

# 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) January –March 2007. Summaries are categorized into themes which vary each quarter.

### SEXUAL HEALTH

**Title:** Sexually Transmitted Disease Rates and High-Risk Sexual Behaviors in Borderline Personality Disorder versus Borderline Personality Disorder with Substance Use Disorder

**Authors:** Chen EY, Brown MZ, Lo TTY, Linehan MM

**Source:** Journal of Nervous and Mental Disease, 195(2):125-129, Feb 2007.

**Summary:** We examined the rates of sexually transmitted diseases (STDs) in women with borderline personality disorder (BPD) (using PDE and SCID-II) and substance abuse or dependence (SCID-I) (BPD-SUD) (N = 82) compared with those with BPD-only (N = 102), exploring mediators of this relationship. Participants were interviewed about STD history (gonorrhea, genital herpes, syphilis, trichomonas, human papillomavirus, and HIV), condom use, number of sexual partners, poverty, and prostitution. BPD-SUD appeared to be particularly at high risk for STDs, reporting significantly more STDs than BPD, particularly for gonorrhea, trichomonas, and human papillomavirus. The relationship between BPD-SUD and STDs is mediated by poverty, prostitution in the last year, recent unprotected sex with two or more partners, and > 20 lifetime partners, with prostitution alone making a significant contribution to this relationship.

**Title:** Sexual Health of Homeless Youth: Prevalence and Correlates of Sexually Transmissible Infections

**Authors:** Tyler KA, Whitbeck LB, Chen X, Johnson K

**Source:** Sexual Health, 4(1):57-61, Mar 2007.

**Summary:** The study examined risk factors for having ever contracted sexually transmissible infections (STI) among a high-risk sample in midwestern USA. A cross sectional survey was conducted among 428 homeless youth aged 16-19 years. Assessed correlates included child maltreatment, street exposure, sexual

histories, street experiences and substance use. Multivariate analyses revealed that males were 86% less likely to have had STI compared with females. Blacks were almost four times more likely and other races were over two times more likely to have had STI compared with whites. For every one unit increase in the number of times youth ran away, there was a 3% increase in the likelihood of ever having had an STI. For every one unit increase in frequency of condom use there was a 61% decrease in the likelihood of an STI. Finally, youth who traded sex were approximately 2.5 times more likely to have had STI compared with youth who did not trade sex. None of the remaining correlates approached multivariate significance. The amount of time youth spend on the street, their sexual practices, and their subsistence strategies are important correlates of STI and females and non-whites are particularly vulnerable among this high-risk population.

**Title:** Community-Based Rapid HIV Testing in Homeless and Marginally Housed Adults in San Francisco

**Authors:** Bucher JB, Thomas KM, Guzman D, Riley E, Dela Cruz N, Bangsberg DR

**Source:** HIV Medicine, 8(1):28-31, Jan 2007.

**Summary:** Standard two-step HIV testing is limited by poor return-for-results rates and misses high-risk individuals who do not access conventional testing facilities. We describe a community-based rapid HIV testing programme in which homeless and marginally housed adults recruited from shelters, free meal programmes and single room occupancy hotels in San Francisco received OraQuick Rapid HIV-1 Antibody testing. Over 8 months, 1614 adults were invited to participate and 1213 (75.2%) underwent testing. HIV seroprevalence was 15.4% (187 of 1213 individuals) overall and 3.5% (37 of 1063) amongst high-risk individuals reporting no previous testing, a prior negative test, or previous testing without result disclosure. All 1213 participants received their results. Of 30 newly diagnosed persons who received confirmatory results, 26 (86.7%) reported at least one contact with a primary healthcare provider in the 6 months following diagnosis. We conclude that community-based rapid testing is feasible, acceptable and effective based on the numbers of high-risk persons tested over a short period, the participation rate, the prevalence of new infection, the rate of result disclosure, and the proportion linked to care.

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**Title: Attachment and Sexual Health Behaviors in Homeless Youth**

**Authors:** Taylor-Seehafer M, Johnson R, Rew L, Fouladi RT, Land L, Abel E

**Source:** Journal for Specialists in Pediatric Nursing, 12(1):3748, Jan 2007.

**Summary:** To explore relationships and group differences in attachment-related constructs (social connectedness and social support) and sexual health behaviors in a sample of homeless youth. An exploratory design, this study analyzed baseline data from an ongoing intervention study. Survey data were collected by audio, computer-assisted self-interview (A-CASI) from a nonprobability sample of homeless youth (n = 176). Social connectedness was positively correlated with period of time homeless, while social support was positively related to sexual self-concept and to self-efficacy and intention to use condoms. The street group that homeless youth identify with may be a potential resource for peer-mentoring and skill-building regarding healthy sexual behavior.

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**Title: Substance Abuse as a Risk Factor for HIV Sexual Risk Behavior among Persons with Severe Mental Illness: Review of Evidence and Exploration of Mechanisms**

**Authors:** Meade CS, Weiss RD

**Source:** Clinical Psychology-Science and Practice, 14(1):23-33, Mar 2007.

**Summary:** Persons with severe mental illness (SMI) comprise a growing proportion of the HIV-infected population, likely fueled by high rates of substance abuse. This article documents the rate of HIV infection among persons dually diagnosed with SMI and substance use disorders (SUDs) and reviews empirical studies examining the association between substance abuse and sexual risk behavior. It then discusses potential mechanisms through which substance abuse might relate to sexual risk behavior, including additive/synergistic effects of SMI and SUD. The evidence suggests that dually diagnosed persons are at high risk for HIV, yet little is known about how substance abuse contributes to sexual risk behavior. Directions for future research and recommendations for clinical practice are outlined.

