

# 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) April –June 2007. Summaries are categorized into themes which vary each quarter.

### PREVENTING HOMELESSNESS

#### **Title: Recognizing Work as a Priority in Preventing or Ending Homelessness**

**Authors:** Shaheen G, Rio J

**Source:** The Journal of Primary Prevention, June 13, 2007 [Epub ahead of print]

**Summary:** The literature speaks to the importance of employment in the lives of homeless individuals and shows how they can be assisted in job seeking. Some reports suggest it may be effective and worthwhile to offer employment at the earliest stages of engagement to help people who are homeless develop trust, motivation, and hope. Practitioners have historically focused on providing people with access to safe and affordable housing and supportive services, usually addressing employment later in the continuum. This practice-oriented report from the field proposes that employment should be offered as early as possible and maintains that facilitating employment is an unrecognized and underutilized practice for preventing and ending homelessness. The paper provides principles, practices, and strategies programs can use to make work a priority.

#### **Title: Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups**

**Authors:** Herman D, Conover S, Felix A, Nakagawa A, Mills D.

**Source:** The Journal of Primary Prevention, June 1, 2007 [Epub ahead of print]

**Summary:** Critical Time Intervention (CTI) is designed to prevent recurrent homelessness among persons with severe mental illness by enhancing continuity of care during the transition from institutional to community living. After providing the background and rationale of CTI, we describe the elements of the model and summarize the status of existing research on its effectiveness. We

then briefly illustrate how the CTI model has begun to be adapted and implemented by providing a case example of a homeless woman's transition from shelter to housing. Finally, we consider plans for the further adaptation, testing and dissemination of CTI in other populations and service delivery settings.

#### **Title: Cognitive Impairments and the Prevention of Homelessness: Research and Practice Review**

**Authors:** Backer TE, Howard EA

**Source:** The Journal of Primary Prevention, June 5, 2007 [Epub ahead of print]

**Summary:** Cognitive impairments can increase significantly a person's level of risk for becoming or remaining homeless. Five topics are explored that address these impairments in preventing homelessness: (1) the nature and estimated prevalence of cognitive impairments among people who are homeless, especially those with vulnerabilities like mental illness or substance abuse; (2) the multiple origins of these impairments; (3) how these impairments impact services for people at risk for homelessness; (4) good practice approaches to handling cognitive impairments in homeless shelters, supported housing programs, and other service systems for people at risk for homelessness; and, (5) important research and practice issues requiring further action.

### VIEWS OF HOMELESS PEOPLE

#### **Title: Homeless People's Perceptions of Welcomeness and Unwelcomeness in Healthcare Encounters**

**Authors:** Wen CK, Hudak PL, Hwang SW

**Source:** Journal of General Internal Medicine, 22(7):1011-7, July 2007.

**Summary:** Homeless people face many barriers to obtaining health care, and their attitudes toward seeking health care services may be shaped in part by previous encounters with health care providers. The objective of this study was to examine how homeless persons experienced "welcomeness" and "unwelcomeness" in past encounters with health care providers and to characterize their perceptions of these interactions. Qualitative content analysis was conducted for 17 in-depth interviews. Seventeen homeless men and women, aged 29-62 years, residing at 5 shelters in Toronto, Canada, participated. Interpretive content analysis was performed using iterative stages of inductive coding. Interview transcripts were analyzed using Buber's philosophical conceptualization of

ways of relating as "I-It" (the way persons relate to objects) and "I-You" (the way persons relate to dynamic beings). Most participants perceived their experiences of unwelcomeness as acts of discrimination. Homelessness and low social class were most commonly cited as the perceived basis for discriminatory treatment. Many participants reported intense emotional responses to unwelcoming experiences, which negatively influenced their desire to seek health care in the future. Participants' descriptions of unwelcoming health care encounters were consistent with "I-It" ways of relating in that they felt dehumanized, not listened to, or disempowered. Welcoming experiences were consistent with "I-You" ways of relating, in that patients felt valued as a person, truly listened to, or empowered. Homeless people's perceptions of welcomeness and unwelcomeness are an important aspect of their encounters with health care providers. Buber's "I-It" and "I-You" concepts are potentially useful aids to health care providers who wish to understand how welcoming and unwelcoming interactions are fostered.

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**Title: Perspectives of Homeless People on Their Health and Health Needs Priorities**

**Author:** Daiski I

**Source:** Journal of Advanced Nursing, 58(3):273-281, May 2007.

**Summary:** This paper is a report of a study of the perspectives of homeless individuals on their health and healthcare needs. Many studies show the high incidence and severity of diseases, physical and mental, amongst the homeless populations. However, the views of homeless people themselves are usually omitted. In order to provide appropriate care, healthcare professionals need to be aware of these perspectives. A descriptive, exploratory design, using semi-structured interviews and observational field notes, was chosen for this qualitative study. A convenience sample of 24 participants experiencing homelessness was recruited in one Canadian city in 2005. Participants described their health and healthcare needs in a holistic sense. They reported concerns about physical illnesses, mental health, addictions and stress. Shelter life promoted spread of diseases and lacked privacy. Violence was rampant in shelters and on the streets, leading to constant fear. There was emotional distress over social exclusion and depersonalization. Participants wanted to work and to be housed, yet felt trapped in a dehumanizing system. The recommendations are (a) elimination or mitigation of most health problems of the homeless through safe, affordable housing; (b) reintegration into the community through job counselling, treatment of addictions and employment. Negative societal attitudes towards these clients need to change. Healthcare professionals, particularly community nurses, have opportunities to collaborate respectfully with these clients and work for changes in public policies, such as national housing and addiction treatment policies, and for streamlined, humanized services to smooth the processes of social reintegration.

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**HOMELESS MOTHERS**

**Title: Mothers Experiencing Homelessness: Mental Health, Support and Social Care Needs**

**Authors:** Tischler V, Rademeyer A, Vostanis P

**Source:** Health and Social Care in the Community, 15(3):246-253, May 2007.

**Summary:** Little is known about the experiences of mothers who become homeless. The numbers of women with children in this situation are growing, most becoming homeless following domestic or neighbour abuse, or the breakdown of family relationships. This qualitative study aimed to describe mothers' experiences of homelessness in relation to their mental health, support and social care needs. Twenty-eight homeless women with dependent children residing in hostels were interviewed. The experience of homelessness was stressful, but viewed as a respite for many of the participants because they had experienced violence and harassment prior to their stay in the hostels. Many described poor mental health, which they related to the conditions in hostels and traumas that they had experienced before becoming homeless. Their experiences and perceptions of the services available were mixed. Some valued the support offered by staff and other residents, but the majority felt that there was a lack of resources to address their needs. Many women had difficulty coping with homelessness, and several said that support from other homeless women was an important source of help. Services need to work together to meet the multiple health, social, psychological and housing needs of these women.

