

# 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. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) July –September 2008. Summaries are categorized into themes which vary each quarter.

## ORAL HEALTH

**Title:** Promoting Oral Health among the Inner City Homeless: A Community-Academic Partnership

**Author:** Lashley M

**Source:** Nursing Clinics of North America, 43(3):367+, Sep 2008.

**Summary:** Oral health care resources for the homeless are scarce, underfunded, and generally inadequate to meet the oral health needs of this population. The purpose of this program was to improve oral health among the urban homeless in a faith-based inner city mission through education, screening, and improved access to oral health care. The program provided for expanded delivery of oral health care services to the homeless while preparing students in the health professions for community-based practice with at-risk and vulnerable populations. By proactively addressing oral health needs through prevention and earlier diagnosis and treatment, morbidity, quality of life, and cost can be positively affected. Innovative, cross-disciplinary, community delivery models that involve key stakeholders at all levels are needed to address the oral health needs of the homeless and underserved adequately.

## YOUTH AND ADOLESCENTS

**Title:** Baseline Measurement of Running Away among Youth in Foster Care

**Authors:** Witherup LR, Vollmer TR, Van Camp CM

**Source:** Journal of Applied Behavior Analysis, 41(3):305-318, Fall 2008.

**Summary:** The current study evaluated the use of various behavioral measures of running away with regard to (a) the differential utility of interval- versus event-based measures, (b) the differential utility of rate versus duration measures, (c) the utility of correcting for occurrence opportunity, and (d) the influence of

unit of analysis (i.e., single-subject vs. grouped data). Seven different baseline measures were calculated for 84 runaways, and a unit-size analysis was conducted by constructing groups of various sizes from the original sample. An expert panel evaluated the suitability of the baseline measures for treatment evaluation. Results demonstrate the utility of evaluating duration-based measures and correcting for occurrence opportunity. Results also indicate that single-subject baselines may often be unacceptable for treatment evaluations, regardless of the type of measure selected for use.

**Title:** Runaway and Pregnant: Risk Factors Associated with Pregnancy in a National Sample of Runaway/Homeless Female Adolescents

**Authors:** Thompson SJ, Bender KA, Lewis CM, Watkins R

**Source:** Journal of Adolescent Health, 43(2):125-132, Aug 2008.

**Summary:** Homeless youth are at particularly high risk for teen pregnancy; research indicates as many as 20% of homeless young women become pregnant. These pregnant and homeless teens lack financial resources and adequate health care, resulting in increased risk for low-birth-weight babies and high infant mortality. This study investigated individual and family-level predictors of teen pregnancy among a national sample of runaway/homeless youth in order to better understand the needs of this vulnerable population. Data from the Runaway/Homeless Youth Management Information System (RHY MIS) provided a national sample of youth seeking services at crisis shelters. A sub-sample of pregnant females and a random sub-sample (matched by age) of nonpregnant females comprised the study sample (N = 951). Chi-square and t tests identified differences between pregnant and nonpregnant runaway females; maximum likelihood logistic regression identified individual and family-level predictors of teen pregnancy. Teen pregnancy was associated with being an ethnic minority, dropping out of school, being away from home for longer periods of time, having a sexually transmitted disease, and feeling abandoned by one's family. Family factors, such as living in a single parent household and experiencing emotional abuse by one's mother, increased the odds of a teen being pregnant. The complex problems associated with pregnant runaway/homeless teens create challenges for short-term shelter services. Suggestions are made for extending shelter services to

include referrals and coordination with teen parenting programs and other systems of care.

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**Title: Health Educators' Perceptions of a Sexual Health Intervention for Homeless Adolescents**

**Authors:** Rew L, Rochlen AB, Murphey C

**Source:** Patient Education and Counseling, 72(1):71-77, Jul 2008.

**Summary:** The purpose of this qualitative descriptive study was to explore the perceptions and experiences of health educators in providing a brief, street-based intervention to homeless adolescents. Qualitative data were collected via e-mail from a purposive sample of 13 male and female health educators who provided the intervention and analyzed using manifest and latent content analysis techniques. Five categories with two or more subcategories were identified in the data and included how the educators' views changed, how they felt homeless youth were similar to and different from other adolescents, positive aspects and challenges of providing the intervention, and suggestions for future interventionists working with this population. The health educators' practice was strengthened over the course of providing the intervention through their positive experiences, changes in their perceptions, some of which were biased, and ability to confront the challenges that accompany working with this vulnerable population. Health educators who work with this population should learn about the culture of homeless youth and characteristics of homeless youth that may influence their participation in a sexual health intervention. Moreover, they need to be non-judgmental, practice the intervention, be aware of their biases, and remain flexible.

