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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 now available at <http://www.nhchc.org/research.html#bibliographies>. This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from (approximately) October–December 2007. Summaries are categorized into themes which vary each quarter.

HOMELESS WOMEN

Title: Self-Efficacy Scale for Pap Smear Screening Participation in Sheltered Women

Authors: Hogenmiller JR, Atwood JR, Lindsey AM, Johnson DR, Hertzog M, Scott JC

Source: Nursing Research, 56(6):369-377, Nov-Dec 2007.

Summary: Sheltered, homeless women disproportionately experience cervical dysplasia and cervical cancer. Low rates of Pap smear screening contribute to late diagnosis with accompanying increased morbidity and mortality. Self-efficacy (SE) has been demonstrated to be predictive of several health behaviors, but limited evidence about SE for Pap smear screening exists. This study's objective was to develop, test, and refine the conceptually based Self-Efficacy Scale for Pap Smear Screening Participation (SES-PSSP). This correlational, descriptive study included a purposive sampling of sheltered women (N = 161). The 20-item SES-PSSP demonstrated acceptable initial validity and reliability. Reliability estimates of stability ($\geq 84\%$) and internal consistency ($\alpha = .95$) exceeded criteria. Content validity and construct validity were supported (e.g., common factor analysis and predictive model testing that included SE, decisional balance, knowledge regarding Pap smear screening, demographics, health-related behaviors, health status, and personal beliefs about risks for cervical cancer and dysplasia). Self-efficacy, decisional balance, illicit drug usage, and age predicted 28% of the variance in stages of change (precontemplation, contemplation, preparation, action, and maintenance) for Pap smear screening participation. The SES-PSSP provides a new scale for measuring SE pertinent to Pap smear screening participation in a vulnerable, ethnically diverse sample of sheltered, inner-city women. Validity testing demonstrated that the SE concept was predictive of Pap smear screening behavior, suggesting that SE-based interventions tailored to

the SES-PSSP subscale or total scores could increase screening. A 110-minute completion time supports feasibility for use in the clinic setting.

Title: Sexual Risk Among Impoverished Women:

Understanding the Role of Housing Status

Authors: Wenzel SL, Tucker JS, Elliott MN, Hambarsoomians K

Source: AIDS and Behavior, 11(6):S9-S20, Nov 2007.

Summary: HIV/AIDS increasingly affects women, and housing status is important to understanding HIV risk behaviors among women. The goal of this study is to enhance understanding of the association between housing status and a key sexual risk behavior, having multiple sex partners, by investigating the extent to which housing status differences can be accounted for by hypothesized explanatory factors. In a probability sample of 833 women in Los Angeles, results indicated that homeless African American and Hispanic women had from two to almost five times greater odds than low-income housed women of having multiple sex partners in the past 6 months. These disparities in risk behavior were accounted for by housing status differences in perceived susceptibility to HIV/AIDS, recent victimization by physical violence, drug use severity, and avoidant coping. Findings provide further evidence that interventions should address a multifaceted context of HIV risk for impoverished women.

Title: Safe Living: The Impact of Unstable Housing Conditions on HIV Risk Reduction Among Female Drug Users

Authors: Elifson KW, Sterk CE, Theall KP

Source: AIDS and Behavior, 11(6):S45-S55, Nov 2007.

Summary: The objectives of this article are to explore differences in HIV risk behaviors and subsequent risk reduction among female drug users based on their housing conditions. In addition, we investigate psychosocial characteristics as mediators. Data were collected from 336 adult women. Structured interviews were conducted at baseline and at 6-month follow-up. At baseline, women with unstable housing conditions reported higher levels of HIV drug and sex-related HIV risk behavior. In addition, their levels of behavioral change over time were lower. The findings also show the importance of expanding the stable housing condition into two categories thereby distinguishing between a woman's own and someone else's place. None of

the mediating factors were statistically significant and there was no moderation by intervention condition. The findings suggest that unstable housing conditions form a structural barrier to HIV risk reduction irrespective of the message. Future interventions should consider such conditions and the larger social context of the women's lives.

VOLUNTEERS

Title: Ethical Citizenship? Volunteers and the Ethics of Providing Services for Homeless People

Authors: Cloke P, Johnsen S, May J

Source: Geoforum, 38(6):1089-1101, Nov 2007.

Summary: This paper draws on wider research into the uneven spatialities of emergency services for homeless people in England, and focuses on the role of volunteers in staffing these spaces of care. In the first part of the paper, we explore the contemporary context of voluntarism, locating opportunities for volunteers in the shifting nature and character of organisations providing these services. We also trace conceptualisations of motivational underpinning of volunteering, arguing for the inseparability of giving and receiving in this context. These discussions frame the second part of the paper where we use interview and participant observation research to discuss what motivates volunteers to identify with and serve homeless people. The paper interprets the discourses, practices and performances of volunteering in services for homeless people in order to understand how volunteers are implicated in the co-construction of spaces of care.

MENTAL HEALTH

Title: The Role of Neurocognition and Social Context in Predicting Community Functioning among Formerly Homeless Seriously Mentally Ill Persons

Authors: Schutt RK, Seidman LJ, Caplan B, Martinskiv A, Goldfinger SM

Source: Schizophrenia Bulletin, 33(6): 1388-1396, Nov 2007.