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**Title: Impact of Marriage on HIV/AIDS Risk Behaviors among Impoverished, At-Risk Couples: A Multilevel Latent Variable Approach**

**Authors:** Stein JA, Nyamathi A, Ullman JB, Bentler PM

**Source:** AIDS and Behavior, 11(1):87-98, Jan 2007.

**Summary:** Studies among normative samples generally demonstrate a positive impact of marriage on health behaviors and other related attitudes. In this study, we examine the impact of marriage on HIV/AIDS risk behaviors and attitudes among impoverished, highly stressed, homeless couples, many with severe substance abuse problems. A multilevel analysis of 368 high-risk sexually intimate married and unmarried heterosexual couples assessed individual and couple-level effects on social support, substance use problems, HIV/AIDS knowledge, perceived HIV/AIDS risk, needle-sharing, condom use, multiple sex partners, and HIV/AIDS testing. More variance was explained in the protective and risk variables by couple-level latent variable predictors than by individual latent variable predictors, although some gender effects

were found (e.g., more alcohol problems among men). The couple-level variable of marriage predicted lower perceived risk, less deviant social support, and fewer sex partners but predicted more needle-sharing.

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**Title: Characteristics and HIV Risk Behaviors of Homeless, Substance-Using Men who have Sex with Men**

**Authors:** Reback CJ, Kamien JB, Amass L

**Source:** Addictive Behaviors, 32(3):647-654, Mar 2007.

**Summary:** During January and February 2003, 20 non-treatment seeking homeless, substance-using MSM accessing community-based prevention services in West Hollywood, California were assessed to characterize demographics, addiction and psychiatric severity using structured and semi-structured clinical interviews, and high-risk drug and sexual behavior. Participants averaged 37 years old, were mostly Caucasian/white (65%) and most identified as bisexual (58%) or gay (37%). Self-reported HIV seroprevalence was 21%. Most (53%) exchanged sex for money and/or drugs within the previous 30 days. All were diagnosed with current DSM-IV Substance Dependence Disorders, primarily alcohol (62%), amphetamine (57%), cocaine (52%), and marijuana (38%). Participants reported many (35.7) positive psychiatric symptoms on the Brief Symptom Inventory and averaged moderate Beck Depression Inventory scores (19.1). Most (75%) met criteria for Mood Disorder, 33% for Major Depressive Disorder, 43% for Antisocial Personality Disorder and averaged low (48.5) Global Assessment of Functioning scores. While the small convenience sample limits generalizability of the findings, these data provide an opportunity to gain insight into this at-risk population and, thereby, assess appropriate intervention strategies.

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**Title: Diagnostic and Other Correlates of HIV Risk Behaviors in a Probability Sample of Homeless Adults**

**Authors:** Forney JC, Lombardo S, Toro PA

**Source:** Psychiatric Services, 58(1):92-99, Jan 2007.

**Summary:** This study assessed the relationship between psychiatric disorders, including substance abuse and dependence, and risk behaviors for contracting HIV. A probability sample of 218 homeless men and women were recruited from food programs and shelters assisting homeless individuals in an urban metropolitan community. Mood disorders, schizophrenia, and substance abuse and dependence diagnoses were assessed with the Diagnostic Interview Schedule (version 3A). Level of sexual activity and HIV risk behaviors (such as history of sexually transmitted diseases, ratio of protected sex, trading sex for money or drugs, sex with a prostitute, and sex under the influence of alcohol or drugs) also were measured. Substance abuse and dependence and the length of the homelessness episode at baseline were associated with the highest risk of engaging in HIV risk behaviors. However, there was no relationship between mood disorders, schizophrenia, and HIV risk behaviors. This study provides evidence that individuals who are homeless for extended periods and have a diagnosis of substance abuse or dependence may be especially vulnerable to engaging in risky sexual behaviors and contracting HIV. The findings highlight the importance of tailoring treatment programs to the specific needs of homeless individuals.

## NURSING

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### **Title: Nurses on a Mission: A Professional Service Learning Experience with the Inner-City Homeless**

**Author:** Lashley M

**Source:** Nursing Education Perspectives, 28(1):24-6, Jan-Feb 2007.

**Summary:** Nursing students can play a vital role in addressing the health care needs of the homeless. Through professional service learning experiences in community-based settings, students learn how to partner with key community leaders and agencies to meet the needs of underserved populations and provide culturally competent care to diverse populations. This article describes the development of a professional service learning experience with the homeless in which a community-academic partnership was created to meet community needs. In an era of declining health care resources, such innovative partnerships serve to reduce health disparities and improve access to care while preparing students for community-based practice with at-risk and vulnerable populations.

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## SERVICE INTEGRATION

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### **Title: Integrating Behavioral Health Services for Homeless Mothers and Children in Primary Care**

**Authors:** Weinreb L, Nicholson J, Williams V, Anthes F

**Source:** The American Journal of Orthopsychiatry, 77(1):142-52, Jan 2007.

**Summary:** This article describes an innovative trauma-informed care management model in which mental health, substance abuse, and support services are integrated for homeless families in primary care. The rationale for service integration in a health care setting is discussed and the conceptual underpinnings of the model are elaborated, drawing from the literature and clinical experience. Service encounter data collected by each staff member over a 1-year period (N = 7,214 encounters) allow for description of program functions and provider roles and activities, an essential step in developing the fidelity indicators necessary for future program replication and rigorous testing in additional settings. The feasibility of implementing an integrated set of services for homeless families in primary care is demonstrated. Practice, training, and research implications are discussed.