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**Title: The Initiation of Homeless Youth into the Street Economy**

**Authors:** Gwadz MV, Gostnell K, Smolenski C, Willis B, Nish D, Nolan TC, Tharaken M, Ritchie A

**Source:** Journal of Adolescence, Aug 27, 2008. [Epub ahead of print]

**Summary:** Homeless youth (HY) who lack employment in the formal economy typically turn to the street economy (e.g., prostitution, drug selling) for survival. Guided by the theory of social control, the present paper explores factors influencing HY's initiation into the street economy. Eighty HY (ages 15-23) were recruited from four community-based organizations. All participated in structured interviews and 25% participated in qualitative interviews. Almost all HY had participated in the street (81%) and formal economies (69%). Five main factors simultaneously influenced initiation into the street economy: social control/bonds, barriers to the formal economy (e.g., homelessness, educational deficits, mental health problems, incarceration, stigma), tangible and social/emotional benefits of the street economy, severe economic need, and the active recruitment of HY into the street economy by others. Qualitative and quantitative data sources were congruent. Intervention efforts are needed at multiple levels of influence to promote HY's success in the formal economy.

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**Title: Pregnancy and Sexual Health among Homeless Young Injection Drug Users**

**Authors:** Hathazi D, Lankenau SE, Sanders B, Jackson Bloom J

**Source:** Journal of Adolescence, Aug 8, 2008. [Epub ahead of print]

**Summary:** Research on pregnancy and sexual health among homeless youth is limited. In this study, qualitative interviews were conducted with 41 homeless young injection drug users (IDUs) in Los Angeles with a history of pregnancy. The relationship between recent pregnancy outcomes, contraception practices, housing status, substance use, utilization of prenatal care, and histories of sexual victimization are described. A total of 81 lifetime pregnancies and 26 children were reported. Infrequent and ineffective use of contraception was common. While pregnancy motivated some homeless youth to establish housing, miscarriages and terminations were more frequent among youth who reported being housed. Widespread access to prenatal and medical services was reported during pregnancy, but utilization varied. Many women continued to use substances throughout pregnancy. Several youth reported childhood sexual abuse and sexual victimization while homeless. Pregnancy presents a unique opportunity to encourage positive health behaviors in a high-risk population seldom seen in a clinical setting.

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**Title: Attitudes of Homeless and Drug-Using Youth Regarding Barriers and Facilitators in Delivery of Quality and Culturally Sensitive Health Care**

**Authors:** Christiani A, Hudson AL, Nyamathi A, Mutere M, Sweat J

**Source:** Journal of Child and Adolescent Psychiatric Nursing, 21(3):154-163, Aug 2008.

**Summary:** Major barriers to care included a lack of culturally competent, accessible care despite the proximity of numerous health service agencies serving homeless youth. A qualitative approach using semistructured focus groups was used to assess the perspectives of 54 homeless and drug-using youth, aged 18-24 years, recruited from street- and shelter-based settings. Substance use was perceived as an adaptive response to psychological pain and survival on the streets as well as a health risk and barrier to care. Facilitators to care and suggestions for improved health delivery and quality of care included utilization of health "mentors" to assist in navigating the medical system, cultural competency enhancements, improved amenities in clinic wait areas, and expanded pharmaceutical services.

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**Title: Comparison of HIV Risks among Gay, Lesbian, Bisexual and Heterosexual Homeless Youth**

**Authors:** Gangamma R, Slesnick N, Toviessi P, Serovich J

**Source:** Journal of Youth and Adolescence, 37(4):456-464, 2008.

**Summary:** Youth who are homeless and gay, lesbian or bisexual (GLB) are one of the most disenfranchised and marginalized groups in our society. The purpose of this study is to examine and compare HIV in GLB homeless youth with their heterosexual counterparts. Participants for this study included 268 youth involved in treatment outcome studies with substance abusing

homeless youth. Results suggest that GLB youth have greater HIV risks and that these risks are greater among bisexual females. In examining the predictors of sexual health risks, survival sex emerged as the most significant. Survival sex was high among females regardless of their sexual orientation and also among gay males. Implications of these findings suggest that a greater emphasis needs to be paid to preventive interventions among this population.

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**Title: How to Open and Sustain a Drop-In Center for Homeless Youth**

**Authors:** Slesnick N, Glassman M, Garren R, Tovissini P, Bantchevska D, Dashora P

**Source:** Children and Youth Services Review, 30(7):727-734, Jul 2008.

**Summary:** Drop-in centers have the potential to facilitate engagement of homeless youth into treatment and back into the mainstream. However, little guidance was found in the literature regarding how to open and sustain a drop-in center for homeless youth. This paper offers such guidance, including information that may be useful for developing a change philosophy that guides the center structure, and for identifying a building and location conducive to facilitate activities and access for the youth.

Guidance for structuring the drop-in center and for hiring and training staff is also offered. Since the U.S. suffers from a dearth of services for homeless youth, the direction offered in this paper may help guide those who seek to provide services to these vulnerable and underserved youth.