Summary: This study aims to test the influence of neurocognitive functioning on community functioning among formerly homeless persons with serious mental illness and to determine whether that influence varies with social context, independent of individual characteristics. In metropolitan Boston, 112 persons in Department of Mental Health shelters were administered a neuropsychological test battery and other measures and then randomly assigned to empowerment-oriented group homes or independent apartments, as part of a longitudinal study of the effects of housing on multiple outcomes. Subjects' case managers completed Rosen's 5-dimensional Life Skills Inventory at 3, 6, 12, and 18 months and subjects reported on their social contacts at baseline, 6, 12, and 18 months. Subject characteristics are controlled in the analysis. Three dimensions of neurocognitive functioning-executive function, verbal declarative memory, and vigilance-each predicted community functioning. Better executive function predicted improved self-care and less turbulent behavior among persons living alone, better memory predicted more positive social

contacts for those living in a group home, and higher levels of vigilance predicted improved communication in both housing types. Neurocognition predicts community functioning among homeless persons with severe mental illness, but in a way that varies with the social context in which community functioning occurs.

Title: ACT and Recovery: Integrating Evidence-Based Practice and Recovery Orientation on Assertive Community Treatment Teams

Authors: Salyers MP, Tsemberis S

Source: Community Mental Health Journal, 43(6):619-641, Dec 2007.

Summary: We examine whether Assertive Community Treatment (ACT), a widely implemented and rigorously studied practice, can successfully incorporate a recovery-oriented approach while continuing to retain program fidelity. We briefly review the effectiveness of ACT as an evidence-based practice, with a focus on adaptations to changing populations and contexts. We explore philosophical similarities and differences between ACT and recovery and examine how fidelity standards, a widely used indicator of how ACT teams operate, support or interfere with the adoption of a recovery-oriented practice. Finally, we provide recommendations on how best to incorporate a recovery orientation into existing ACT teams.

Title: Social Determinants of Mental Health: The Missing Dimensions of Mental Health Nursing?

Authors: Lauder W, Kroll T, Jones M

Source: Journal of Psychiatric and Mental Health Nursing, 14(7):661-669, Oct 2007.

Summary: In this paper we explore how aspects of the social world may be linked to mental health and psychiatric morbidity and propose that conditions should be created which allow individuals and communities greater opportunities for self-care and self-management. Specifically the focus is on social connections, disability and homelessness and work stress. There is a clear policy direction pursued by many national governments and international organizations such as the World Bank to build healthy communities. The environment as it relates to health and well-being can be thought of in terms of physical and social dimensions. We will argue that self-care and self-management at both the individual and the community level, in partnership with economic and health policies, are necessary to effectively address social determinants. It will also be suggested that although many in the profession will make the usual refrain that this has little relevance to mental health nurses, the opposite may be the case as mental health nurses have an important, albeit ill-defined, role to play in tackling social determinants.

Title: Promoting the Sense of Self, Place, and Belonging in Displaced Persons: the Example of Homelessness

Author: Vandemark LM

Source: Archives of Psychiatric Nursing, 21(5):241-248, Oct 2007.

Summary: This article discusses the psychosocial impact of displacement using homelessness as an illustrative example of displacement. This article draws on the geography literature concerning the sense of space and place and on social theories of self-identity and belonging, notably Anthony Giddens' structuration theory. The impact of displacement is an important dimension of homelessness because it influences social and functional abilities that are relevant to reentry into homes and society. This article explains the relevance of these considerations in the care of displaced persons and emphasizes the role of place in determining identity and self-efficacy.

Title: Housing for People with Serious Mental Illness: A Comparison of Values and Research

Authors: Sylvestre J, Nelson G, Sabloff A, Peddle S

Source: American Journal of Community Psychology, 40(1-2):125-137, Sep 2007.

Summary: This article contrasts values associated with the delivery of housing programs for people with serious mental illness with the typical topics pertaining to housing that are studied by researchers. Six values were identified through a search and content analysis of the literature on housing for people with serious mental illness. A second review of the literature was conducted to identify research on housing for this population. A comparison of findings from the two reviews suggested that whereas values concerned with the therapeutic benefits of housing had received considerable research attention, those concerned with a citizenship dimension had received relatively little. The findings are discussed in terms of their implications for the delivery of housing services and for housing research.

Title: Is Supplying Homeless Individuals with Permanent Housing Effective? A Prospective Three Year Study on the Course of Mental Health Problems

Authors: Quadflieg N, Fichter MM

Source: Psychiatrische Praxis, 34(6):276-282, Sep 2007.

Summary: Description of the three-year course of mental illness after supplying permanent housing to homeless individuals. 109-male and 20 female homeless individuals were assessed at the assignment of permanent housing and at one and three year follow-up using the Structured Clinical Interview for DSM-IV. A high percentage (86%) was able to maintain or even improve the index housing situation. Only minor changes were observed in mental illness severity and global functioning. Symptoms improved slightly over the three year period. High degrees of alcohol consumption and mental illness severity increased the risk of deterioration of the housing arrangement. Supplying homeless individuals with permanent housing is an effective measure but insufficient

for improving mental illness. Combined measures of social and medical interventions from one provider are suggested for effective support of homeless people.