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**Title: Homeless Mothers: Is There a Relationship Between Coping Strategies, Mental Health and Goal Achievement?**

**Authors:** Tischler, VA Vostanis, P

**Source:** Journal of Community and Applied Social Psychology, 17(2):85-102, Mar-Apr 2007.

**Summary:** This study examined the relationship between coping, mental health and goal achievement among homeless mothers. Seventy-two women took part and 44 were re-interviewed 4 months later. The Family Crisis Oriented Personal Evaluation Scales (F-COPES) were used to identify their coping strategies at the time of homelessness; the General Health Questionnaire (GHQ) measured mental health problems; and a semi-structured questionnaire identified their goals. Outcome measures at follow-up were goal achievement and mental health. A variety of coping strategies were used, with some differences ascertained according to reason for homelessness and age of respondent. Lower use of problem-focussed coping was associated with poorer mental health at the time of homelessness. Mental health problems improved over time, but levels of psychopathology remained high at follow-up. Most women had achieved their primary goal of resettlement, and this was associated with use of problem-focussed coping. Lower use of problem-focussed coping, in particular, acquiring social support, was associated with continuation of mental health problems at follow-up, however the greatest predictor of mental health at follow-up was mental health status whilst homeless. Despite exposure to major stressors and poor mental health,

mothers experiencing homelessness can maintain their ability to cope effectively, in order to achieve their goals.

#### **YOUTH AND ADOLESCENTS**

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##### **Title: Strengths-Based Case Management: Implementation With High-Risk Youth**

**Authors:** Arnold EM, Walsh AK, Oldham MS, Rapp CA

**Source:** Families in Society, 88(1):86-94, Jan-Mar 2007.

**Summary:** Few effective methods of intervention exist for youth at risk for negative life outcomes. One method used successfully with both adults with chronic mental illness and adults with substance abuse problems is strengths-based case management (SBCM). Based on the principles of strengths theory, SBCM aims to assist individuals in identifying and achieving personal goals, with an emphasis on the case manager-client relationship and client self-determination. In the current study, the authors report findings from a feasibility study that implemented SBCM with adolescent runaways. Challenges to implementation, such as financial status, the role of families, abuse and neglect, developmental issues, education, peer relationships, and transportation, are examined. The current findings suggest that it is feasible to successfully implement SBCM with adolescents, but the challenges to application are different with this group compared with adults, given the developmental differences between adolescents and adults.

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##### **Title: Coping and Suicidality among Homeless Youth**

**Authors:** Kidd SA, Carroll, MR

**Source:** Journal of Adolescence, 30(2):283-296, Apr 2007.

**Summary:** This study examined the impact of coping strategies employed by homeless youth upon suicidal ideation, suicide attempts on the streets, and feeling trapped/helpless. Coping strategies examined in the analysis included problem-focused and avoidant coping, along with several coping strategies identified in previous exploratory qualitative studies. Greater risk was associated with avoidant coping, social withdrawal, use of drugs and alcohol as coping, with "belief in a better future" linked to lowered risk levels. Gender interactions emerged with respect to avoidant coping and social withdrawal, both of which served as greater contributors to risk levels among females. Several approaches to coping including problem-focused strategies and strategies identified by youths in previous qualitative works emerged as not serving to ameliorate suicidality.

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##### **Title: Treatment Outcome For Street-Living, Homeless Youth**

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

**Source:** Addictive Behaviors, 32(6):1237-1251, June 2007.

**Summary:** Comprehensive intervention for homeless, street living youth that addresses substance use, social stability, physical and mental health issues has received very little attention. In this study, street living youth aged 14-22 were recruited from a drop-in center and randomly assigned to the Community Reinforcement Approach (CRA) or treatment as usual (TAU) through a drop-in center. Findings showed that youth assigned to CRA, compared to TAU, reported significantly reduced substance use (37% vs. 17% reduction), depression (40% vs. 23%) and increased social stability

(58% vs. 13%). Youth in both conditions improved in many other behavioral domains including substance use, internalizing and externalizing problems, and emotion and task oriented coping. This study indicates that homeless youth can be engaged into treatment and respond favorably to intervention efforts. However, more treatment development research is needed to address the barriers associated with serving these youth.

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##### **Title: Newly Homeless Youth Typically Return Home**

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

**Source:** Journal of Adolescent Health, 40(6):574-6, June 2007.

**Summary:** Newly homeless adolescents from Melbourne, Australia (n = 165) and Los Angeles, United States (n = 261) were surveyed and followed for 2 years. Most newly homeless adolescents returned home (70% U.S., 47% Australia) for significant amounts of time (39% U.S., 17% Australia more than 12 months) within 2 years of becoming homeless.

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##### **Title: Screening for Chlamydia Trachomatis: Barriers for Homeless Young People**

**Authors:** Henning D, Alice R, Sancu L, Dunning T

**Source:** The Australian Journal of Advanced Nursing, 24(3):8-13, Mar-May, 2007.

**Summary:** The study explored homeless young people's knowledge and attitudes of Chlamydia trachomatis (Chlamydia) and its screening. Semi-structured interviews using focus groups were conducted in an inner city clinic for homeless young people aged 16-26 years. 19 males and 6 females participated. Content analysis confirmed a lack of knowledge, prior education and misinformation about Chlamydia and barriers to being screened. Ideas for informing young people about Chlamydia included advertising on billboards, in free newspapers, and improved school sex education programs. Homeless young people have poor knowledge of Chlamydia and its screening and barriers to the screening process. Culturally-specific education and health promotion programs and services are needed.

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##### **Title: Youth Leaving Care: How Do They Fare?**

**Author:** Tweddle A

**Source:** New Directions for Youth Development, (113):15-31, Spring 2007.

**Summary:** This chapter summarizes recent Canadian and international research on the outcomes for youth after they age out of the child welfare system. It paints a disturbing picture for this small and vulnerable population. Youth leaving care face many challenges in making the transition from state care to independence and adulthood. They bear the emotional scars of childhood neglect or abuse. They do not have a family support network, have limited or no financial resources, are often lacking in life skills, and usually have not completed school. Despite these setbacks, we expect them to function independently once they reach age eighteen. Research shows that once youth leave care, they do not fare as well as their peers. They are at much greater risk of relying on social assistance, becoming homeless, engaging

in substance abuse, becoming single parents, experiencing mental health problems, or coming into contact with the criminal justice system. Some youth aging out, however, have more successful transitions. These typically have completed high school, have role models, have access to postsecondary opportunities, refrain from alcohol or drug use, and obtain life skills and independent living training. Having stable placements while in care is also critical in ensuring more positive outcomes. Canada does not have the capacity to track the outcomes of youth as they leave the child welfare system, nor can it identify the types of interventions showing the most promise in helping them achieve better outcomes. Canadian governments need to improve their transitional planning for youth in care who are approaching the age of majority. Some recommendations include extending the age for services and financial assistance to age twenty-four, developing standards to prepare youth for leaving care, and exploring ways to enable youth to pursue higher education or training. Finally, Canada should develop a national longitudinal survey to monitor the outcomes of youth after they leave care.