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**Title: Drug Use among Homeless Young People in Los Angeles and Melbourne**

**Authors:** Rosenthal D, Mallett S, Milburn N, Rotheram-Borus MJ

**Source:** Journal of Adolescent Health, 43(3):296-305, Sep 2008.

**Summary:** This study examined the effect of time spent homeless on young people's substance use and use of drug and alcohol services in two countries with contrasting policy and service environments. A crossnational survey was conducted of recently homeless and experienced homeless young people in Melbourne (N = 674) and Los Angeles (N = 620). Questions were asked about alcohol and drug use in the past 3 months, frequency of use, injecting drug use, drug dependency, and perceived need for, and use of, drug and alcohol services. Data were analyzed using logistic regression. Substantial numbers of young people reported use of alcohol and drugs. More Australians than Americans and more experienced than newly homeless reported drug use, although there were no differences in frequency of use in the past 3 months. Polydrug use was common, as were injecting drugs and responses that signified drug dependency. All were more common among Australians and experienced homeless young people. A substantial number of young people had "ever" taken part in a drug or alcohol program, but only a minority believed that they needed help from services. Of these, only a minority had sought help. This was particularly so among those who were classified as drug dependent. Reasons for failure to seek help varied. Substance use is alarmingly high compared to national samples of young people, especially among those who had been homeless for longer

periods. Programs to reduce substance use must take account of the prevailing drug cultures, as well as different subgroups of the population.

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**Title: The Effects of Victimization on Drug Use: A Multilevel Analysis**

**Authors:** Lo CC, Kim YS, Church WT

**Source:** Substance Use and Misuse, 43(10):1340-1361, 2008.

**Summary:** Agnew's general strain theory suggests that negative life experiences constitute stress that may lead to deviance, unless effective coping strategies are forthcoming. In the present study, the principles of general strain theory were employed to examine the age-varying effects of three types of victimization on drug-using behavior: sexual victimization, physical victimization, or other victimization. Study data came from seven waves of the National Youth Survey, a longitudinal survey of youth ages 11 to 17 years when the study began in 1976. The broad hypotheses of general strain theory were supported, by the data, with some qualifications. Results of the data analysis also showed that victimization's impact on drug use is type-specific and/or drug-specific. Further studies with more sophisticated measures of drug use should clarify the role of victimization (by type) in various drug-using behaviors. The study's limitations are noted.

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**Title: Problem Behaviors of Homeless Youth: A Social Capital Perspective**

**Authors:** Bantchevska D, Bartle-Haring S, Dashora P, Glebova T, Slesnick N

**Source:** Journal of Human Ecology, 23(4):285-293, 2008.

**Summary:** Homeless youth are one of the most marginalized groups in our society. Many researchers identify much higher levels of various problem behaviors among these youth compared to their non-homeless peers. The current study examined the utility of social capital in predicting problem behaviors among homeless youth. Overall, the theoretically derived social capital variable significantly predicted substance use frequency, sexual risk behavior, depression, delinquent behavior as well as number of days homeless. Thus, social capital was useful in understanding and predicting the current life situation among these youth and may be worthy of further study. Findings suggest that meaningful change should utilize interventions that go beyond the individual and are geared towards modifying the social context of individuals' lives.

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**Title: The Psychosocial Profile of Adolescent Risk of Homelessness**

**Authors:** Bearsley-Smith CA, Bond LM, Littlefield L, Thomas LR

**Source:** European Child and Adolescent Psychiatry, 17(4):226-234, Jun 2008.

**Summary:** This study's objective was to contrast the psychosocial profile of adolescents with risk factors for homelessness, identified using Chamberlain and MacKenzie's self-report scale, compared to the profiles of homeless adolescents. multinomial logistic regression analyses were conducted contrasting profiles for (a) 137 homeless adolescents, (b) 766 secondary students reporting risk factors for

homelessness, and (c) 4,844 students not reporting risks for homelessness. Fourteen percent of a representative population of at-school adolescents, from Victoria, Australia, showed elevated risk of homelessness. These adolescents showed depressive symptoms at least equivalent to homeless adolescents. In multivariate analyses, homeless and at risk adolescents reported equivalent levels of family conflict, early problem behaviour and low opportunities and rewards for family involvement. Compared to adolescents not at risk, at risk adolescents were more likely to be female and to show poorer social skills/assertiveness and depressive symptoms. Compared to at risk adolescents, homeless adolescents showed additional family, school, peer and individual risks, but lower depressive symptomatology. The findings highlight the potential we have to quickly and simply detect adolescents showing significant risk of homelessness. This sizable minority of adolescents report risks often equivalent to homeless adolescents. It is hoped that stakeholders working with young people will utilise this screening potential to identify and intervene effectively with this significant subpopulation of youth, and their families, while they are still at home and school.

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**Title: Social Network Characteristics and Risky Sexual and Drug Related Behaviors among Homeless Young Adults**

**Author:** Tyler KA

**Source:** Social Science Research, 37(2):673-685, Jun 2008.

**Summary:** Although research finds high rates of risky sexual and drug related behavior among homeless young people, little research had examined how the characteristics of their social networks encourage or constrain risky behaviors. Based on a sample of 145 homeless young adults in the Midwestern United States, results revealed that having used alcohol with at least one of their network members and the presence of more conflict was associated with engaging in a greater number of sexual risk taking behaviors. Correlates of engaging in a greater number of substance use related behaviors included having older peers within the network, having used illicit drugs with at least one network member, and the presence of more conflict. The presence of a family member in one's network, however, was associated with fewer sexual and drug related risk behaviors. Overall, the social network characteristics of youth explained significant, additional variance beyond that of youth's own characteristics and their early family histories.