HIV AND HOUSING

Title: Residential Status as a Risk Factor for Drug Use and HIV Risk among Young Men Who Have Sex with Men

Authors: Kipke MD, Weiss G, Wong CF

Source: AIDS and Behavior, 11(6):S56-S69, Nov 2007.

Summary: There is growing behavioral and epidemiological evidence to suggest that young men who have sex with men (YMSM) are at high risk for becoming HIV-infected. Unfortunately, relatively little research has been conducted to examine the range of individual, social, and community-level factors that put these young men at increased risk. To address existing gaps in the literature, the Healthy Young Men's (HYM) Study was launched in Los Angeles to examine the range of factors associated with HIV risk and protective behaviors within an ethnically diverse sample of 526 YMSM recruited using a venue-based stratified probability sampling design. In this paper we present findings that demonstrate that YMSM who experience residential instability, who have been forced to leave their home because of their sexuality, and/or who are precariously housed are at significantly greater risk for drug use and involvement in HIV risk-related behaviors.

Title: Housing Stability Over Two Years and HIV Risk among Newly Homeless Youth

Authors: Rosenthal D, Rotheram-Borus MJ, Batterham P, Mallett S, Rice E, Milburn NG

Source: AIDS and Behavior, 11(6):831-841, Nov 2007.

Summary: The stability of living situation was examined as a predictor of young people's HIV-related sexual and drug use acts two years after leaving home for the first time. Newly homeless youth aged 12-20 years were recruited in Los Angeles County, California, U.S.A. (n = 261) and Melbourne, Australia (n = 165) and followed longitudinally at 3, 6, 12, 18, and 24 months. Their family history of moves and the type and frequency of moves over the two years following becoming newly homeless were examined. Regression analyses indicated that recent sexual risk two years after becoming newly homeless was not related to the instability of youths' living situations; condom use was higher among youth with more placements in institutional settings and among males. Drug use was significantly related to having moved more often over two years and Melbourne youth used drugs significantly more than youth in Los Angeles.

Title: Homelessness and HIV-Associated Risk Behavior among African American Men Who Inject Drugs and Reside in the Urban South of the United States

Authors: Salazar LF, Crosby RA, Holtgrave DR, Head S, Hadsock B, Todd J, Shouse RL

Source: AIDS and Behavior, 11(6):S70-S77, Nov 2007.

Summary: This study determined whether homeless injection drug users (IDUs) were more likely than stably housed IDUs to engage in HIV-associated risk behaviors. Respondent driven sampling was used to recruit 343 African American male IDUs. About 69% of men had been homeless in the past year and 13% were HIV positive. Controlling for age and income, homeless men as compared to stably housed men were 2.6 times more likely to report sharing needles, 2.4 times more likely to have 4 or more sex partners and 2.4 times more likely to have had sex with other men. Homeless men were also twice as likely to report having unprotected sex with a casual partner and about two-thirds less likely to report never using sterile needles. Self-reported HIV status was an effect modifier of these associations such that the observed relationships applied mostly only to men who were not knowingly HIV positive.

Title: Unstable Housing as a Factor for Increased Injection Risk Behavior at US Syringe Exchange Programs

Authors: Jarlais DCD, Braine N, Friedmann P

Source: AIDS and Behavior, 11(6):S78-S84, Nov 2007.

Summary: This study aimed to assess variation in injection risk behavior among unstably housed/homeless injecting drug users (IDUs) across programs in a national sample of US syringe exchange programs. About 23 syringe exchange programs were selected through stratified random sampling of moderate to very large US syringe exchange programs operating in 2001-2005. Subjects at each program were randomly sampled. Risk behavior interviews were collected using audio-computer assisted self-interviewing (A-CASI). "Unstable housing/homelessness" was operationally defined as having lived "on the street or in a shanty" or "living in a shelter or single room occupancy hotel (SRO)" at any time in the 6 months prior to the interview. "Receptive sharing" was operationally defined as having injected with a needle or syringe that "had been used by someone else" in the 30 days prior to the interview. Six very large and nine moderate-to-large programs had at least 50 subjects who reported unstable housing, and these 15 programs were used in the analyses. Results: There was considerable variation among the 15 programs in the percentages of unstably housed participants (range from 35 to 74%), and in the percentages of unstably housed participants who reported receptive sharing (range from 8 to 52%). At each of the 15 programs, unstably housed exchange participants were approximately twice as likely to report receptive sharing than were stably housed participants. The weighted mean odds ratio was 2.02, 95% confidence interval, 1.68-2.41 (random effects model) and there was no statistically significant variation in these

odds ratios. Across the 15 programs, receptive sharing among unstably housed participants was highly correlated with receptive sharing among stably housed participants. The programs clearly differ in the extent to which they are attracting unstably housed IDUs as participants. The consistency of more frequent injection risk behavior among unstably housed exchange participants and the lack of significant variation in the odds ratios for increased injection risk suggests that none of the programs were "better" or "worse" at reducing injection risk behavior among unstably housed participants. Reduction in injecting risk behavior among syringe exchange participants may require greater efforts to provide stable housing or the development of dramatically new interventions to reduce injecting risk behavior among IDUs with persistent unstable housing.