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**Title: Implementing A Social Enterprise Intervention With Homeless, Street-Living Youths in Los Angeles**

**Author:** Ferguson KM

**Source:** SocialWork,52(2):103-12, Apr 2007.

**Summary:** Homeless, street-dwelling youths are an at-risk population who often use survival behaviors to meet their basic needs. The traditional outreach approach brings services into the streets, yet does not adequately replace the youths' high-risk behaviors. Similarly, job training programs often fail to address the mental health issues that constitute barriers to their productive employment. Drawing on social development principles, the Social Enterprise Intervention (SEI) model is proposed as an alternative approach. The SEI seeks the tripartite effect of employment, service-related, and mental health outcomes for street youths. This article compares existing intervention models and suggests that through the SEI, homeless youths can acquire vocational and business skills, clinical mentorship, and linkages to services that otherwise would not be available to them, given their street-dwelling status.

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**Title: Youth Homelessness and Social Stigma**

**Author:** Kidd SA

**Source:** Journal of Youth and Adolescence, 36(3):291-299, Apr 2007.

**Summary:** Building upon previous exploratory qualitative research, this paper examines the mental health implications of social stigma as it is experienced by homeless youth. Surveys conducted with 208 youths on the streets and in agencies in New York City and Toronto revealed significant associations between perceived stigma due to homeless status and sexual orientation, pan handling and sex trade involvement, and amount of time homeless. Higher perceived stigma was also related to low self esteem, loneliness, feeling trapped, and suicidal ideation, with guilt/self-blame due to homeless status having the strongest impact on mental health variables.

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**HOUSING**

**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, 84(3):415-422, May 2007.

**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: Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention**

**Authors:** Stefancic A, Tsemberis S

**Source:** The Journal of Primary Prevention, June 26, 2007 [Epub ahead of print]

**Summary:** Housing First is an effective intervention that ends and prevents homelessness for individuals with severe mental illness and co-occurring addictions. By providing permanent, independent housing without prerequisites for sobriety and treatment, and by offering support services through consumer-driven Assertive Community Treatment teams, Housing First removes some of the major obstacles to obtaining and maintaining housing for consumers who are chronically homeless. In this study, consumers diagnosed with severe mental illness and who had the longest histories of shelter use in a suburban county were randomly assigned to either one of two Housing First programs or to a treatment-as-usual control group. Participants assigned to Housing First were placed in permanent housing at higher rates than the treatment-as-usual group and, over the course of four years, the majority of consumers placed by both Housing First agencies were able to maintain permanent, independent housing. Results also highlight that providers new to Housing First must be aware of ways in which their practices may deviate from the essential features of Housing First, particularly with respect to

enrolling eligible consumers on a first-come, first-served basis and separating clinical issues from tenant or housing responsibilities. Finally, other aspects of successfully implementing a Housing First program are discussed.

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

**Authors:** Des Jarlais DC, Braine N, Friedmann P

**Source:** : AIDS Behavior, April 20, 2007 [Epub ahead of print]

**Summary:** This study assessed 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. 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. Across the 15 programs, receptive sharing among unstably housed participants was highly correlated with receptive sharing among stably housed. 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.

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**MRSA**

**Title: Prospective Comparison of Methicillin-Susceptible and Methicillin-Resistant Community-Associated Staphylococcus Aureus Infections in Hospitalized Patients**

**Authors:** Skiest DJ, Brown K, Cooper TW, Hoffman-Roberts H, Mussa HR, Elliott AC

**Source:** Journal of Infection, 54(5):427-434, May 2007.

**Summary:** We sought to determine the proportion of community-associated Staphylococcus aureus infections due to methicillin-

resistant S. aureus (CA-MRSA) at a large county hospital. In addition, we sought to identify the demographic and clinical risk factors associated with CA-MRSA infection. Patients were prospectively enrolled if they were admitted to Parkland Hospital and had a positive culture for S. aureus isolated within 72 h of admission. The patients were interviewed using a standardized data questionnaire. Data collected included patient demographics, clinical history, as well as health care and non-health care associated MRSA risk factors. Bacteria susceptibilities were verified through review of microbiology laboratory and pharmacy records. Isolates were tested for Panton-Valentine leukocidin (PVL) gene, SCCmec type, and for inducible clindamycin resistance. One hundred and ninety-eight patients were interviewed prospectively, of which eight had colonization without active infection. One hundred and nineteen patients were infected with MRSA and 71 patients were infected with methicillin-susceptible S. aureus (MSSA). Patients with MRSA were more likely to be African-American and unemployed. Patients with MRSA most commonly presented with a skin or soft tissue infection (SSTI): 69% versus 45%, while patients with MSSA were more likely to have infection of the respiratory tract: 11% versus 3%. Patients with MRSA were more likely to have used antibiotics in the past six months, been homeless, have a history of incarceration, have abused alcohol and have a history of infection with MRSA. In multivariate analysis, African-American race, antibiotics in the past six months, and a history of being homeless were associated with MRSA infection. Only 11 of 119 (9%) MRSA patients did not have at least one of these risk factors. PVL gene was present in 72 of 74 (97%) MRSA isolates and SCCmec type IV was present in 63 of 75 (84%) MRSA isolates. The majority of patients hospitalized with community-associated S. aureus infections were due to MRSA, most of which involved an SSTI. African-American race, recent antibiotics and past homeless status predicted infection with MRSA; however, no clinical profile could reliably exclude MRSA. Clinicians should be aware of the increasing prevalence of CA-MRSA.

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**Title: Differences in Clinical and Molecular Characteristics of Skin and Soft Tissue Methicillin-Resistant Staphylococcus Aureus Isolates Between Two Hospitals in Northern California**

**Authors:** Bhattacharya D, Carleton H, Tsai CJ, Baron EJ, Perdreau-Remington F

**Source:** : Journal of Clinical Microbiology, 45(6):1798-803, June 2007.

**Summary:** Community-onset methicillin-resistant Staphylococcus aureus (CO-MRSA) skin and soft tissue infections (SSTI) are associated with SCCmec IV and Panton-Valentine leukocidin (PVL) genes. CO-MRSA epidemiologic studies suggest that genotypic variation exists within one geographic region. We compared MRSA genotypes and demographic and clinical characteristics of patients with CO-MRSA SSTI between two regional medical centers. We also examined factors associated with SCCmec IV and PVL carriage. A total of 279 MRSA SSTI isolates from 2000 to 2002 at San Francisco General Hospital (SFGH) and Stanford University Hospital (SUH) were genotyped by pulsed-field gel electrophoresis and PCR for SCCmec and PVL

genes. Medical records were reviewed for clinical characteristics. Ninety-three percent and 69% of MRSA SSTI were caused by CO-MRSA at SFGH and SUH, respectively. Patients with CO-MRSA SSTI at SFGH were more likely to be nonwhite, younger, homeless, and have no previous exposure to health care. SFGH CO-MRSA strains were more likely to carry SCCmec type IV and PVL genes than SUH strains. In multivariate analyses, nonwhite ethnicity was associated with both SCCmec type IV and PVL carriage. ST8:USA300:IV became the dominant clone at SFGH, but not at SUH, by 2002. Despite geographic proximity, CO-MRSA SSTI exhibited differing SCCmec types, PVL carriage, and clonal dynamics. CO-MRSA SSTI at SUH were more likely to represent feral isolates of nosocomial origin. Clinicians should assess for nosocomial and community risk factors, realizing that different populations with CO-MRSA SSTI may require separate antimicrobial strategies.

