychiatric illness can undermine outcomes among homeless persons undergoing addiction treatment, and psychiatric specialty care is not always readily available. The prognosis for nonsubstance abuse psychiatric diagnoses among homeless persons receiving behaviorally-based addiction treatment, however, is little studied. Data from an addiction treatment trial for 95 cocaine-dependent homeless persons (1996-1998) were used to profile psychiatric diagnoses at baseline and 6 months, including mood-related disorders (e.g. depression) and anxiety-related disorders (e.g. post-traumatic stress disorder). Treatment interventions, including systematic reinforcement for goal attainment, were behavioral in orientation. There was a 32% reduction in the prevalence of comorbid non-addiction psychiatric disorder from baseline to 6 months, with similar reductions in the prevalence of mood (-32%) and anxiety-related disorders (-20%) ( $p = 0.12$ ). Among cocaine-dependent homeless persons with psychiatric comorbidity undergoing behavioral addiction treatment, a reduction in comorbid psychiatric disorder prevalence was observed over 6 months. Not all participants improved, suggesting that even evidence-based addiction treatment will prove insufficient for a meaningful proportion of the dually diagnosed homeless population.

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**Title: Disability Benefits and Clinical Outcomes Among Homeless Veterans with Psychiatric and Substance Abuse Problems**

**Authors:** Mares AS, Rosenheck RA

**Source:** Community Mental Health Journal, Aug. 30, 2006 [Epub ahead of print]

**Summary:** This study examined the relationship between disability payment status and clinical outcomes among 305 homeless veterans entering VA treatment. Disability status and clinical outcomes were characterized using self-report data at program entry, and quarterly for 2 years thereafter. Seeking or already receiving disability benefits at program entry was not associated with any of the 8 clinical outcomes examined. Those seeking or receiving disability benefits during the 2 years that followed showed more serious mental health problems and lower levels of mental health functioning, but no greater risk of substance use or not

being employed nor worse housing outcomes than those who remained uninterested in applying for disability benefits. This study does not, therefore, support the notion that disability orientation results in poorer clinical outcomes, at least not among homeless veterans.

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**Title: Treating Homeless Clients with Severe Mental Illness and Substance Use Disorders: Costs and Outcomes**

**Authors:** Morse GA, Calsyn RJ, Dean Klinkenberg W, Helminiak TW, Wolff N, Drake RE, Yonker RD, Lama G, Lemming MR, McCudden S

**Source:** Community Mental Health Journal, 42(4):377-404, Aug 2006.

**Summary:** This study compared the costs and outcomes associated with three treatment programs that served 149 individuals with dual disorders (i.e., individuals with co-occurring severe mental illness and substance use disorders) who were homeless at baseline. The three treatment programs were: Integrated Assertive Community Treatment (IACT), Assertive Community Treatment only (ACTO), and standard care (Control). Participants were randomly assigned to treatment and followed for a period of 24 months. Clients in the IACT and ACTO programs were more satisfied with their treatment program and reported more days in stable housing than clients in the Control condition. There were no significant differences between treatment groups on psychiatric symptoms and substance use. The average total costs associated with the IACT and Control conditions were significantly less than the average total costs for the ACTO condition.

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**Title: Assertive Outreach: An Effective Strategy for Engaging Homeless Persons with Substance Use Disorders Into Treatment**

**Authors:** Fisk D, Rakfeldt J, McCormack E

**Source:** American Journal of Drug and Alcohol Abuse, 32(3):479-486, 2006.

**Summary:** The purpose of this study was to examine substance abuse treatment referrals that were made by outreach workers in a homeless outreach project. Ten outreach workers completed questionnaires on each of their clients who they had referred to a substance abuse treatment program over the previous year. Additional data was collected on the client's motivation level at the point the referral was made, which agencies the client was referred to, and if the client was rejected from any of the treatment programs. Bivariate correlation analyses were used to examine relationships between the variables. Of 73 project clients who were referred to substance abuse treatment in a one-year period of time, 41% successfully entered treatment. As might be expected, there was a statistically significant relationship between clients' motivation level and completed referral, and between referrals made and program acceptance. This study provides evidence that assertive outreach is effective in engaging and linking homeless persons with substance use disorders to substance abuse treatment services.