Title: Housing Need, Housing Assistance, and Connection to HIV Medical Care

Authors: Aidala, AA, Lee G, Abramson DM, Messeri P, Siegler A

Source: AIDS and Behavior, 11(6):S101-S115, Nov 2007.

Summary: HIV infection has become a chronic condition that for most persons can be effectively managed with regular monitoring and appropriate medical care. However, many HIV positive persons remain unconnected to medical care or have less optimal patterns of health care utilization than recommended by good clinical practice standards. This paper investigates housing status as a contextual factor affecting access and maintenance in appropriate HIV medical care. Data provided from 5,881 interviews conducted from 1994 to 2006 with a representative sample of 1,661 persons living with HIV/AIDS in New York City demonstrated a strong and consistent relationship between housing need and remaining outside of or marginal to HIV medical care. In contrast, housing assistance increased access and retention in medical care and appropriate treatment. The relationship between housing and medical care outcomes remain controlling for client demographics, health status, insurance coverage, co-occurring mental illness, and problem drug use and the receipt of supportive services to address co-occurring conditions. Findings provide strong evidence that housing needs are a significant barrier to consistent, appropriate HIV medical care, and that receipt of housing assistance has an independent, direct impact on improved medical care outcomes.

Title: Physical and Sexual Abuse and Unstable Housing among Adolescents with HIV

Authors: Eastwood EA, Birnbaum JM

Source: AIDS and Behavior, 11(6):S116-S127, Nov 2007.

Summary: Stable housing is a necessary component of treatment of adolescents with HIV. This study examines the housing status at two points in time of a sample of 224 adolescents with HIV seen at an adolescent medicine clinic in New York City. It addresses whether unstable housing is associated with several forms of abuse, and what factors

predict continued instability. 38.6% (n = 86) had a prior history of unstable housing, reduced to 12.9% at the time of program entry. Multivariate logistic regression models predicting current and prior unstable housing revealed two variables related to both outcomes: physical abuse and referral from youth/social services entities. Continued unstable housing was associated with all abuse variables and adolescent history of arrest. When adolescents in abusive situations come to the attention of programs for youth, they have a positive impact on transitioning most adolescents to safer households, potentially improving adolescents' accessing of health care services.

Title: Health Status, Health Care Use, Medication Use, and Medication Adherence among Homeless and Housed People Living with HIV/AIDS

Authors: Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV
Source: American Journal of Public Health, 97(12):2238-2245, Dec 2007.

Summary: We sought to compare health status, health care use, HIV anti-retroviral medication use, and HIV medication adherence among homeless and housed people with HIV/AIDS. Data were obtained from a cross-sectional, multisite behavioral survey of adults (N=7925) recently reported to be HIV positive. At the time interviews were conducted, 304 respondents (4%) were homeless. Self-ratings of mental, physical, and overall health revealed that the health status of homeless respondents was poorer than that of housed respondents. Also, homeless respondents were more likely to be uninsured, to have visited an emergency department, and to have been admitted to a hospital. Homeless respondents had lower CD4 counts, were less likely to have taken HIV anti-retroviral medications, and were less adherent to their medication regimen. Homeless respondents needed more HIV social and medical services, but nearly all respondents in both groups had received needed services. Housing status remained a significant predictor of health and medication outcomes after we controlled for potential confounding variables. Homeless people with HIV/AIDS are at increased risk of negative health outcomes, and housing is a potentially important mechanism for improving the health of this vulnerable group.

Title: Access to Housing as a Structural Intervention for Homeless and Unstably Housed People Living with HIV: Rationale, Methods, and Implementation of the Housing and Health Study

Authors: Kidder DP, Wolitski RJ, Royal S, Aidala A, Courtenay-Quirk C, Holtgrave DR, Harre D, Sumartojo E, Stall R

Source: AIDS and Behavior, 11(6):S149-S161, Nov 2007.

Summary: Homelessness and unstable housing have been associated with HIV risk behavior and poorer health among persons living with HIV/AIDS (PLWHA), yet prior research has not tested causal associations. This paper describes the challenges, methods, and baseline sample of the Housing and

Health Study, a longitudinal, multi-site, randomized controlled trial investigating the effects of providing immediate rental housing assistance to PLWHA who were homeless or at severe risk of homelessness. Primary outcomes included HIV disease progression, medical care access and utilization, treatment adherence, mental and physical health, and risks of transmitting HIV. Across three study sites, 630 participants completed baseline sessions and were randomized to receive either immediate rental housing assistance (treatment group) or assistance finding housing according to local standard practice (comparison group). Baseline sessions included a questionnaire, a two-session HIV risk-reduction counseling intervention, and blood sample collection to measure CD4 counts and viral load levels. Three follow-up visits occurred at 6, 12, and 18 months after baseline. Participants were mostly male, Black, unmarried, low-income, and nearly half were between 40 and 49 years old. At 18 months, 84% of the baseline sample was retained. The retention rates demonstrate the feasibility of conducting scientifically rigorous housing research, and the baseline results provide important information regarding characteristics of this understudied population that can inform future HIV prevention and treatment efforts.