## **NUTRITION**

### **Title: Education in a Homeless Shelter to Improve the Nutrition of Young Children**

**Authors:** Yousey Y, Leake J, Wdowik M, Janke JK

**Source:** Public Health Nursing, 24(3):249-255, May-June 2007.

**Summary:** The objective of this study was to improve the nutritional status of homeless children by implementing an educational program for their mothers and the cafeteria staff at a homeless shelter. Study design consisted of a program evaluation including before and after measures of mothers' nutritional knowledge and nutritional quality of foods served in the cafeteria. Subjects included fifty-six mothers with children aged 18 months to 6 years and 3 cafeteria staff. Four nutrition classes developed by a registered nutritionist were taught to mothers by clinic nurses; 3 nutrition classes were taught to the cafeteria staff by the nutritionist. Mothers scored higher on posttests than on pretests, indicating improved nutritional knowledge. Minimal differences in the nutritional quality of foods served to residents were observed after staff education. This project demonstrates the challenges of altering the nutritional status of children in a homeless shelter. Despite mothers showing better knowledge of nutritional requirements for children, the types of food served in the cafeteria were an obstacle to them in practicing what they had learned. The cafeteria staff's ability to demonstrate their learning was impeded by the constraints of food donations. Educational strategies may need to be augmented by policies to improve the nutritional status of children in homeless shelters.

### **Title: High Prevalence of Overweight and Obesity in Homeless Baltimore Children and their Caregivers: a Pilot Study**

**Authors:** Schwarz KB, Garrett B, Hampsey J, Thompson D

**Source:** Medscape General Medicine, 79(1):48, Mar 2007.

**Summary:** In the past, nutritional deficiencies were common among homeless families. Because obesity is currently a major public health issue in the United States, it is possible that obesity has supplanted nutritional deficiencies as the "new malnutrition" of the homeless. This pilot study attempted to determine the nutritional status of homeless caregivers and their children in the Baltimore City, Maryland. Study design was the determination of

weight, height, and body mass index (BMI) (weight in kg/height in m<sup>2</sup>) of all subjects and correlation with demographic variables. It took place in six homeless shelters and transitional houses in Baltimore City. Subjects included thirty-one caregivers and 60 children. The main outcome measure was the relationship between caregiver BMI and child BMI and comparison of our data to National Health and Nutrition Examination Survey (NHANES) norms. Forty-two percent of the children (25 of 60) had a BMI-for-age classifying them as at risk for overweight (18%) or overweight (23%). None were underweight. One hundred percent of girls and 88% of boys under age 7 years were in the normal range for BMI. There were no caregivers in the underweight range for BMI. Seventy-seven percent were either overweight (26%) or obese (51%). When the weight categories of the largely African-American homeless Baltimore caregivers and their children were compared with national data from NHANES 1999-2002 for both African-American poor and nonpoor adult females and children, the Baltimore subjects had the lowest proportion in the healthy range and the highest proportion in the obese (adults) and overweight (children) categories. Caregiver BMI correlated with child BMI. Our data suggest that overweight and obesity are the major forms of malnutrition in homeless families.

## **SEVERE MENTAL ILLNESS**

### **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 and Mental Health Services Research, 34(4):363-375, July 2007.

**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.

### **Title: Psychiatric and Psychosocial Correlates of Sexual Risk Behavior among Adults with Severe Mental Illness**

**Authors:** Meade CS, Sikkema KJ

**Source:** Community Mental Health Journal, 43(2):153-169, Apr 2007.

**Summary:** Persons with severe mental illness (SMI) are disproportionately affected by HIV/AIDS. This study examined multivariate correlates of sexual risk among 152 adults with SMI receiving outpatient psychiatric treatment. Structured interviews assessed psychiatric, psychosocial, and behavioral risk factors. The majority was sexually active (65%), and many reported unprotected intercourse (73%), multiple partners (45%), and sex trading (21%) in the past year. Logistic regression models found

that sexual behaviors were differentially associated with non-psychotic disorder, psychiatric symptoms, substance abuse, childhood sexual abuse, romantic partnership, and social supports. Findings underscore the need for targeted HIV prevention interventions that address psychiatric and psychosocial risk factors.

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**Title: Outcomes of a Life Skills Intervention for Homeless Adults with Mental Illness**

**Authors:** Helfrich CA, Fogg LF

**Source:** The Journal of Primary Prevention, June 1, 2007 [Epub ahead of print]

**Summary:** A manualized life skills intervention based on empowerment theory and situated learning was tested on 51 homeless adults with mental illness living in emergency or single room occupancy housing. The intervention improved skills in food, money, room, and self-care management and safe community participation. Participation included baseline measures with intervention post-tests and three and six month follow up measures. Comparisons were made to examine effectiveness between modules. There were significant improvements over time for the room and self-care and safe community participation modules, whereas the other modules did not reach statistical significance. The results suggest that through intervention this population may develop and retain the life skills needed to maintain residential stability.

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**Title: Treatment Adherence with Lithium and Anticonvulsant Medications among Patients with Bipolar Disorder**

**Authors:** Sajatovic M, Valenstein M, Blow F, Ganoczy D, Ignacio R

**Source:** Psychiatric Services, 58(6):855-63, June 2007.

**Summary:** Nonadherence limits the effectiveness of medications among patients with bipolar disorder. This study examined adherence with lithium and anticonvulsant medication among patients with bipolar disorder receiving treatment in Department of Veterans Affairs (VA) settings. Patients receiving treatment in the VA for bipolar disorder during federal fiscal year 2003 (FY03) and receiving lithium or anticonvulsant medication were identified (N=44,637) by using the VA's National Psychosis Registry. Medication adherence was assessed by using the medication possession ratio (MPR) for lithium, valproate or divalproex, carbamazepine, and lamotrigine. Patients were categorized into three groups: fully adherent (MPR greater than .80), partially adherent (MPR from more than .50 to .80), and nonadherent (MPR less than or equal to .50). A slight majority of individuals (54.1%) were fully adherent, 24.5% were partially adherent, and 21.4% were nonadherent. Nonadherent individuals were more likely to be younger, unmarried, nonwhite, or homeless or to have diagnoses of a substance use disorder or fewer outpatient psychiatric visits in FY03. Adherence intensity was somewhat lower for valproate, compared with lithium or other anticonvulsants. Individuals given prescriptions for two agents to stabilize mood had better adherence than individuals given prescriptions for a single agent. Unexpectedly, in multivariate analyses adjusting for prior hospitalization, number of outpatient psychiatric visits, and a diagnosis of substance use disorder, poorer

adherence was associated with decreased rates of hospitalization. Nearly one in two individuals given prescriptions for lithium or anticonvulsant medication to treat bipolar disorder did not take their medications as prescribed. The effectiveness of bipolar medication treatments is reduced by high rates of nonadherence in clinical settings.