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**Title: Where the Homeless Children and Youth Come From: A Study of the Residential Origins of the Homeless in Miami-Dade County, Florida**

**Author:** Rukmana D

**Source:** Children and Youth Services Review, 30 (9):1009-1021, Sep 2008.

**Summary:** This study investigates where homeless children and youth come from and identifies factors associated with the spatial distribution of the residential origins of homeless children and youth. Data were obtained through a point-in-time homelessness survey in Miami-Dade County, Florida in January 2005. The study identified 545 homeless children and youth in 219 homeless families whose residential origins were in Miami-Dade County,

Florida. Their residential origins are not heavily concentrated in poor neighborhoods, but are also located in less poor neighborhoods. The study reveals that domestic violence that is not confined strictly to neighborhoods of high poverty is the factor that explains the spatial distribution of the residential origins of homeless children and youth. This study also reveals that areas characterized by deprivation are strongly and positively significant in producing more homeless children and youth.

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**Title: Physically Violent Mothers Are a Reason for Young People's Leaving Home**

**Authors:** Mallett S, Rosenthal D

**Source:** Journal of Interpersonal Violence, Aug 13, 2008. [Epub ahead of print]

**Summary:** In a qualitative study, 302 homeless young people (aged 12 to 20 years) were asked to discuss their reasons for leaving home. Some 103 youth cited physical violence by a parent or stepparent, and of these, 39 cited their mother's or stepmother's violence as the reason for leaving home. Females were more likely than males to report being the target of violence by their mother; however, the converse was true for stepmothers. Several discrete reasons for maternal violence were identified, including maternal personal characteristics and behaviors, issues associated with blended families, or young people's own behavior. In some cases, young people reported violence by both parents. Their attributions of maternal violence centered on a single dimension of the mother/stepmother or her relationship with a partner. They rarely discussed the contribution that they had made to the conflict or acknowledged the social context that may have been a catalyst for violence.

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**HOMELESS WOMEN**

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**Title: Impact of the Seeking Safety Program on Clinical Outcomes among Homeless Female Veterans with Psychiatric Disorders**

**Authors:** Desai RA, Harpaz-Rotem I, Najavits LM, Rosenheck RA

**Source:** Psychiatric Services, 59(9):996-1003, Sep 2008.

**Summary:** Seeking Safety is a manualized cognitive-behavioral therapy intervention that is designed to treat clients with comorbid substance abuse and trauma histories. This study examined its effectiveness when used with homeless women veterans with psychiatric or substance abuse problems at 11 Department of Veterans Affairs medical centers that had Homeless Women Veterans Programs. The intervention consists of 25 sessions that cover topics to help build safety in clients' lives and is present-focused, offering psychoeducation and coping skills. A cohort of homeless women veterans (N=359) was recruited before Seeking Safety was implemented (phase I). After clinicians were trained and certified in Seeking Safety, a postimplementation cohort was recruited and offered Seeking Safety treatment (phase II, N= 91). Phase I lasted from January 2000 to June 2003. Phase II lasted from June 2003 to December 2005. The intervention lasted for six months. All participants were interviewed every three months for one year and received intensive case management and other services during the study. Mixed models were used to compare one-year clinical outcomes across phases. There were few

differences across groups at baseline. All women entering the Homeless Women Veterans Programs showed significant improvement on most clinical outcome measures over one year. The Seeking Safety cohort reported significantly better outcomes over one year in employment, social support, general symptoms of psychiatric distress, and symptoms of post-traumatic stress disorder, particularly in the avoidance and arousal clusters. However, the Seeking Safety cohort was significantly more likely to have used drugs in the past 30 days. Seeking Safety appears to have had a moderately beneficial impact on several clinical outcomes. Although the nonequivalent comparison groups and low follow-up rates limit the internal validity of these results, availability of Seeking Safety may be of benefit for homeless female veterans. It is noteworthy that it could be delivered and implemented by case managers with little or no prior counseling experience.

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**Title: Dietary Intake of Homeless Women Residing at a Transitional Living Center**

**Authors:** Davis LR, Weller NE, Jadhav M, Holleman WL

**Source:** Journal of Health Care for the Poor and Underserved, 19(3):952-962, Aug 2008.

**Summary:** Women who are homeless experience health problems due to many factors, including poor nutrition. This paper describes a nutritional assessment of women who are homeless living at a transitional living center in an urban setting. A rapid food screener was used to assess fat, fruit and vegetable, and fiber intake, and focus group analysis was used to assess nutritional attitudes and dietary behaviors. We found that the dietary intake of shelter residents does not meet the USDA recommendations in several key areas. We also found that shelter residents considered shelter cafeteria food to be inadequate in terms of taste, nutritional quality, and choices, and they believed the shelter diet contributed to chronic diseases and their symptoms. We conclude that addressing these barriers to good nutrition may help people who are homeless prevent and manage chronic illness.