Title: Physical and Sexual Abuse among Homeless and Unstably Housed Adults Living with HIV: Prevalence and Associated Risks

Authors: Henny KD, Kidder DP, Stall R, Wolitski RJ

Source: AIDS and Behavior, 11(6):842-853, Nov 2007.

Summary: We examined the prevalence and risks associated with interpersonal (physical and sexual) abuse among HIV-seropositive homeless or unstably housed adults. Data were obtained from the Housing and Health Study of participants living in Baltimore, Chicago, and Los Angeles (n = 644). We used logistic regression to identify risks associated with abuse. About 77% of men and 86% of women reported ever experiencing abuse. Women were at greater risk than men for intimate partner physical abuse, childhood sexual abuse (CSA), and adulthood sexual abuse. Men and women experiencing intimate partner physical abuse reported increased risk of unprotected sex. Other risks associated with abuse include sex exchange; lifetime alcohol abuse; and depressive symptoms. Abuse prevalence among sample exceeds those found in other samples of general USA, HIV-seropositive, and homeless populations. Identifying persons at risk of abuse is needed to reduce risk among homeless or unstably housed persons living with HIV.

Title: Housing Status and Associated Differences in HIV Risk Behaviors among Young Injection Drug Users (IDUs)

Authors: Coady MH, Latka MH, Thiede H, Golub ET, Ouellet L, Hudson SM, Kapadia F, Garfein RS

Source: AIDS and Behavior, 11(6):854-863, Nov 2007.

Summary: Using cross-sectional analysis we examined residential status and associated differences in HIV risk behaviors among 3266 young IDUs enrolled in an HIV prevention trial. A three-level outcome (homeless (37%),

equivocally housed (17%), housed (46%)) was defined based on responses to two questions assessing subjective and objective criteria for homelessness: "equivocally housed" participants were discordant on these measures. In multivariate analysis, antecedents of homelessness were having lived in an out-of-home placement, been thrown out of the home or in juvenile detention, and experienced childhood abuse; while correlates included receiving income from other and illegal sources, drinking alcohol or using methamphetamine at least daily, using shooting galleries, backloading, and sex work. A subset of these variables was associated with being equivocally housed. HIV risk varies by housing status, with homeless IDUs at highest risk. Programs for IDUs should utilize a more specific definition of residential status to target IDUs needing intervention.

Title: Moving From Fact to Policy: Housing is HIV Prevention and Health Care

Authors: Shubert V, Bernstine N

Source: AIDS and Behavior, 11(6):S172-S181, Nov 2007.

Summary: A growing body of empirical evidence shows strong correlations between improved housing status and reduced HIV risk behaviors, improved access to health care for persons living with HIV/AIDS, and better health outcomes. These findings support the provision of housing assistance for low-income persons living with HIV/AIDS: as a basic human right; as a necessary component of systems to enable individuals to manage their HIV/AIDS care and treatment; and as an exciting new tool to end the AIDS crisis in America by reducing the number of new HIV infections. This paper provides a public policy framework for consideration of the research reported in this special issue of AIDS and Behavior, and offers suggestions for using research to move policy and practice towards a true public health response to the housing needs of persons at risk for or living with HIV/AIDS.

SUBSTANCE ABUSE

Title: Predictors of Reported Current and Lifetime Substance Abuse Problems among a National Sample of U.S. Homeless

Author: Dietz TL

Source: Substance Use and Misuse, 42(11):1745-1766, 2007.

Summary: Using the National Survey of Homeless Assistance Providers and Clients (NSHAPC), this study examined predictors of alcohol and drug problems among a national probability sample of homeless and previously homeless adults in the United States. Consistent with research, about one third and one quarter of the respondents reported a current alcohol and drug problem, respectively. A larger proportion reported lifetime substance abuse problems. As hypothesized, males, younger respondents, veterans, and those with mental and physical health problems were at greater risk. Results reveal that substance abuse treatment and prevention programs for the homeless should take into consideration these characteristics to maximize effectiveness.

Title: Meta-Analysis of Day Treatment and Contingency-Management Dismantling Research: Birmingham Homeless Cocaine Studies (1990-2006).

Authors: Schumacher JE, Milby JB, Wallace D, Meehan DC, Kertesz S, Vuchinich R, Dunning J, Usdan S

Source: Journal of Consulting and Clinical Psychology, 75(5):823-828, Oct 2007.

Summary: Four successive randomized clinical trials studying contingency management (CM), involving various treatment arms of drug-abstinent housing and work therapy and day treatment (DT) with a behavioral component, were compared on common drug abstinence outcomes at 2 treatment completion points (2 and 6 months). The clinical trials were conducted from 1990 to 2006 in Birmingham, Alabama, with a total of 644 homeless persons with primary crack cocaine addiction. The meta-analysis utilized the weighted least squares approach to integrate data encompassing 9 different treatment arms to assess the effects of CM and DT (neither, DT only, CM only, and CM = DT) on a common estimate of prevalence of drug abstinence. Taken together, the results show much stronger benefits from CM = DT and from CM only than for DT alone. Throughout all of the Birmingham Homeless Cocaine Studies, the CM = DT consistently produced higher abstinence prevalence than did no CM.