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**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, Martsinkiv A, Goldfinger SM

**Source:** Schizophrenia Bulletin, May 4, 2007 [Epub ahead of print]

**Summary:** This study tested 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.

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**Title: Family Contact and Housing Stability in a National Multi-Site Cohort of Homeless Adults with Severe Mental Illness**

**Authors:** Pickett-Schenk SA, Cook JA, Grey DD, Butler SB

**Source:** The Journal of Primary Prevention, June 1, 2007 [Epub ahead of print]

**Summary:** This study examined associations between family contact and housing stability among 4,778 homeless persons with mental illness who received intensive outreach and case management services through the national multi-site ACCESS project. Ordinary-least squares regression analysis found that, at 12-months post-study entry, greater contact with relatives to whom participants feel close, more frequent telephone contact, and greater satisfaction with family relationships were associated with a greater number of nights in stable housing. Program and policy implications for strengthening family ties as a means to reduce homelessness among this population are discussed.

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**Title: Veterans Affairs Health System and Mental Health Treatment Retention Among Patients with Serious Mental Illness: Evaluating Accessibility and Availability Barriers**

**Authors:** McCarthy JF, Blow FC, Valenstein M, Fischer EP, Owen RR, Barry KL, Hudson TJ, Ignacio RV

**Source:** Health Services Research, 42(3):1042-1060, June 2007.

**Summary:** We examine the impact of two dimensions of access-geographic accessibility and availability-on VA health system and mental health treatment retention among patients with serious mental illness (SMI). Among 156,631 patients in the Veterans Affairs (VA) health care system with schizophrenia or bipolar disorder in fiscal year 1998 (FY98), we used Cox proportional hazards regression to model time to first 12-month gap in health system utilization, and in mental health services utilization, by the end of FY02. Geographic accessibility was operationalized as straight-line distance to nearest VA service site or VA psychiatric service site, respectively. Service availability was assessed using county level VA hospital beds and non-VA beds per 1,000 county residents. Patients who died without a prior gap in care were censored. There were 32,943 patients (21 percent) with a 12-month gap in health system utilization; 65,386 (42 percent) had a 12-month gap in mental health services utilization. Gaps in VA health system utilization were more likely if patients were younger, nonwhite, unmarried, homeless, nonservice-connected, if they had bipolar disorder, less medical morbidity, an inpatient stay in FY98, or if they lived farther from care or in a county with fewer VA inpatient beds. Similar relationships were observed for mental health, however being older, female, and having greater morbidity were associated with increased risks of gaps, and number of VA beds was not significant. Geographic accessibility and resource availability measures were associated with long-term continuity of care among patients with SMI. Increased distance from providers was associated with greater risks of 12-month gaps in health system and mental health services utilization. Lower VA inpatient bed availability was associated with increased risks of gaps in health system utilization. Study findings may inform efforts to improve treatment retention.

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**Title: Intensive Case Management as a Jail Diversion Program for People with a Serious Mental Illness - A Review of the Literature**

**Authors:** Loveland D, Boyle M

**Source:** International Journal of Offender Therapy and Comparative Criminology, 51(2):130-150, Apr 2007.

**Summary:** This article reviews the research on intensive case management (ICM) programs as a jail diversion intervention for people with a serious mental illness (SMI). The review includes two types of ICM programs: (a) general ICM programs that included an assessment of arrests and incarceration rates for people with an SMI and (b) ICM programs specifically implemented as a component of a jail diversion intervention for people with an SMI. Results indicate that general ICM programs (19) rarely led to reductions in jail or arrest rates over time, and these rates were similar to those found in standard mental health services. General ICM programs that included an integrated addiction treatment component (8) had mixed results but a trend toward reductions in rates of arrests and incarceration over time

for individuals with an SMI and a co-occurring substance use disorder. Results were mixed for jail diversion interventions with an ICM program, but most ICM programs (8) led to significant reductions in arrests and incarcerations over time. Specific elements of effective ICM jail diversion programs are discussed.

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**FAMILIES**

**Title: Homeless Families in Canada: Discovering Total Families**

**Author:** Schiff, JW

**Source:** Families in Society, 88(1):131-140, Jan-Mar 2007.

**Summary:** Research on homeless families has focused primarily on residents of emergency and transitional housing programs, most of which serve victims of domestic violence and/or substance abuse, primarily women, excluding male partners and adolescent children. Resulting family profiles are skewed towards unaccompanied women with dependent children. Evaluation of a temporary emergency shelter for homeless families revealed a markedly different profile. Families housed were older, more often married and living together, and had more older children than reported elsewhere. Many were income-earning households left homeless by low income, a high rental market and under-funded migration moves in their search for employment. Housing and income policies need to include the unique needs of dual parent households with dependent children.

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**Title: Promoting Children's Mental Health in Family Supportive Housing: A Community-University Partnership for Formerly Homeless Children and Families**

**Author:** . Gewirtz AH.

**Source:** The Journal of Primary Prevention, Jun 13, 2007 [Epub ahead of print]

**Summary:** Emerging research indicates that significant numbers of formerly homeless families residing in permanent supportive housing have caregivers with substance use and mental health disorders, and children with histories of exposure to violence, abuse, and out-of-home placement. These factors place children at risk for adverse psychosocial outcomes, including later homelessness, providing a strong rationale for embedding child-focused prevention and intervention services in supportive housing contexts. This article describes a developing community-university partnership whose goal is to advance practice and research in the adaptation and dissemination of mental health prevention and early intervention for children in supportive housing.