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**Title: Drugs, Alcohol and Pregnant Women - Changing Characteristics of women Engaging with a Specialist Perinatal Outreach Addictions Service**

**Authors:** Mayet S, Groshkova T, Morgan L, MacCormack T, Strang J

**Source:** Drug and Alcohol Review, 27(5):490-496 2008.

**Summary:** Pregnant substance misusers present an increased risk to themselves and the unborn child. The aim of this study was to investigate changes in the characteristics of women referred to a specialist perinatal addictions outreach service (1989-1991 versus 2002-2005). A cross-sectional audit of health records was conducted. Information was gathered for each woman who contacted the service (2002-2005). Data were compared to an earlier study in the same locality (1989-1991). A total of 167 pregnant substance-using women were referred between 2002 and 2005, of whom 126 made contact. The mean age was 30.2 years at 20.8 weeks' fetal gestation, with 76% not in addictions treatment, 32% from black or minority ethnic (BME) communities, 49% polysubstance users and 29% homeless. The primary substance

used was illicit heroin (38%), followed by cocaine (24%). Compared to 1989-1991, there were significantly more pregnant women presenting at an older age, later gestation, with increased polysubstance use and a higher percentage of women from BME communities. This service was able to access vulnerable substance-abusing women with an altered pattern of substance use compared to over 10 years previously. However, improvements are needed for engaging all referred women and accessing women at an earlier gestation.

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**Title: The Link Between Homeless Women's Mental Health and Service System Use**

**Authors:** Tam TW, Zlotnick C, Bradley K

**Source:** Psychiatric Services, 59(9):1004-1010, Sep 2008.

**Summary:** With high rates of psychiatric and substance use problems, homeless women need a wide variety of services. This study, focusing on homeless women with and without symptoms of mental illness, examined the association of predisposing, enabling, and need factors (based on Aday-Andersen's health services utilization model) with use of behavioral, medical, and human services. Data from 738 homeless women from the National Survey of Homeless Assistance Providers and Clients were analyzed. Homeless women with symptoms of mental illness showed higher rates of service use in behavioral, medical, and human domains, a finding that indicates that there are stronger service linkages for this group than for women without symptoms of mental illness. Predictors associated with service use differed by psychiatric symptoms among homeless women: predisposing and enabling factors influenced service use among homeless women without symptoms of mental illness, whereas need factors influenced service use among women with symptoms of mental illness. Mental illness symptoms may be a trigger for receiving an array of services for homeless women once they gain entrance into a service system. There was a negative association between symptoms of mental illness and use of behavioral health services among homeless mothers, which may be the result of the fear of child welfare service intervention and loss of child custody. This service distribution inequity among homeless women using mental health services deserves attention by policy makers, researchers, and providers.

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**Title: Residential Transience and Depression: Does the Relationship Exist for Men and Women?**

**Authors:** Davey-Rothwell MA, German D, Latkin CA

**Source:** Journal of Urban Health - Bulletin of the New York Academy of Medicine, 85(5):707-716, Sep 2008.

**Summary:** Residential transience may contribute to adverse mental health. However, to date, this relationship has not been well-investigated among urban, impoverished populations. In a sample of drug users and their social network members (n = 1,024), we assessed the relationship between transience (frequently moving in the past 6 months) and depressive symptoms, measured by the CES-D, among men and women. Even after adjusting for homelessness, high levels of depressive symptoms were 2.29 [95%CI = 1.29-4.07] times more likely among transient men compared to nontransient men and 3.30 [95% CI = 1.10-9.90]

times more common among transient women compared to nontransient women. Stable housing and mental health services need to be available, easily accessible, and designed so that they remain amenable to utilization under transient circumstances.

### **HEALTH CARE EXPERIENCES**

***Title: Experiences of Homeless People in the Health Care Delivery System: A Descriptive Phenomenological Study***

***Author:*** Martins DC

***Source:*** Public Health Nursing, 25(5):420-430, Sep-Oct 2008.

***Summary:*** The objective of this research is to understand the experiences of homeless people with the health care system. A descriptive Phenomenological research design is used. Phenomenology is the philosophical underpinning of this research. The purposive sample consists of 15 homeless adults. Interviews were conducted, tape-recorded, transcribed, and then analyzed the transcripts using Colaizzi's descriptive phenomenological method. 4 major themes emerged: (1) living without essential resources compromises health; (2) putting off health care until a crisis arises; (3) encountering barriers to receiving health care to include (a) social triage, (b) feeling labeled and stigmatized, (c) a nonsystem for health care for the homeless, (d) being treated with disrespect, and (e) feeling invisible to health care providers; and (4) developing underground resourcefulness. Although homeless persons articulated many problems in the health care system encounters, they also described their own resourcefulness and the strategies they employ to manage being marginalized by society and the health care system. An increased understanding of health care experiences from the homeless persons' perspective can guide public health nursing emancipatory actions.