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### **Title: The Allegheny Initiative for Mental Health Integration for the Homeless: Integrating Heterogeneous Health Services for Homeless Persons**

**Authors:** Gordon AJ, Montlack ML, Freyder P, Johnson D, Bui T, Williams J; Aim-High Team

**Source:** American Journal of Public Health, 97(3):401-415, Mar 2007.

**Summary:** The Allegheny Initiative for Mental Health Integration for the Homeless (AIM-HIGH) was a 3-year urban initiative in Pennsylvania that sought to enhance integration and coordination of medical and behavioral services for homeless persons through system-, provider-, and client-level interventions. On a system level, AIM-HIGH established partnerships between several key medical and behavioral health agencies. On a provider level, AIM-HIGH conducted 5 county-wide conferences regarding homeless integration, attended by 637 attendees from 72 agencies. On a

client level, 5 colocated medical and behavioral health care clinics provided care to 1986 homeless patients in 4084 encounters, generating 1917 referrals for care. For a modest investment, AIM-HIGH demonstrated that integration of medical and behavioral health services for homeless persons can occur in a large urban environment.

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## MORTALITY AND END-OF LIFE CARE

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### **Title: Dying on the Streets: Homeless Persons' Concerns and Desires about End of Life Care**

**Authors:** Song J, Bartels DM, Ratner ER, Alderton L, Hudson B, Ahluwalia JS

**Source:** Journal of General Internal Medicine, 22(4):435-41, Apr 2007.

**Summary:** There is little understanding about the experiences and preferences at the end of life (EOL) for people from unique cultural and socioeconomic backgrounds. Homeless individuals are extreme examples of these overlooked populations; they have the greatest risk of death, encounter barriers to health care, and lack the resources and relationships assumed necessary for appropriate EOL care. Exploring their desires and concerns will provide insight for the care of this vulnerable and disenfranchised population, as well as others who are underserved. This is a qualitative study utilizing focus groups. Participants included fifty-three homeless persons recruited from agencies providing homeless services. In-depth interviews were audiotaped and transcribed. We present 3 domains encompassing 11 themes arising from our investigation, some of which are previously unreported. Homeless persons worried about dying and EOL care; had frequent encounters with death; voiced many unique fears, such as dying anonymously and undiscovered; favored EOL documentation, such as advance directives; and demonstrated ambivalence towards contacting family. They also spoke of barriers to EOL care and shared interventions to improve dying among the very poor and estranged. Homeless persons have significant personal experience and feelings about death, dying, and EOL care, much of which is different from those previously described in the EOL literature about other populations. These findings have implications not only for homeless persons, but for others who are poor and disenfranchised.

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### **Title: Risk of Mortality during Four Years after Substance Detoxification in Urban Adults**

**Authors:** Saitz R, Gaeta J, Cheng DM, Richardson JM, Larson MJ, Samet JH

**Source:** Journal of Urban Health, 84(2):272-82, Mar 2007.

**Summary:** The objective of this analysis was to assess the mortality rate and risk factors in adults, with substance dependence, who are not receiving primary medical care (PC). Date and cause of death were identified using the National Death Index data and death certificates for 470 adults without PC over a period of almost 4 years after detailed clinical assessment after detoxification. Factors associated with risk of mortality were determined using stepwise Cox proportional hazards models. Subjects were 76% male, 47% homeless, and 47% with chronic medical illness; 40% reported alcohol, 27% heroin, and 33%

cocaine as substance of choice. Median age was 35. During a period of up to 4 years, 27 (6%) subjects died. Median age at death was 39. Causes included: poisoning by any substance (40.9% of deaths), trauma (13%), cardiovascular disease (13.6%), and exposure to cold (9.1%). The age adjusted mortality rate was 4.4 times that of the general population in the same city. Among these individuals without PC in a detoxification unit, risk factors associated with death were the following: drug of choice; past suicide attempt; persistent homelessness; and history of any chronic medical illness. Receipt of primary care was not significantly associated with death. Risk of mortality is high in patients with addictions and risk factors identifiable when these patients seek help from the health care system (i.e., for detoxification) may help identify those at highest risk for whom interventions could be targeted.

#### **FOOD/NUTRITION**

**Title: Fast Food: Friendly?**

**Authors:** Rice S, McAllister EJ, Dhurandhar NV

**Source:** International Journal of Obesity advance online publication, 6 March 2007.

**Summary:** Fast food is routinely blamed for the obesity epidemic and consequentially excluded from professional dietary recommendations. However, several sections of society including senior citizens, low-income adult and children, minority and homeless children, or those pressed for time appear to rely on fast food as an important source of meals. Considering the dependence of these nutritionally vulnerable population groups on fast food, we examined the possibility of imaginative selection of fast food, which would attenuate the potentially unfavorable nutrient composition. We present a sample menu to demonstrate that it is possible to design a fast food menu that provides reasonable level of essential nutrients without exceeding the caloric recommendations. We would like to alert health-care professionals that fast food need not be forbidden under all circumstances, and that a fresh look at the role of fast food may enable its inclusion in meal planning for those who depend on it out of necessity, while adding flexibility.

#### **SPIRITUAL HEALTH**

**Title: Self-transcendence and Well-Being in Homeless Adults**

**Authors:** Runquist JJ, Reed PG

**Source:** Journal of Holistic Nursing, 25(1):5-13, Mar 2007.

**Summary:** This study examines the relationships of spiritually and physically related variables to well-being among homeless adults. A convenience sample of 61 sheltered homeless persons completed the Spiritual Perspective Scale, the Self-Transcendence Scale, the Index of Well-Being, and items measuring fatigue and health status. The data were subjected to correlational and multiple regression analysis. Positive, significant correlations were found among spiritual perspective, self-transcendence, health status, and well-being. Fatigue was inversely correlated with health status and well-being. Self-transcendence and health status together explained 59% of the variance in well-being. The findings support Reed's theory of self-transcendence, in which there is the basic assumption that human beings have the potential to integrate

difficult life situations. This study contributes to the growing body of evidence that conceptualizes homeless persons as having spiritual, emotional, and physical capacities that can be used by health care professionals to promote well-being in this vulnerable population.