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**ESTIMATING HOMELESS POPULATIONS**

**Title: A Repeated Observation Approach for Estimating the Street Homeless Population**

**Author:** Berry B

**Source:** Evaluation Review, 31(2):166-199, Apr 2007.

**Summary:** Risks of life on the street caused by inclement weather, harassment, and assault threaten the unsheltered homeless population. We address some challenges of enumerating the street homeless population by testing a novel capture-recapture (CR) estimation approach that models individuals' intermittent daytime

visibility. We tested walking and vehicle-based variants of CR in downtown Toronto in March. Estimates that assume individual variability of sighting probabilities are most consistent with our knowledge of the homeless and achieve the most favorable confidence intervals, estimated detection probabilities, and coefficient of variation. Estimation bias from interobserver discrepancies, duplicate counting, and violation of the closed population assumption were minimized with uniform identification criteria, training, and sampling design. Bias caused by the social grouping of the homeless was small. Despite the limitations of visual identification, CR approaches as part of a multiple-method program can aid community responses to immediate needs on the street, especially during the harsh winter months.

## **MEDICAL EDUCATION**

### **Title: Students' Experience of Nursing Presence With Poor Mothers**

**Authors:** DeLashmutt MB

**Source:** Journal of Obstetric Gynecologic and Neonatal Nursing, 36(2):183-189, Mar-Apr 2007.

**Summary:** An awareness of the health impact of poverty is core to effective nursing practice. Consequently, a clinical course for nursing students, the focus of which was the impact of poverty upon mental, physical, and spiritual health, was developed and implemented. As the students' understanding of poverty developed, they appreciated that a nurse's spirituality and nursing presence can empower poor and marginalized mothers. Nursing presence can provide a vital form of support for poor childbearing women that may reduce risk of poor birth outcomes.

### **Title: Being in Another World: Transcultural Student Experiences Using Service Learning with Families who are Homeless.**

**Authors:** Hunt RJ, Swiggum P

**Source:** Journal of Transcultural Nursing, 18(2):167-74, Apr 2007.

**Summary:** Developing skills in cultural competence is a recognized theoretical strategy in schools of nursing. Nursing faculty know that students need to be sensitized to the concept of diversity; however, many are struggling with the best way to teach cultural competence. This article describes transcultural experiences from service learning clinical rotations at a family homeless shelter, described by students as being in another world. Student narratives provide valuable information about structuring clinical learning activities to promote understanding of cultural differences and similarities. Clinical experiences using a traditional model versus those using service learning, the role of reflection, and teaching strategies promoting transcultural learning through service learning are explored.

### **Title: Documenting Attitude Changes Towards Homeless People: Comparing Two Standardised Surveys**

**Authors:** Buchanan D, Rohr L, Stevak L, Sai T

**Source:** Medical Education, 41(4):346-348, Apr 2007.

**Summary:** Curricula about the care of homeless patients have been developed to improve stigmatising attitudes towards patients living in poverty. The Attitudes Toward Homelessness Inventory (ATHI) and the Attitudes Towards the Homeless Questionnaire (ATHQ) are both validated instruments developed to assess attitudes towards homeless patients. Although these surveys have similar goals, it is not clear which is superior for documenting attitude changes among doctors in training. Seven cohorts of Year 2 and 3 primary care internal medicine residents at an urban public hospital in the USA completed the ATHI and ATHQ in a confidential manner before and after a 2-week rotation on health care for homeless patients (n = 25). Both the ATHI and the ATHQ documented changes in residents' attitudes. The magnitude of the pre/post change was 0.63 per item for the ATHI and 0.13 per item for the ATHQ. When the ATHI per-item change was standardised to reflect the change that would be expected if there were 5 response choices instead of 6, the per-item change for the ATHI was 4.1-fold greater than for the ATHQ. Residents improved their responses to 1 of every 8 statements on the ATHQ and 1 of every 2 statements on the ATHI after the course. Both the ATHI and the ATHQ documented improvement in residents' attitudes after a 2-week homeless medicine curriculum. However, the ATHI was 4 times more responsive to change. These findings suggest that the ATHI is superior for detecting changes in attitudes after an educational intervention.

### **Title: Service-Learning: An Eye-Opening Experience That Provokes Emotion and Challenges Stereotypes**

**Author:** Hunt R

**Source:** The Journal of Nursing Education, 46(6):277-81, June 2007.

**Summary:** Descriptive phenomenology was used to explore the lived experience of nursing students in service-learning clinical placement working with families who are homeless. Fourteen students from two different service-learning courses involving a family homeless shelter participated in the interviews. Six constituent descriptions were identified from thematic analysis: eye-opening to realize the effects of homelessness on families; feeling intense emotions that are sometimes hard to express; realizing families who are homeless are both different from and similar to families who have housing; challenging and transforming assumptions, perceptions, and stereotypes; the importance of reflection; and discovering new and different aspects of the nursing role. This research contributes to existing knowledge about the relationships between service-learning and emotional learning, cross-cultural learning, transformational learning, and developing caring as a way of being, as well as provides valuable information about improving service-learning activities.

## **VETERANS**

### **Title: Receipt of Disability Through an Outreach Program for Homeless Veterans**

**Authors:** Chen JH, Rosenheck RA, Kaspro WJ, Greenberg G

**Source:** Military Medicine, 172(5):461-5, May 2007.

Summary: Receipt of public support payments is associated with beneficial outcomes for homeless people with mental illness. The purpose of this study was to identify factors associated with receipt of Department of Veterans Affairs (VA) pension and compensation benefits among homeless veterans after their initial contact with the VA national homeless outreach program. We examined data for 5731 veterans who were contacted by the program during the first 3 months of fiscal year 2003 and who were not receiving VA benefits, and we documented their benefit status over a minimum of 18 months. A limited number of veterans (15%) were subsequently awarded benefits; they were more likely to have reported recent use of VA services and a greater number of medical and psychiatric problems at the time of outreach. Findings suggest that VA benefit outreach efforts may gain from increased focus on those most vulnerable and most on the outskirts of the VA system.

#### **ORAL HEALTH**

Title: Oral Health Needs of the Homeless

Author: Williams S

Source: British Dental Journal, 202(12):742-743, June 23, 2007.

Summary: The aim was to assess the oral health needs of a homeless population residing in North and West Belfast Health and Social Services Trust area, in order to determine levels of unmet need and allow recommendations for service delivery to be made. A sample of single homeless people was gathered using a snowballing sampling technique. Fourteen hostels located in North and West Belfast were visited in tandem with the homeless healthcare coordinator. All consenting participants were asked to complete a detailed medical history questionnaire and a questionnaire to assess their health and psycho-social needs, dental anxiety and oral health-related quality of life. All participants received an oral examination. Three hundred and seventeen homeless people consented to take part. Two hundred and sixty-seven (84%) were male. Thirty-three percent of participants had mental health problems including psychotic illness, depression and anxiety. Forty-three percent of the sample stated they were addicted to alcohol and 3% were registered injecting drug users. Five percent (16) of the sample had soft tissue swellings of which two were found to be oral cancer. The participants had a mean D(3cv)MFT of 16.16. Seventy-five percent of the sample had bleeding gums and calculus; however only 4% had pocket depths of 6 mm or more. Dental anxiety status was related to dental disease experience which impacted negatively on quality of life. Forty-seven percent of the participants felt at least occasionally self-conscious and/or felt ashamed by the appearance of their teeth. Health and psychosocial factors associated with being homeless must be incorporated into the delivery of context-sensitive oral healthcare for this socially excluded population.