YOUTH AND ADOLESCENTS

Title: Homelessness and Health in Adolescents

Authors: Haldenby AM, Berman H, Forchuk C

Source: Qualitative Health Research, 17(9):1232-1244, Nov 2007.

Summary: Despite an abundance of resources, many of the world's wealthiest nations have a large homeless population. People at all stages of development are affected by this problem, but adolescents who are homeless face a unique set of challenges. In this critical narrative study the authors examined the experiences of homeless adolescents with particular attention to the role of gender and public policy, health experiences and perceptions, and barriers to health care services. Six girls and 7 boys participated in semistructured dialogic interviews. Their stories revealed that living without a home had a substantial impact on their health and wellness. The findings from this study support the need for health care professionals to work in collaboration with homeless youth so that more effective care that is sensitive to their unique health needs can be provided.

Title: Risk Factors for Initiation into Drug Injection Among Adolescent Street Youth

Authors: Roy E, Haley N, Leclerc P, Boudreau JF, Boivin JF

Source: Drugs-Education Prevention and Policy, 14(5):389-399, Oct 2007.

Summary: Young injectors are a group with high-risk behaviours, particularly with respect to HIV infection and hepatitis C. A leading strategy to prevent these infections

could be the prevention of injection, especially among the youngest individuals. We report analyses on initiation into drug injection from a prospective cohort study of street youth conducted in Montreal, Canada. Among 118 non-injector participants under 18 years of age followed for an average of 1.31 years, we estimated an incidence rate of injection of 22.7 per 100 person-years. Independent predictors of initiation were: a lifetime history of use of ≥ 4 types of drugs, recent daily alcohol drinking, a recent episode of homelessness, a lifetime history of rape, and recent involvement in survival sex. The observed high rate of initiation into injection clearly indicates that interventions to prevent injection should target especially adolescent street youth. These interventions should address simultaneously individual and structural factors, such as substance abuse and living conditions.

Title: Homelessness and Health Care Access After Emancipation - Results from the Midwest Evaluation of Adult Functioning of Former Foster Youth

Authors: Kushel MB, Yen IH, Gee L, Courtney ME

Source: Archives of Pediatrics and Adolescent Medicine, 161(10):986-993, Oct 2007.

Summary: We estimate the association between housing status and health care access and outcomes among young adults aging out of the child welfare system. This is a prospective cohort study based in Illinois, Iowa, and Wisconsin. Baseline interviews were conducted between May 2002 and March 2003 and follow-up interviews, between March and December 2004. Participants were foster youth aged 17 or 18 years in Illinois, Wisconsin, or Iowa. We invited a random sample of 67% of eligible Illinois youth and all eligible youth from Wisconsin and Iowa to participate. Researchers interviewed 749 at baseline (94.7% response) and 643 at follow-up (85.8%); we excluded 8 participants without housing data ($n = 635$). We included only the 345 emancipated participants in analyses of health care access. Main exposure variables included: Housing status after emancipation: stable housing; unstable housing; or homeless. Outcome measures were multivariate adjusted odds ratio (AOR) of association between main exposure variables with 3 measures of access to care and 2 health outcomes. Among the 345 emancipated participants, 14.2% experienced homelessness and 39.4% were unstably housed. In multivariate analysis of emancipated participants, homelessness was associated with being uninsured and having unmet need for health care; it was not associated with not having had ambulatory care. In multivariate analysis of all participants, housing status was not associated with reporting fair or poor health at follow-up or, among women, with having had a pregnancy. Having had an episode of homelessness after emancipation is associated with worse health access, but not worse outcomes, among youth emancipated from foster care.

Title: Associations between Childhood Maltreatment and Sex Work in a Cohort of Drug-Using Youth

Authors: Stoltz JAM, Shannon K, Kerr T, Zhang R, Montaner JS, Wood E

Source: Social Science and Medicine, 65(6):1214-1221, Sep 2007.

Summary: Although research has examined the impacts of childhood maltreatment among various marginalized populations, few studies have explored the relationship between child abuse and subsequent involvement in sex work among drug-using street-involved youth. In the present study, the relationships between the level of childhood maltreatment and involvement in sex work were examined using the Childhood Trauma Questionnaire (CTQ) as part of an extensive interview protocol in an ongoing prospective cohort study of street-involved youth in Vancouver, Canada. Between September 2005 and June 2006, 361 youth were recruited using extensive outreach methods and snowball sampling. The prevalence rates for abuse in the sample were 73% for physical abuse; 32.4% for sexual abuse; 86.8% for emotional abuse; 84.5% for physical neglect; and 93% for emotional neglect. Univariate and logistic regression analyses demonstrated that not only was sexual abuse independently associated with sex work, but emotional abuse was as well. These findings have implications for early intervention efforts aimed at vulnerable, high-risk youth populations as well as intervention strategies for active sex trade workers.

Title: Hepatitis C Meanings and Preventive Strategies among Street-Involved Young Injection Drug Users in Montréal

Authors: Roy E, Nonn E, Haley N, Cox J

Source: International Journal of Drug Policy, 18(5):397-405, Oct 2007.