#### **INJURY PREVENTION TECHNOLOGY**

**Title: Geomatics in Injury Prevention: The Science, the Potential and the Limitations**

**Authors:** Cusimano MD, Chipman M, Glazier RH, Rinner C, Marshall SP

**Source:** 10: Injury Prevention, 13(1):51-6, Feb 2007.

**Summary:** Geomatics describes the activities involved in acquiring and managing geographical data and producing geographical information for scientific, administrative and technical endeavors. As an emerging science, geomatics has a great potential to support public health. Geomatics provides a conceptual foundation for the development of geographic information systems (GIS), computerized tools that manage and display geographical data for analytical applications. As descriptive epidemiology typically involves the examination of person, place and time in the occurrence of disease or injury, geomatics and GIS can play an important role in understanding and preventing injury. This article provides a background to geomatics for those in the injury prevention field who are unfamiliar with spatial analysis. We hope to stimulate researchers and practitioners to begin to use geomatics to assist in the prevention of injury. The authors illustrate the potential benefits and limitations of geomatics in injury prevention in a non-technical way through the use of maps and analysis. By analysing the location of patients treated for fall injuries in Central Toronto using GIS, some demographic and land use variables, such as household income, age, and the location of homeless shelters, were identified as explanatory factors for the spatial distribution. By supporting novel approaches to injury prevention, geomatics has a great potential for efforts to combat the burden of injury. Despite some limitations, those with an interest in injury prevention could benefit from this science.

#### **ASTHMA**

**Title: Asthma among Homeless Children in New York City: An Update**

**Authors:** Grant R, Bowen S, McLean DE, Berman D, Redlener K, Redlener I

**Source:** American Journal of Public Health, 97(3):448-50, Mar 2007.

**Summary:** Homeless children in New York City had an extremely high asthma prevalence 40% in a cross-sectional study at 3 shelters (n=740) during 1998 to 1999. We used the same protocol to summarize subsequent data through December 2002. Asthma prevalence was 33% (n=1636); only 15% of the children previously diagnosed were taking an asthma controller medication. Emergency department use was 59%. These data were used to support a class action lawsuit that was resolved in favor of homeless children with asthma in New York City.

## HOUSING

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### **Title: Housing Patterns and Correlates of Homelessness Differ by Gender among Individuals Using San Francisco Free Food Programs**

**Authors:** Riley ED, Weiser SD, Sorensen JL, Dilworth S, Cohen J, Neilands TB

**Source:** Journal of Urban Health, Jan 30 2007 [Epub ahead of print].

**Summary:** Homeless individuals experience high rates of morbidity and mortality, yet many homeless studies include small percentages of female participants. We therefore sought to determine correlates of homelessness separately for men and women in a sample of individuals visiting free food programs. Between August 2003 and April 2004, 324 individuals were recruited from San Francisco free food programs and interviewed regarding housing, sociodemographics, health, drug use, sex trade, and incarceration. Over one-half of women and almost three-fourths of men reported homelessness in the prior year. Among women, white race, younger age, not living with minor children, engaging in sex trade and recent incarceration were strongly associated with homelessness; however, only incarceration maintained the strong association in adjusted analysis. Among men, heavy alcohol use, drug use, years spent living in San Francisco and monthly income were strongly associated with homelessness; however, only years living in San Francisco and monthly income maintained strong association in adjusted analysis. Housing patterns and the strongest correlates of homelessness among individuals visiting free food programs differ by sex. These results suggest the need to characterize homelessness and develop effective homeless interventions separately for men and women.

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### **Title: Impact of Supported Housing on Clinical Outcomes: Analysis of a Randomized Trial using Multiple Imputation Technique**

**Authors:** Cheng AL, Lin H, Kaspro W, Rosenheck RA.

**Source:** The Journal of Nervous and Mental Disease, 195(1):83-8, Jan 2007.

**Summary:** In 1992, the US Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) Program to provide integrated clinical and housing services to homeless veterans with psychiatric and/or substance abuse disorders at 19 sites. At four sites, 460 subjects were randomly assigned to one of the three groups: (1) HUD-VASH, with both Section 8 vouchers and intensive case management; (2) case management only; and (3) standard VA care. A previous publication found HUD-VASH resulted in superior housing outcomes but yielded no benefits on clinical outcomes. Since many participants missed prescheduled visits during the follow-up period and follow-up rates were quite different across the groups, we reanalyzed these data using multiple imputation statistical methods to account for the missing observations. Significant benefits were found for HUD-VASH in drug and alcohol abuse outcomes that had not previously been identified.

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### **Title: From Principles to Practice: A Study of Implementation of Supported Housing for Psychiatric Consumers**

**Authors:** Wong YLI, Filoromo M, Tennille J

**Source:** Administration and Policy in Mental Health and Mental Health Services Research, 34(1):13-28, Jan 2007.

**Summary:** In the post-deinstitutionalization era, supported housing has emerged as a housing and service approach considered most conducive to the goal of consumer empowerment and community integration. Although prior research found beneficial effects of supported housing, little empirical work has been done on identifying the gaps between the principles and practice of supported housing. Using multiple data sources on 27 supported independent living (SIL) programs for psychiatric consumers in a large metropolitan community, this paper examines the extent to which these programs are implemented in accordance with supported housing. Findings suggest consistency with as well as deviation from the supported housing approach in regard to consumer choice, typical and normalized housing, resource accessibility, consumer control and provision of individualized and flexible support. This study suggests methods for assessing housing programs for psychiatric consumers along these domains. Implications for the development of housing programs that promote consumer empowerment and community integration are discussed.