#### **SUBSTANCE USE**

Title: Factors Identifying High-Frequency and Low-Frequency Health Service Utilization Among Substance-Using Adults

Authors: O'Toole TP, Pollini R, Gray P, Jones T, Bigelow G, Ford DE

Source: Journal of Substance Abuse Treatment, 33(1):51-9, July 2007.

Summary: Understanding why substance-using patients seek care at emergency departments (EDs) and who utilizes such service at high rates is important in tailoring and targeting interventions. We conducted a retrospective/prospective cohort study of 326 medically ill substance-using adults to identify factors associated with 12-month high-frequency utilization of ambulatory care, ED, and inpatient medical care. The majority were actively using heroin (74.6%), cocaine (62.4%), and alcohol (54.4%); 94.8% had a chronic medical condition; and 53.8% reported a chronic mental health condition. High-frequency use of ED ( $\geq 3$  visits) was independently associated with being female, being African American, being homeless, a history of  $> 1$  substance abuse treatment episode, and  $\geq 1$  ambulatory care visit. However, the combination of having certain chronic conditions (seizure disorder, hepatitis B, and hepatitis C) and accessing ambulatory care was protective against high-frequency use of ED. In contrast, high-frequency use of ambulatory care ( $\geq 3$  visits) was independently associated with having insurance, having HIV/AIDS, and receiving substance abuse treatment during the study period. Efforts to redirect medical care to more subacute settings will likely require both capacity building and addressing a client's underlying needs, including homelessness, access to substance abuse treatment, and chronic disease management.

Title: Sober Housing and Motivational Interviewing: The Treatment Access Project

Authors: Fisk D, Sells D, Rowe M

Source: The Journal of Primary Prevention, June 6, 2007 [Epub ahead of print]

Summary: This paper describes an innovative program that provides rental subsidies for sober housing and supportive services to persons in early recovery who are homeless and have substance use disorders. Preliminary data point to the success of this program in enhancing recovery and exiting from homelessness. In supporting sober house placements, the Treatment Access Project creates a bridge that supports these individuals in their transition from clinical treatment services to the community. Integration with natural community supports can help to build self-efficacy, which can enhance the likelihood that this population will obtain and maintain abstinence, gainful employment, and permanent housing.

Title: Effectiveness of Different Models of Case Management for Substance-Abusing Populations

Authors: Vanderplasschen W, Wolf J, Rapp RC, Broekaert E

Source: Journal of Psychoactive Drugs, 39(1):81-95, Mar 2007.

Summary: Case management has been implemented in substance abuse treatment to improve (cost-) effectiveness, but controversy exists about its potential to realize this objective. A systematic and comprehensive review of peer-reviewed articles ( $n = 48$ ) published between 1993 and 2003 is presented, focusing on the effects of different models of case management among various substance-abusing populations. Results show that several studies have reported positive effects, but only some randomized and

controlled trials have demonstrated the effectiveness of case management compared with other interventions. Longitudinal effects of this intervention remain unclear. Although no compelling evidence was found for the effectiveness of case management, some evidence is available about the (differential) effectiveness of intensive case management and assertive community treatment for homeless and dually-diagnosed substance abusers. Strengths-based and generalist case management have proven to be relatively effective for substance abusers in general. Most positive effects concern reduced use of inpatient services and increased utilization of community-based services, prolonged treatment retention, improved quality of life, and high client satisfaction. Outcomes concerning drug use and psychosocial functioning are less consistent, but seem to be mediated by retention in treatment and case management. Further research is required to learn more about the extent of the effects of this intervention, how long these are sustained and what specific elements cause particular outcomes.

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**Title: Toward Cost-Effective Initial Care for Substance-Abusing Homeless**

**Authors:** Milby JB, Schumacher JE, Vuchinich RE, Freedman MJ, Kertesz S, Wallace D

**Source:** : Journal of Substance Abuse Treatment, May 16, 2007 [Epub ahead of print]

**Summary:** In a randomized controlled trial, behavioral day treatment, including contingency management (CM(+)), was compared to contingency management components alone (CM). All 206 cocaine-dependent homeless participants received a furnished apartment with food and work training/employment contingent on drug-negative urine tests. CM(+) also received cognitive-behavioral therapy, therapeutic goal management, and other intervention components. Results revealed that CM(+) treatment attendance and abstinence were not significantly different from CM during 24 weeks of treatment. After treatment and contingencies ended, however, CM(+) showed more abstinence than CM, indicating a delayed effect of treatment from 6 to 18 months. CM(+) had more consecutive weeks abstinent across 52 weeks, but not during active treatment. We conclude that CM alone may be viable as initial care for cocaine-dependent homeless persons. That CM(+) yields more durable abstinence indicates that it may be appropriate as stepped-up care for clients not responding to CM.

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**Title: Contingency Management to Reduce Substance Use in Individuals who are Homeless with co-Occurring Psychiatric Disorders**

**Authors:** Tracy K, Babuscio T, Nich C, Kiluk B, Carroll KM, Petry NM, Rounsaville BJ

**Source:** American Journal of Drug and Alcohol Abuse, 33(2):253-8, 2007.

**Summary:** Homeless shelters provide a unique opportunity to intervene with occupants who have substance abuse problems, as not addressing these issues may lead to continuation of problems playing a contributing role in homelessness. Attempts to implement Contingency Management (CM) with this population

have often been complex, costly, and not straightforward to replicate in community settings. We conducted a randomized trial evaluating a simple, low-cost 4-week CM program for 30 individuals seeking shelter in a community-based homeless shelter who had both current substance and psychiatric disorders. Behavioral assessments were performed at baseline, weekly, and termination of the study. Overall retention in the trial was high; participants assigned to CM reduced their cocaine and alcohol use more than those in assessment-only. This pilot trial suggests that application of low-cost CM procedures is feasible within this novel setting and may decrease substance use.

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**Title: The Impact of Early Trauma and Abuse on Residential Substance Abuse Treatment Outcomes For Women**

**Authors:** Sacks JY, McKendrick K, Banks S

**Source:** Journal of Substance Abuse Treatment, June 14, 2007 [Epub ahead of print]

**Summary:** This study examines the impact of early abuse on the functioning and the 12-month treatment outcomes of 146 homeless addicted women who entered residential substance abuse treatment. Sixty-nine percent of the women reported exposure to childhood physical, sexual, or emotional abuse; the majority reported multiple forms of abuse. Comparisons of abused and nonabused women revealed significant differences in childhood, adolescent, and adult functioning, indicative of the pervasive detrimental effects of early abuse. Female survivors of childhood abuse did not improve in treatment as much as their nonabused peers in psychological functioning, substance abuse, or continuing trauma exposure. The findings suggest the importance of adapting models of residential substance abuse treatment to address concurrent issues related to trauma history. Additional research is needed to identify effective integrated treatment approaches for this population and to explore the independent and interconnected pathways linking trauma history and outcome.