Summary: This study examines what hepatitis C virus (HCV) infection means to street-involved young IDUs (SYIDUs) and how this impacts on their health behaviours, based on social contexts in which they live. Thirty-nine SYIDUs with HCV infection participated in in-depth interviews. A typology was built founded on SYIDUs' street life and drug use experiences. The meanings given to hepatitis C and resulting health behaviours were examined through these experiences. In Montréal, "total" experience is characterised by an exclusive social relationship with the street milieu and by intensive drug consumption. In this milieu, where most injectors are HCV-infected but asymptomatic, getting infected is considered trivial. Compared to other more immediate threats, HCV infection and its long-term consequences are lesser concerns. Efforts to inject safely are made to avoid HIV. When these SYIDUs learn they are HCV-infected, they do not make important lifestyle changes. However, since they worry about transmitting the infection to others, they notify their injection partners that they are infected. SYIDUs living a "controlled" experience preserve some stability in their lives and control their consumption. They maintain relationships within mainstream society and have beliefs reflecting these links. They view HCV infection as a serious disease and make significant efforts to avoid sharing their injection

equipment and thus remain healthy. When they learn they are HCV-infected, they engage in "liver friendly" behaviours but are not ready to stop injecting. The "disengaging" experience is that of youth who start to disengage from drug injection. They leave the drug milieu and develop new relationships within mainstream society. They adopt new values regarding health. HCV infection is viewed as requiring significant changes in strategies aimed at protecting themselves and others. This research sheds light on the fundamentally social nature of hepatitis C. SYIDUs' HCV experiences, which evolve in parallel with their street life and consumption trajectories, provide numerous occasions where they can be exposed to prevention messages.

Title: Evaluation of a Media Campaign Aimed at Preventing Initiation into Drug Injection among Street Youth

Authors: Roy E, Denis V, Gutierrez N, Haley N, Morissette C, Boudreau JF

Source: Drugs-Education Prevention and Policy, 14(5):401-414, Oct 2007.

Summary: A campaign to prevent initiation into drug injecting among street youth who have never injected drugs (NIDUs) was carried out in Montreal, Canada in 2005. Evaluation objectives were (1) to assess the campaign's ability to reach NIDU street youth and (2) to understand the campaign's effects on this population. A survey was conducted, as well as semi-structured interviews. The campaign enjoyed a high degree of visibility. It spoke to young NIDUs, causing them to reflect on both drug injecting and their own non-injection drug use. The campaign had a positive impact in terms of their views on drug injecting. Despite its limited scope, young NIDUs also considered the campaign to be a tool with the potential to contribute to preventing initiation into drug injecting among their peers. Media prevention campaigns are able to reach hidden populations through the use of bold and innovative techniques. Such campaigns can also contribute to influencing the attitudes and perceptions of these populations. However, more comprehensive injection prevention programs need to be established.

SUPPORTIVE HOUSING

Title: A Participatory Benchmarking Strategy for Describing and Improving Supportive Housing

Author: Sylvestre J

Source: Psychiatric Rehabilitation Journal, 31(2):115-124, Fall 2007.

Summary: This paper describes a participatory research project conducted to document good practice in the delivery of supportive housing programs. Stakeholders in a local mental health housing system in Toronto, Ontario worked collaboratively to develop 40 service benchmarks for supportive housing programs and to recommend practices for achieving these benchmarks. The findings are discussed in terms of their implications for the delivery of supportive housing and strategies for improving these programs.

WEST NILE VIRUS

Title: West Nile Virus Infection among the Homeless, Houston, Texas

Authors: Meyer TE, Bull LM, Holmes KC, Pascua RF, da Rosa AT, Gutierrez CR, Corbin T, Woodward J, Taylor JP, Tesh RB, Murray KO

Source: Emerging Infectious Diseases, 13(10):1500-1503, Oct 2007.

Summary: Among 397 homeless participants studied, the overall West Nile virus (WNV) seroprevalence was 6.8%. Risk factors for WNV infection included being homeless > 1 year, spending > 6 hours outside daily, regularly taking mosquito precautions, and current marijuana use. Public health interventions need to be directed toward this high-risk population.

LEAVING JAIL

Title: Comparison of Health and Social Characteristics of People Leaving New York City Jails by Age, Gender, and Race/Ethnicity: Implications for Public Health Interventions

Authors: Freudenberg N, Moseley J, Labriola M, Daniels J, Murrill C

Source: Public Health Reports, 122(6):733-743, Nov-Dec 2007.

Summary: We compared health and social needs by gender, age, and race/ethnicity of people leaving New York City jails and assessed the implication of these differences for the development of jail reentry programs. Surveys were completed with 1,946 individuals (536 men, 704 women, and 706 adolescent males) between 1997 and 2004. Structured questionnaires captured data on demographic, criminal justice, substance use, and health characteristics. Bivariate comparisons were performed to determine variations between men and women, men and male adolescents, and non-Latino black and Hispanic/Latino respondents. The majority of participants were black and Hispanic/Latino, reported high levels of substance use, had high rates of recidivism, and experienced difficult living circumstances. Compared with men, women were more likely to be homeless, use illicit drugs, report drug charges at index arrest, have health problems, and be parents. Adolescent males were more likely than men to rely on illegal activities for income and to have used marijuana and alcohol recently, and were less likely to report homelessness or health problems. Ethnic/racial differences between black and Hispanic/Latino respondents within gender and age groups were smaller than differences among these groups. Jails concentrate individuals with multifaceted health and social problems, providing opportunities to engage at-risk populations in comprehensive reentry programs. Gender, age, and ethnic/racial differences among incarcerated populations require that interventions be tailored to the specific needs of these different groups.