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### **Title: Housing Choice and Control, Housing Quality, and Control Over Professional Support as Contributors to the Subjective Quality of Life and Community Adaptation of People with Severe Mental Illness**

**Authors:** Nelson G, Sylvestre J, Aubry T, George L, Trainor J

**Source:** Administration and Policy in Mental Health and Mental Health Services Research, 34(2):89-100, Mar 2007.

**Summary:** This research examined two premises of supported housing: (a) that consumer choice/control over housing and support and the quality of housing are important contributors to the subjective quality of life and adaptation to community living of people with mental illness, and (b) that apartments provide mental health consumers with more choice/control over housing and support than group living arrangements. To test these two hypotheses, we collected data from participants with mental illness housed through a government initiative in Ontario, Canada. A total of 130 participants completed a baseline interview, and 91 of those participants also completed a follow-up interview 9-months later. Support was found for both hypotheses. The results were discussed in terms of the paradigm of supported housing, previous research, and implications for housing policy and program development in the community mental health sector.

## HEALTH STATUS AND SERVICE USE

### Title: Homelessness, Health Status, and Health Care Use

Authors: Schanzer B, Dominguez B, Shrout PE, Caton CL

Source: American Journal of Public Health, 97(3):464-469, Mar 2007.

Summary: Little is known about the health status of those who are newly homeless. We sought to describe the health status and health care use of new clients of homeless shelters and observe changes in these health indicators over the study period. We conducted a longitudinal study of 445 individuals from their entry into the homeless shelter system through the subsequent 18 months. Disease was prevalent in the newly homeless. This population accessed health care services at high rates in the year before becoming homeless. Significant improvements in health status were seen over the study period as well as a significant increase in the number who were insured. Newly homeless persons struggle under the combined burdens of residential instability and significant levels of physical disease and mental illness, but many experience some improvements in their health status and access to care during their time in the homeless shelter system.

### Title: Healthcare Barriers among Severely Mentally Ill Homeless Adults: Evidence from the Five-site Health and Risk Study

Authors: Kim MM, Swanson JW, Swartz MS, Bradford DW, Mustillo SA, Elbogen EB

Source: Administration and Policy in Mental Health, 9 Feb 2007 [Epub ahead of print].

Summary: Few studies have examined barriers to physical and mental healthcare among homeless mentally ill adults. This study examined physical and mental healthcare barriers reported by 154 recently homeless mentally ill persons. Practical concerns (e.g. transportation and cost) were key components of barriers to accessing general medical care among uninsured men with poorer overall mental health, PTSD, and STD infections. Perceived stigma was an important component of mental healthcare barriers reported most frequently by those with greater psychiatric symptoms. Focusing on individual characteristics underlying barriers to healthcare may lead to better interventions for improving access to needed care.

## RISK FOR HOMELESSNESS

### Title: Risk Factors for First-Time Homelessness in Low-Income Women

Authors: Lehmann ER, Kass PH, Drake CM, Nichols SB

Source: American Journal of Orthopsychiatry, 77(1):20-28, 2007.

Summary: Determinants of first-time homelessness were evaluated in Sacramento, California and Lehigh Valley, Pennsylvania. First-time homeless women had more cumulative risks for homelessness than low-income never-homeless women, even with the putative advantage of higher levels of education. Solutions to homelessness should address more than one dimension of risk.

## VETERANS

### Title: Implementation of Supported Employment for Homeless Veterans with Psychiatric or Addiction Disorders: Two-Year Outcomes

Authors: Rosenheck RA, Mares AS, Alvin S

Source: Psychiatric Services, 58(3):325-333, Mar 2007.

Summary: There has been growing interest in the dissemination of supported employment, but few studies have used a control group to examine the benefits of multisite dissemination efforts for clients or have addressed the needs of homeless persons with psychiatric disorders, addiction disorders, or both. This study examined a low-intensity training approach for implementing the individual placement and support (IPS) model at nine Department of Veterans Affairs (VA) programs and compared client outcomes before (phase 1) and after (phase 2) the program was implemented (phase 1). Special funds and sustained training, which was based primarily on teleconferencing, were used to support implementation of the IPS model of supported employment at nine VA programs for homeless veterans. A comparison cohort (phase 1) N=308 was recruited from the nine sites before IPS was implemented. A postimplementation cohort (phase 2) (N=321) was recruited at the same sites and offered IPS. Mixed models were used to compare quarterly employment outcomes over two years in phase 1 and phase 2, adjusting for significant baseline differences (N=629). Measures of both client-level service delivery and site-level fidelity to IPS suggest that implementation was successful at most, but not all, sites. Overall, compared with veterans in the phase 1 group, those in the phase 2 group had a better long-term work history at the time of program entry. When the analyses controlled for baseline differences, the mean number of competitive employment days per month over the two-year follow-up period was 15% higher for veterans in phase 2 and the mean number of days housed during follow-up was also higher in phase 2, but there were no differences for other outcome measures. A sustained training program can be used to implement IPS in systems that have had little past experience with this approach. This effort was associated with improved employment outcomes and more rapid housing placement.

## TUBERCULOSIS (TB)

### Title: A Targeted Testing Program for Tuberculosis Control and Prevention among Baltimore City's Homeless Population

Author: Lashley M

Source: Public Health Nursing, 24(1):34-9, Jan-Feb 2007.