***Title: Shifting Moral Values to Enhance Access to Health Care: Harm Reduction as a Context for Ethical Nursing Practice***

***Author:*** Pauly B

***Source:*** International Journal of Drug Policy, 19(3):195-204, Jun 2008.

***Summary:*** People who are street involved including those experiencing homelessness and substance use are at increased risk of morbidity and mortality. Such inequities are exacerbated when those facing the greatest inequities in health have the least access to health care. These concerns have rarely been addressed in bioethics and there has been a lack of explicit attention to the dominant societal and organizational values that structure such injustices. The purpose of this paper is to describe the underlying value tensions that impact ethical nursing practice and affect equity in access to health care for those who are street involved. In this paper, findings from a larger qualitative ethnographic study of ethical practice in nursing in the context of homelessness and substance use are reported. The original research was undertaken in two 'inner city' health care centres and one emergency department (ED) to gain a better understanding of ethical nursing practice within health care interactions. Data were collected over a period of 10 months through face-to-face interviews and participant observation. In order to facilitate access to health care for those who are street-involved nurses had to navigate a series of

value tensions. These value tensions included shifting from an ideology of fixing to reducing harm; stigma to moral worth; and personal responsibility to enhancing decision-making capacity. A context of harm reduction provided a basis for the development of relationships and shifted the moral orientation to reducing harm as a primary moral principle in which the worth of individuals and the development of their capacity for decision-making was fostered. Implementation of a harm reduction philosophy in acute care settings has the potential to enhance access to healthcare for people who are street involved. However, explicit attention to defining the harms and values associated with harm reduction is needed. While nurses adopted values consistent with harm reduction and recognized constraints on personal responsibility, there was little attention to action on the social determinants of health such as housing. The individual and collective role of professional nurses in addressing the harms associated with drug use and homelessness requires additional examination.

***Title: Mistrust of Outreach Workers and Lack of Confidence in Available Services among Individuals who are Chronically Street Homeless***

***Authors:*** Kryda AD, Compton MT

***Source:*** Community Mental Health Journal, Sep 19, 2008. [Epub ahead of print]

***Summary:*** This qualitative study explored how individuals who are homeless perceive outreach practices and available services. Interviews were conducted with 24 people who had been homeless for >=1 year and who consistently resided on the streets of west midtown, Manhattan, New York. Reasons why these individuals refuse services include a pervasive mistrust of outreach workers and the agencies that employ them, as well as a prominent lack of confidence in available services. The findings suggest a need for an approach to outreach that incorporates giving individualized attention from outreach workers, using an empathetic listening approach, minimizing stereotyping, providing greater choices, and employing formerly homeless people as outreach workers.

***Title: Dignity and Indignation: How People Experiencing Homelessness View Services and Providers***

***Authors:*** Hoffman L, Coffey B

***Source:*** Social Science Journal, 45(2):207-222, Jun 2008.

***Summary:*** This article examines how people experiencing homelessness view their interactions with service providers. Drawing on a database of more than 500 transcribed interviews with people experiencing homelessness we find that descriptions of interactions with staff and providers were predominantly expressed in sharply negative terms, with experiences of objectification and infantilization being commonplace. In response to these experiences, nearly all were angry, and many simply opted out of the social service system in order to maintain a sense of dignity and self-respect. We argue that these responses should not simply be analyzed as an individual psychological or cognitive response, but rather as a result of the power relations and social inequities in the provider-client relationship. This suggests that the perpetuation of homelessness is not internal to the homeless individual as many claim, but rather may be

embedded in the service industry itself, which subjects both clients and providers to bureaucratic forms of authority and experiences of disrespect. These negative descriptions are juxtaposed with positive comments, which offer potential solutions from homeless individuals themselves. We conclude that qualitative research, in contrast to a reliance on statistics and best practice assessments, is an important tool in developing socially just policies and programs serving those in need.

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**Title: The Promise Clinic: A Service Learning Approach to Increasing Access to Health Care**

**Authors:** Jimenez M, Tan-Billet J, Babineau J, Jimenez JE, Billet T, Flash C, Levin S, West B, Tallia A

**Source:** Journal of Health Care for Poor and Underserved, 19(3):935-943, Aug 2008.

**Summary:** The goal of the Promise Clinic (a project of an academic medical center and a local social services group) is to increase access to primary care for an underserved population while addressing deficiencies in medical education. Students manage common primary care problems, creating access for this mostly uninsured population.

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**FAITH-BASED AND NON-PROFIT ORGANIZATIONS**

**Title: Faith Action on Urban Social Issues**

**Author:** Beaumont J

**Source:** Urban Studies, 45(10):2019-2034, Sep 2008.

**Summary:** What evidence supports or refutes the claim articulated from various quarters that faith-based organisations (FBOs) have been repositioned as actors for combating social problems like poverty and social exclusion in cities? This paper explores FBOs as agents of social change in contemporary cities in Europe, with a glance at the US. The argument is, first, that we need to conceptualise changing dynamics between religion, politics and post-secular society in the conviction that cities are the pre-eminent loci where these new relations are forming with intensity. While state restructuring and the urbanisation of political action are well-documented processes, far less is known about similar changes in the governance of religious institutions and their consequences for the urbanising relations between religion and the public sphere. Secondly, there are a number of empirical instances of FBOs involving faith-motivated and other people who respond to problems of poverty and social exclusion in various cities across Europe and suggest a changing public role of FBOs in social and political issues. Such repositioning, however, does not relate to the public sphere without tensions and ambiguities and the paper draws out some implications for theory and practice that guide a new international and multidisciplinary research agenda.