INTERNATIONAL HOMELESSNESS

Title: *Toward an International Understanding of Homelessness*

Author: Toro PA

Source: *Journal of Social Issues*, 63(3):461-481, 2007.

Summary: After a discussion of definitional issues when studying homelessness and a brief review of the existing research literature in the United States, this article provides an overview of the similarities and differences between the research literatures in the United States and other developed nations. Similarities include many shared characteristics of homeless populations (e.g., over-representation of men and those traditionally discriminated against) and differences include the timing of interest in the topic (earlier in the United States and the United Kingdom) and the extent of social welfare systems (generally less developed in the United States than in Europe). The articles in this issue include literature reviews, studies comparing homelessness across nations, articles that examine specific issues in relation to homelessness in particular nations, and policy-oriented discussions.

Title: *Psychological Research on Homelessness in Western Europe: A Review from 1970 to 2001*

Authors: Philippot P, Lecocq C, Sempolux F, Nachtergaeel H, Galand B

Source: *Journal of Social Issues*, 63(3):483-503, 2007.

Summary: The rapidly growing, but still small, research literature on homelessness in Europe has often been provided by non-academics, using qualitative methods, and has been published in sources that are not widely available. This article summarizes definitions employed, observed prevalence, the socio-demographic characteristics, and the physical and mental health status of the homeless in Western Europe. Research pertaining to the causes of homelessness and the societal response to the problem are also reviewed, and the ethical and methodological questions raised by European researchers are debated. A critical analysis of the largely descriptive European research is provided, and some noteworthy exceptions are described. We also discuss a number of promising theoretical models, including those that focus on learned helplessness, social strain, and social stress.

HOSPITAL UTILIZATION

Title: *Out-of-Hospital and Emergency Department Utilization by Adult Homeless Patients*

Authors: Pearson DA, Bruggman AR, Haukoos JS

Source: *Annals of Emergency Medicine*, 50(6):646-652, Dec 2007.

Summary: Homeless adults visit emergency departments (EDs) nearly 4 times more often than the general population and are among the highest repeat visitors. Little research, however, has determined resource utilization patterns of homeless patients and the extent to which they may benefit from emergency care. The objectives of this study are to describe emergency medical services and hospital utilization by homeless patients and to estimate their benefit of ED

care. This was a retrospective cohort study performed at an urban safety-net hospital. All patients who presented to the ED during 2003 were identified. Simple random samples of 300 homeless adult patients and 300 nonhomeless adult patients were identified and included as the study sample. Variables collected included patient demographics, medical history, ED visit date and times, results of laboratory studies, disposition from the ED, diagnoses, ambulance use, number of previous ED visits, and estimated benefit of emergency treatment as determined by a previously developed consensus-based instrument. Homeless patients were slightly older (41 years versus 36 years) and had substantially higher substance abuse histories but had similar medical and psychiatric comorbidities compared with nonhomeless patients. Homeless patients also spent more time in the ED per visit (4.4 hours versus 3.8 hours), were less likely to be admitted to the hospital (8% versus 19%), and were more likely to use ambulance services (51% versus 29%). Finally, homeless patients received a similar level of estimated benefit of emergency treatment compared with nonhomeless patients, and a substantial proportion of their visits was directly related to excessive alcohol use. Homeless adults commonly use emergency care resources, and medical benefit, although comparable to that of nonhomeless adults, is in many cases uncertain.

RURAL HOMELESS

Title: *Periphery of Care: Emergency Services for Homeless People in Rural Areas*

Authors: Cloke P, Johnsen S, May J

Source: *Journal of Rural Studies*, 23(4):387-401, Oct 2007.

Summary: Until recently, homelessness in rural areas has received little recognition because of overwhelming assumptions about the urban-centredness of homeless people and their needs. This paper seeks to build on recent research that has begun to uncover some of the problems and characteristics of rural homelessness, by suggesting two significant dynamics which together can shape the experience of different groups of homeless people in rural environments. First, rural places reflect particular local qualities which contextualise both the circumstances of homelessness and the provision of services in response to those circumstances. Secondly, the contemporary governance of homelessness unfolds rather unevenly in different rural areas, producing distinct local service environments with varying degrees of 'insider' and 'outsider' status in relation to joined-up responses to the needs of homeless people. These dynamics are articulated through three case studies: a remote friary in a deep rural area of southern England; a small hostel run by a vibrant non-statutory organisation in a small town in the west of England, and two advice centres in a coastal resort in the north-east of England. Through these case studies we highlight the importance of both local reactions to the homeless other, and local relations between central government funding, local authority initiatives and charitable organisations, in the production and consumption of spaces of care in settings set in, or serving, rural environments.