Summary: The objective of this study was to identify cases of latent tuberculosis infection (LTBI) and improve access to TB treatment among the inner-city homeless. This is an intervention study describing the impact of a public health program on TB prevention and control. The target population for the project was residents and recent graduates of a residential addictions recovery program in a faith-based, inner-city mission. Faculty and student nurses administered purified protein derivative (PPD) tuberculin skin tests and TB symptom assessments on site to homeless Mission residents. Residents testing positive for TB infection were referred to the local city health department for follow-up. Residents placed on prophylactic therapy received intensive

tracking and coaching interventions to encourage adherence to the 9-month regimen. Ninety-eight percent of the target population was screened for LTBI. Ninety percent of residents requiring treatment for LTBI successfully accessed treatment services. Thirty-three percent of residents completed at least 6 months of treatment. The program demonstrated a modest improvement in treatment completion among the inner-city homeless when compared with local City Health Department treatment completion rates. This program demonstrates how a faith-based organization, an academic institution, and local government can successfully partner together to meet community needs.

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**Title: Latent Variable Assessment of Outcomes in a Nurse-Managed Intervention to Increase Latent Tuberculosis Treatment Completion in Homeless Adults**

**Authors:** Nyamathi A, Stein JA, Schumann A

**Source:** Health Psychology, 26(1):68-76, Jan 2007.

**Summary:** The study objective was to assess predictors of latent tuberculosis infection (LTBI) completion by using structural equation modeling (SEM) among homeless adults, a group at great risk for LTBI and active tuberculosis (TB). LTBI therapy is effective in stemming the progression to active TB, yet treatment adherence among homeless persons is difficult to attain. By using SEM, the authors assessed predictors of LTBI completion among a sample of 494 homeless adults in Los Angeles, CA, who received either a nurse case-managed program (NCM) or a usual care program. Latent variables were created with the baseline variables of site type, age, intervention status, dissatisfaction with health care, depression, TB risk assessment, alcohol use, heroin or cocaine use, and TB knowledge. Outcome variables included many of the same baseline variables as well as treatment completion. LTBI treatment completion (100% adherence) was significantly and positively associated with participation in NCM, older age, and less heroin or cocaine use. NCM also predicted greater TB knowledge, greater ease of treatment, and more satisfaction with treatment (NCM completion rate = 64%, control rate = 42%). The culturally competent NCM program, combined with active tracking and incentives, was successful in a difficult-to-treat and highly transient population.

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**PEDIATRIC HEALTH CARE**

**Title: Community versus Individual-Level Indicators to Identify Pediatric Health Care Need**

**Author:** Zlotnick C

**Source:** Journal of Urban Health, 84(1):45-59, Jan 2007.

**Summary:** Increasingly, geographic information systems employing spatial data are being used to identify communities with poorer health care status. Since health care indicators are strongly linked to income, could these data, usually based on adult indicators, be used for pediatric health care need? We hypothesized that individual-level indicators such as quality of life scales (QOL) would be better than community-level indicators at identifying families with poorer health care practices. Surveys and medical record reviews were used for a sample of 174 caregivers of young children. Lower level of income was associated with poorer scores on several QOL domains, and on the primary health practices

(i.e., non-urgent emergency room use and lack of age-appropriate immunization status). One community-level indicator, the medically underserved area (MUA), was almost as good as the best individual-level indicators at predicting primary health care practices. The community-level indicator of MUA appears to meet its initial intent, providing information on the location of very low-income individuals with high health care need even among a sample of Medicaid-insured children with an identified health care provider.

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**INTIMATE PARTNER VIOLENCE**

**Title: Intimate Partner Violence and Housing Instability**

**Authors:** Pavao J, Alvarez J, Baumrind N, Induni M, Kimerling R

**Source:** American Journal of Preventive Medicine, 32(2):143-146, Feb 2007.

**Summary:** The mental and physical health consequences of intimate partner violence (IPV) have been well established, yet little is known about the impact of violence on a woman's ability to obtain and maintain housing. This cross-sectional study examines the relationship between recent IPV and housing instability among a representative sample of California women. It is expected that women who have experienced IPV will be at increased risk for housing instability as evidenced by: (1) late rent or mortgage, (2) frequent moves because of difficulty obtaining affordable housing, and/or (3) without their own housing. Data were taken from the 2003 California Women's Health Survey, a population-based, random-digit-dial, annual probability survey of adult California women (N = 3619). Logistic regressions were used to predict housing instability in the past 12 months, adjusting for the following covariates; age, race/ethnicity, education, poverty status, marital status, children in the household, and past year IPV. Results: In the multivariate model, age, race/ethnicity, marital status, poverty, and IPV were significant predictors of housing instability. After adjusting for all covariates, women who experienced IPV in the last year had almost four times the odds of reporting housing instability than women who did not experience IPV. This study found that IPV was associated with housing instability among California women. Future prospective studies are needed to learn more about the nature and direction of the relationship between IPV and housing instability and the possible associated negative health consequences.

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**RACIAL DISPARITIES**

**Title: A Multilevel Decomposition Approach to Estimate the Role of Program Location and Neighborhood Disadvantage in Racial Disparities in Alcohol Treatment Completion**

**Authors:** Jacobson JO, Robinson P, Bluthenthal RN

**Source:** Social Science and Medicine, 64(2):462-276, Jan 2007.

**Summary:** Large racial disparities in completion rates from substance abuse treatment programs in urban settings remain largely unexplained, although evidence is accumulating that neighborhood conditions may influence individual substance abuse patterns and consequences. Understanding racial disparities in alcohol treatment completion, in particular, is crucial to resolving health disparities because racial/ethnic minorities bear a disproportionate burden of alcohol-related health consequences.