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**Title: The Hazards of Helping: Work, Mission and Risk in Non-Profit Social Service Organizations**

**Authors:** Kosny AA, Eakin JM

**Source:** Health Risk and Society, 10(2):149-166, 2008

**Summary:** Non-profit organizations play an important role in the provision of health and social services. No longer temporary providers of emergency services, non-profit organizations appear to

be permanent features of the social service landscape. Despite some of the intrinsic rewards that work in non-profit organizations offers, jobs in these organizations can be characterized by high demands, long working hours, low pay and exposure to violence and infectious disease, conditions which may be deleterious to worker health. This paper is based on an ethnography of three non-profit organizations: a homeless women's drop in, a drug treatment agency and a men's homeless shelter. We examine organizational 'mission,' a dominant discourse about the purpose and value of providing 'help' to marginalized clients, and the implications it has for work practices and for the way that workers understand work-related risk in these organizations. We describe how the notion of mission is continually reproduced, and trace its relationship to worker risk acceptance and risk taking. We suggest that the functions of such discursive commitments in organizations, and their implications for the well-being of workers, underscores the importance of understanding organizational culture and the social construction of risk when attempting to improve working conditions and protect worker health in social service non-profit organizations.

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**VETERANS**

**Title: A Taxonomy of Medical Comorbidity for Veterans who are Homeless**

**Authors:** Goldstein G, Luther JF, Jacoby AM, Haas GL, Gordon AJ

**Source:** Journal of Health Care for the Poor and Underserved, 19(3):991-1005, Aug 2008.

**Summary:** Homeless veterans have numerous medical and behavioral health problems. Grouping homeless people based on comorbidity patterns may assist in determining severity of illness and triaging health care more effectively. We sought to determine if a finite number of profiles could be identified related to demographic characteristics, living situation, length of homelessness, and referral areas using interview data from 2,733 veterans who were presently or recently homeless. We considered 12 disorders: eye problems, hypertension, cardiovascular problems, COPD/emphysema, tuberculosis, gastrointestinal problems, hepatic disease, neurologic disorders, orthopedic problems, skin problems, and trauma. Ratings were evaluated using cluster analysis. Comparison statistics were used to compare intercluster differences in demographics, homeless situation, and referral recommendations. A four-cluster solution is proposed: generalized illness, hepatic disease, lung disease, and neurologic disorder. Medical health problems are common and heterogeneous in homeless individuals. Classifications of these problems may be useful in planning treatment and predicting outcome.

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**PREVENTING HOMELESSNESS**

**Title: Developing and Testing an Intervention to Prevent Homelessness among Individuals Discharged from Psychiatric Wards to Shelters and 'No Fixed Address'**

**Authors:** Forchuk C, MacClure SK, Van Beers M, Smith C, Csiernik R, Hoch J, Jensen E

Source: Journal of Psychiatric and Mental Health Nursing, 15(7):569-575, Sep 2008.

Summary: Shelter data in a recent study revealed discharges from psychiatric facilities to shelters or the street occurred at least 194 times in 2002 in London, Ontario, Canada. This problem must be addressed to reduce the disastrous effects of such discharge, including re-hospitalization and prolonged homelessness. An intervention was developed and tested to prevent homelessness associated with discharge directly to no fixed address. A total of 14 participants at-risk of being discharged without housing were enrolled, with half randomized into the intervention group. The intervention group was provided with immediate assistance in accessing housing and assistance in paying their first and last month's rent. The control group received usual care. Data were collected from participants prior to discharge, at 31 and 6-months post-discharge. All the individuals in the intervention group maintained housing after 3 and 6 months. All but one individual in the control group remained homeless after 3 and 6 months. The exception joined the sex trade to avoid homelessness. The results of this pilot were so dramatic that randomizing to the control group was discontinued. Discussions are underway to routinely implement the intervention. Systemic improvements can prevent homelessness for individuals being discharged from psychiatric wards.

#### COUNTING HOMELESS POPULATIONS

Title: Estimating Numbers of Unsheltered Homeless People through Plant-Capture and Postcount Survey Methods

Authors: Hopper K, Shinn M, Laska E, Meisner M, Wanderling J  
Source: American Journal of Public Health, 98 (8):1438-1442, Aug 2008.

Summary: We sought to increase the accuracy of New York City's estimates of its unsheltered homeless population. We employed 2 approaches to increasing count accuracy: a plant-capture strategy in which embedded decoys (or "plants") were used to estimate the proportion of visible homeless people missed by enumerators and a postcount survey of service users designed to estimate the proportion of unsheltered homeless people who were not visible. Plants at 17 sites (29%) reported being missed in the count, because counters either did not visit those sites or did not interview the plants. Of 293 homeless service users who were not in shelters, 31% to 41% were in locations deemed not visible to counters. Both plant-capture estimation and postcount surveys are feasible approaches that can increase the accuracy of estimates of unsheltered homeless populations.

#### SUBSTANCE ABUSE/MENTAL HEALTH TREATMENT

Title: A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses

Authors: Polcin DL, Henderson DM

Source: Journal of Psychoactive Drugs, 40(2):153-159, Jun 2008.