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**Title: Substance-Induced Suicidal Admissions to an Acute Psychiatric Service: Characteristics And Outcomes**

**Authors:** Ries RK, Yuodelis-Flores C, Comtois KA, Roy-Byrne PP, Russo JE

**Source:** Journal of Substance Abuse Treatment, June 14, 2007 [Epub ahead of print]

**Summary:** The degree of substance-induced syndrome (SIS) was evaluated in 5,116 acutely hospitalized suicidal psychiatric inpatients. Admission and discharge severity ratings were made by academic attendings using structured forms. Outcome variables analyzed include ratings of psychiatric symptom severity on admission and discharge, length of stay, severity of SIS, and severity of alcohol/drug problems. Suicidal inpatients rated with a high degree of SIS were more likely to be homeless, to be unemployed, to be uncooperative, to have shorter lengths of stay, and to show a more rapid improvement in symptoms. These patients represent a subgroup of the co-occurring disorders population having a high degree of addiction severity with temporary substance-induced suicidal syndromes and are subjected to the most expensive level of care in the mental health system. Implications of these findings include the fact that psychiatric

inpatient services need to provide intensive addiction intervention treatment and that outpatient addiction services need improved capability and capacity to care for suicidal patients.

## **HIV**

### **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 Behavior, June 19, 2007 [Epub ahead of print]

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: Pro-social and Problematic Social Network Influences on HIV/AIDS Risk Behaviours Among Newly Homeless Youth in Los Angeles**

Authors: Rice E, Milburn NG, Rotheram-Borus MJ

Source: AIDS Care, 19(5):697-704 May 2007.

Summary: We examined the social network composition among newly homeless youth over time and assessed how pro-social and problematic peers affected sexual and drug-using HIV/AIDS risk-behaviours among 183 youth in Los Angeles County, California. The percentage of newly homeless youth who reported that 'most' or 'all' of their friends were attending school, had jobs, and got along with their families was 73%, 24%, and 50% respectively. Logistic regression models indicated that presence of these pro-social peers reduced HIV risk behaviours at two years; odds of HIV-risk were lower with a greater number of peers who attend school, have a job, or have positive family relationships or if networks change over time to include more of these peers. Presence of problematic peers increased the likelihood of HIV risk-taking; odds of HIV risk behaviours increased with a greater number of peers at baseline who steal, have overdosed, have been arrested, or are in a gang, or if networks change to include more of these peers. Interventions should target newly homeless youth in networks that contain problematic peers, but should strive to harness the naturally occurring pro-social peer influences present in these networks.

### **Title: The Effect of Homelessness on Hospitalisation among Patients with HIV/AIDS**

Authors: Nosyk B, Li X, Sun H, Anis AH

Source: AIDS Care, 19(4):546-53 Apr 2007.

Summary: The purpose of this study was to determine the effect of homelessness on the costs and patterns of hospitalisation in patients with HIV/AIDS. A retrospective longitudinal study design, based on medical records data covering 2,768 person-years of observation between 1997 and 2003 on patients with HIV/AIDS, was employed. A contextual measure of neighbourhood socioeconomic status (SES) was also used to uncover differences among low- and high-SES neighbourhood dwellers. The association of homelessness and neighbourhood SES with total annual hospitalisation costs, length of stay, numbers of hospital and emergency department admissions and the probability of an operating room procedure, controlling for other covariates, was assessed using multivariate regression analysis. Our results suggest that the homeless and low-SES neighbourhood residents had a large proportion of total costs attributable to admissions for acute events related to the progression of disease. Hospitalisations for planned operating room procedures comprised a relatively larger proportion of hospitalisation costs for high-SES neighbourhood residents. One implication of our findings is that improvements in the continuity of care and cost savings on inpatient care may be realised through further development of social assistance programs aimed at reaching the homeless and residents of low-SES neighbourhoods.

### **Title: The Impact of HIV-Related Interventions on HIV Risk Behavior in a Community Sample of African American Crack Cocaine Users**

Authors: Ross MW, Timpson SC, Williams ML, Bowen A.

Source: AIDS Care, 19(5):608-16, May 2007.

Summary: While there are reports of the impact of specific interventions designed to reduce HIV drug and sexual risk behaviors, there are few reports of the impact of HIV interventions in a community-based sample. We report on baseline data from a sample of African American crack smokers who were about to participate in an intervention designed to reduce HIV-related risk behaviors. The majority were male (80%), single (70%) and homeless (52%). Data indicated that 29% of the sample had been in a previous HIV intervention in the past 12 months, the majority in a correctional setting or CBO program. There were few systematic demographic differences between the two groups. Those who had been in an intervention reported using male and female condoms significantly more frequently on all measures of condom use, had positive condom use outcome expectations for male condoms and higher affective and situational condom-related self-efficacy beliefs. These data suggest that, at a community level, the spectrum of HIV risk-reduction programs does produce a significant improvement in condom use and related cognitions, although there is a need to cover a greater proportion of the population. Previous exposure to interventions must be a critical covariate in assessing the impact of future interventions.

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**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 Behavior, June 6, 2007 [Epub ahead of print]

**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.

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**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 Behavior, May 12, 2007 [Epub ahead of print]

**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.

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**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 Behavior, June 2, 2007 [Epub ahead of print]

**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.

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**INFLUENZA**

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**Title: Strategies for Improving Influenza Immunization Rates among Hard-to-Reach Populations**

**Authors:** Vlahov D, Coady MH, Ompad DC, Galea S

**Source:** Journal of Urban Health. June 12, 2007 [Epub ahead of print]

**Summary:** Whereas considerable attention has been devoted to achieving high levels of influenza immunization, the importance of this issue is magnified by concern over pandemic influenza. Most recommendations for vaccine administration address high risk groups such as the elderly and those with chronic diseases, but coverage for hard-to-reach (HTR) populations has had less attention. HTR populations include minorities but also include other primarily urban groups such as undocumented immigrants, substance users, the homeless, and homebound elderly. Obstacles to the provision of immunization to HTR populations are present at the patient, provider, and structural levels. Strategies at the individual level for increasing immunization coverage include community-based educational campaigns to improve attitudes and increase motivation for receiving vaccine; at the provider level, education of providers to encourage immunizations, improving patient-provider interactions, broadening the provider base to include additional nurses and pharmacists, and adoption of standing orders for immunization administration; and at the structural level, promoting wider availability of and access to vaccine. The planning process for an influenza pandemic should include community engagement and extension of strategies beyond traditional providers to involve community-based organizations addressing HTR populations.