Patient records for all non-homeless African American (N = 1677), Hispanic (N = 1635), and white (N = 1216) alcohol outpatients, ages 18 or older, discharged during 1998-2000 from publicly funded treatment programs in Los Angeles County, the second largest system of publicly funded substance abuse treatment in the United States, were combined with census data. We tested the hypothesis that racial differences in treatment completion are related to differences in neighborhood context, particularly neighborhood-level disadvantage. Estimates from multilevel statistical models indicate that treatment neighborhood disadvantage is independently associated with treatment completion after controlling for patient characteristics and facility- and zip code-level random effects. Results of a Oaxaca decomposition of the regression estimates indicate that racial differences in treatment neighborhood disadvantage account for 32.3% of African American-white differences in treatment completion. Hispanic-white differences in completion, and the effect of home neighborhood disadvantage on completion, were non-significant. We conclude that the location of publicly funded alcohol treatment programs is related to racial disparities in treatment completion, but additional research is necessary to understand the mechanism behind this association.

#### **DRUG TREATMENT**

##### **Title: Treatment Entry and Predictors among Opiate-Using Injection Drug Users**

**Authors:** Corsi KF, Kwiatkowski CF, Booth RE

**Source:** American Journal of Drug and Alcohol Abuse, 33(1):121-127, Jan 2007

**Summary:** This study examines entry into drug treatment among 491 street-recruited injection drug users in Denver, Colorado. The primary outcome was treatment entry within 6 months. Univariate tests were run using chi-square t-test analyses. Significant variables were included in a multiple logistic regression. Results showed that having more outreach contacts, not being homeless, having fewer problems with alcohol but more problems with drugs, and the contemplation or determination stage of change were associated with entering treatment. The identification of predictors of treatment entry may be useful for treatment centers in engaging certain populations of drug users. Behavioral interventions are an important tool in recruiting drug injectors into treatment.

##### **Title: Treating Homeless Opioid Dependent Patients with Buprenorphine in an Office-Based Setting**

**Authors:** Alford DB, LaBelle CT, Richardson JM, O'Connell JJ, Hohl CA, Cheng DM, Samet JH

**Source:** Journal of General Internal Medicine, 22(2):171-176, Feb 2007.

**Summary:** Although office-based opioid treatment with buprenorphine (OBOT-B) has been successfully implemented in primary care settings in the US, its use has not been reported in homeless patients. This study aims to characterize the feasibility of OBOT-B in homeless relative to housed patients. Study method was retrospective record review examining treatment failure, drug use, utilization of substance abuse treatment services, and intensity

of clinical support by a nurse care manager (NCM) among homeless and housed patients in an OBOT-B program between August 2003 and October 2004. Treatment failure was defined as elopement before completing medication induction, discharge after medication induction due to ongoing drug use with concurrent nonadherence with intensified treatment, or discharge due to disruptive behavior. Of 44 homeless and 41 housed patients enrolled over 12 months, homeless patients were more likely to be older, nonwhite, unemployed, infected with HIV and hepatitis C, and report a psychiatric illness. Homeless patients had fewer social supports and more chronic substance abuse histories with a 3- to 6-fold greater number of years of drug use, number of detoxification attempts and percentage with a history of methadone maintenance treatment. The proportion of subjects with treatment failure for the homeless (21%) and housed (22%) did not differ. At 12 months, both groups had similar proportions with illicit opioid use, utilization of counseling, and participation in mutual-help groups. At 12 months, 36% of the homeless group was no longer homeless. During the first month of treatment, homeless patients required more clinical support from the NCM than housed patients. Despite homeless opioid dependent patients' social instability, greater comorbidities, and more chronic drug use, office-based opioid treatment with buprenorphine was effectively implemented in this population comparable to outcomes in housed patients with respect to treatment failure, illicit opioid use, and utilization of substance abuse treatment.

#### **PTSD**

##### **Title: Gender Differences in Traumatic Events and Rates of Post-Traumatic Stress Disorder among Homeless Youth**

**Authors:** Gwadz MV, Nish D, Leonard NR, Strauss SM

**Source:** Journal of Adolescence, 30(1):117-129, Feb 2007.

**Summary:** In the present report we describe patterns of traumatic events and Post-traumatic Stress Disorder (PTSD), both partial and full, among homeless Youth and those at risk for homelessness, with an emphasis on gender differences. Participants were 85 homeless and at-risk youth (49% female) recruited from a drop-in center in New York City in 2000. Youth completed a structured interview lasting 1.5h. Rates of childhood maltreatment were Substantial. Further, almost all youth experienced at least one traumatic event, with most experiencing multiple types of trauma. Gender differences were found in the types, but not prevalence or magnitude, of childhood maltreatment and traumatic events experienced. Partial symptomatology of PTSD was common for females but not males. Symptoms of depression and anxiety were found to co-occur with PTSD for females, which may complicate treatment efforts. Further investigation of the impact of trauma on homeless males is needed.

## HOMELESS YOUTH

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**Title:** "You Have to Adapt Because You Have No Other Choice:"

### The Stories of Strength and Resilience of 208 Homeless Youth in New York City and Toronto

**Authors:** Kidd SA, Davidson L

**Source:** Journal of Community Psychology, 35(2):219-238, Mar 2007.

**Summary:** Presented in this paper are the results of a qualitative analysis of the narratives of 208 homeless youth interviewed on streets and in agencies in New York City and Toronto. The interviews focused on the participants' stories about their struggles to survive and negotiate meaningful and healthy lives in coming to the streets, living on the streets, and finding ways off the streets. Analysis of the narratives revealed shifts in the youths' senses of self/identity, and related understandings of agency, self-worth, value systems, and connectedness in their various efforts to adapt to a range of street and nonstreet contexts.

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**Title:** Stories of Working with Homeless Youth: On Being "Mind-Boggling"

**Authors:** Kidd SA, Miner S, Walker D, Davidson L

**Source:** Children and Youth Services Review, 29(1):16-34, Jan 2007.

**Summary:** This study examines the narratives of 15 youth workers on their experiences with service provision for homeless and street-involved youth. Workers discussed a need to have a versatile approach which can be tailored to an individual youth's circumstances. Establishing a connection based upon valuing, respecting, and liking a youth allows for the development of a trusting relationship which is essential for effective interventions. Also addressed was the social context of this work including relationships among staff, agency structure, and the impact of the stigmatization of homelessness. Lastly, the process of becoming an effective worker was addressed, including the establishment of clear boundaries, recognizing the rewarding aspects of the work, and avoiding burnout.

## RESEARCH AND POLICY

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**Title:** Waltzing with a Monster: Bringing Research to Bear on Public Policy

**Author:** Shinn M

**Source:** Journal of Social Issues, 63(1):215-231, 2007.

**Summary:** Social scientists who want their research to influence social policy would do well to work with executive branch agencies, especially at state and local levels. Agency administrators are ready to use social science theories and evidence if the social science is brought to them. The article offers six principles for work with administrative agencies: (1) individual leaders matter, (2) timing matters, (3) ideas matter, (4) costs, and who bears the costs matter, (5) government is not monolithic, and (6) one cannot control the uses to which data are put. Working with government is not unproblematic, but attending to these principles can help avoid some bruised toes.

## COMMUNITY-ACQUIRED MRSA

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**Title:** Community-Acquired Methicillin-Resistant Staphylococcus Aureus

**Author:** Elston DM

**Source:** Journal of the American Academy of Dermatology, 56(1):1-16, Jan 2007.

**Summary:** Published data confirm that community-acquired methicillin-resistant Staphylococcus aureus (MRSA) infections are increasing in incidence in both urban and rural settings. The statistical risk is higher for athletes, military personnel, prison inmates, intravenous drug abusers, the homeless, children in daycare, and certain Native American groups, but the infections are by no means restricted to these populations. Roughly 85% of the infections involve the skin and subcutaneous tissue, with the most common presentations being an abscess or folliculitis. The typical associated gene cassette is quite small and codes only for methicillin resistance. Abscesses generally respond to drainage.

## REPRESENTATIVE PAYEES

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**Title:** Does Assigning a Representative Payee Reduce Substance Abuse?

**Authors:** Rosen MI, McMahon TJ, Rosenheck R

**Source:** Drug and Alcohol Dependence, 86(2-3):115-122, Jan 2007.

**Summary:** Approximately 700,000 Social Security beneficiaries in the U.S. with psychiatric disabilities have been assigned a representative payee to manage their funds but it is unclear how those judged to need a payee differ from others and whether payee assignment improves clinical outcomes, especially substance abuse. Participants in this observational 12-month cohort Study (n = 1457) received SSI or SSDI and had serious mental illness. They were subsequently enrolled at eighteen community-based sites that provided Assertive Community Treatment. Social Security administrative records were used to determine whether a payee had been assigned. At baseline, participants who were assigned a payee were more likely to have schizophrenia and had more severe clinician-rated drug and alcohol use than those not assigned a payee. In GEE models that adjusted for these and other potentially confounding covariates, participants assigned a payee between 4 and 12 months after program entry subsequently used significantly more psychiatric services than participants not assigned payees but showed no greater reduction in substance use. Although substance use is associated with being assigned a payee, substance use does not decline substantially following payee assignment. Participants assigned payees made greater subsequent use of psychiatric services, suggesting the potential for benefit from payee assignment.

## HOMELESS IN BURN UNIT

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**Title:** Demographics of the Homeless in an Urban Burn Unit

**Authors:** Kowal-Vern A, Latenser BA

**Source:** Journal of Burn Care and Research, 28(1):105-110, Jan-Feb 2007.

**Summary:** There are few articles about the homeless in burn literature. We sought to determine the demographic characteristics of the homeless citizens admitted to an urban burn

center. This was a retrospective review from March 1999 to May 2004. Statistical analysis included  $\chi^2$  and one-way analysis of variance. There were 1615 burn admissions, and 73 (4.5%) of these patients were homeless. Although the %TBSA affected was similar for the homeless and domiciled patients, the mean (+/- SD) age of the homeless was 44 +/- 10 years and their length of stay was 15 +/- 15 days, compared with 31.22 years and 9.13 days, respectively, for the domiciled. Twenty-one (29%) of the 73 homeless were admitted for frostbite, vs 21 (1.4%) of the 1542 domiciled patients. Because of the frostbite, the majority (53%) arrived in the winter, compared with 15% in each of the other three seasons. The homeless had a higher frequency of acute and chronic ethanol and cocaine use than the domiciled population (21% vs. 6%). There was no significant difference between the homeless and the domiciled population in %TBSA affected, nutritional values, and assault frequency. More than half of the homeless patient admissions to the burn unit resulted from assault or frostbite. The homeless were mainly African-Americans and Caucasians, with a higher frequency of ethanol and cocaine use than in the domiciled burn population. Lack of discharge options for the homeless prolonged the average length of stay, leading to increased costs, often borne by the burn unit.

#### HOMELESS FATHERS

##### Title: A Qualitative Study of Homeless Fathers: Exploring Parenting and Gender Role Transitions

Authors: Schindler HS, Coley RL

Source: Family Relations, 56(1):40-51, Jan 2007.

Summary: The present qualitative research focuses on homeless fathers living with their children in family shelters. Data were collected through semistructured, face-to-face interviews with homeless fathers (n = 9) and shelter directors (n = 3). Findings suggest that how fathers made meaning of their experiences in a homeless shelter was related to contextual factors and constructions of masculinity. Contextual constraints deriving from unemployment, behavioral and psychological restrictions of shelters, and new parenting roles led men to reassess their parental and masculine role identities. Results further suggest that homeless shelters may provide a unique point for intervention services to assist poor fathers.