Summary: The call for evidence-based practices (EBPs) in addiction treatment is nearly universal. It is a noteworthy movement in the field because treatment innovations have not always been implemented in community programs. However, other types of

community-based services that may be essential to sustained recovery have received less attention. This article suggests that sober living houses (SLHs) are a good example of services that have been neglected in the addiction literature that might help individuals who need an alcohol- and drug-free living environment to succeed in their recovery. It begins with an overview of the history and philosophy of this modality and then describes our five-year longitudinal study titled, "An Analysis of Sober Living Houses." Particular attention is paid to the structure and philosophy of SLHs and purported therapeutic factors. It ends with the presentation of baseline data describing the residents who enter SLHs and six-month outcomes on 130 residents.

Title: Residential Detoxification: Essential for Marginalised, Severely Alcohol- and Drug-Dependent Individuals

Authors: Silins E, Sannibale C, Larney S, Wodak A, Mattick R

Source: Drug and Alcohol Review, 27(4):414-419, 2008.

Summary: In an era of health care rationalisation, residential detoxification services catering for drug- and alcohol-dependent homeless people are being closed. The principal findings of a recent evaluation of a non-medicated residential detoxification service are presented. The aims were to describe the characteristics of residents, their experience of admission, rates of withdrawal completion, referral patterns, staff and key informant perceptions of the service and its role within the wider treatment system. A process evaluation was utilised incorporating interviews with residents (n=80) and key informants (n=13); a survey of all service staff (n=10); and demographic and clinical data for all residents (n=392) admitted over one calendar year. Residents were heavily substance-dependent and marginalised, with many exhibiting substantial mental and physical health impairments. Polydrug use and frequent prior engagement with drug and alcohol services were common. The majority completed withdrawal and were referred to further treatment. Residents who presented for heroin and other opiate withdrawal were more likely than other residents to leave before completing treatment. Information from key informants, service staff and residents converged in underscoring the important role performed by the service. Out-patient detoxification for homeless and severely drug- and alcohol-dependent populations is unrealistic. For this group, access to residential detoxification is vital as it provides an environment where potentially serious medical and psychological complications can be managed. There continues to be a clear role for supervised withdrawal in such a setting.

Title: Tracking Residential Outcomes of Supported Independent Living Programs for Persons with Serious Mental Illness

Authors: Wong YL, Poulin SR, Lee S, Davis MR, Hadley TR

Source: Evaluation and Program Planning, Jul 18, 2008. [Epub ahead of print]

Summary: This study seeks to document patterns and reasons of leaving housing, and identify factors associated with different types of exits for a cohort of 452 residents with serious mental illness entering supported independent living (SIL) in Philadelphia, PA. The study cohort was tracked through an integrated administrative database comprised of information on

basic demographic and clinical characteristics, length of stay, homeless shelter use, and publicly funded behavioral health services use. A convenience sample of 46 SIL leavers and their support staff provided data on scenarios of leaving. The findings of this study suggest that departure from SIL is not a unitary phenomenon, but involving plausibly favorable as well as unfavorable circumstances. Multivariate analysis based on administrative tracking data suggests demographic and clinical factors, housing setting, and service use factors to have effects on leaving SIL and distinct types of exit examined in this study. Data procured from the convenience sample highlight the potential roles that program rules and resident-staff relationships play in affecting housing tenure. Implications of the findings for the development of permanent supportive housing for persons with serious mental illness are discussed.

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**Title: Modeling the Mental Health Effects of Victimization among Homeless Persons**

**Authors:** Perron BE, Alexander-Eitzman B, Gillespie DF, Pollio D  
**Source:** Social Science and Medicine, 67(9):1475-9, Nov 2008.  
[Epub 2008 Aug 12]

**Summary:** Homeless persons are victims of violent and non-violent crime at higher rates than housed populations. While studies have suggested that victimization can induce or exacerbate mental health problems, there is very little known about factors that may buffer the effects of victimization. This cross-sectional study examined the influence of victimization on depressive symptoms in over 9600 homeless and mentally ill adults participating in the Access to Community Care and Effective Services and Supports study (ACCESS) conducted in multiple cities across the USA. Relationships between victimization, depressive symptoms, and perceived safety were tested within a structural equation modeling framework using data collected at the baseline interview. The overall model exhibited a good fit with the data. Non-physical victimization was associated with higher levels of depressive symptoms, and physical victimization was associated with lower levels of perceived safety. As hypothesized, perceived safety was a significant partial mediator of depressive symptoms. These results underscore the complexity of the relationships between victimization and depression in homeless adults and the importance of addressing different types of victimization in homeless and mentally ill adults.

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**Title: Supported Housing Programs for Persons with Serious Mental Illness in Rural Northern Communities: A Mixed Method Evaluation**

**Authors:** Montgomery P, Forchuk C, Duncan C, Rose D, Bailey PH, Veluri R

**Source:** BMC Health Services Research, 24(8):156, Jul 2008.

**Summary:** During the past two decades, consumers, providers and policy makers have recognized the role of supported housing intervention for persons diagnosed with serious mental illness (SMI) to be able to live independently in the community. Much of supported housing research to date, however, has been conducted in large urban centers rather than northern and rural communities. Northern conditional and contextual issues such as

rural poverty, lack of accessible mental health services, small or non-existing housing markets, lack of a continuum of support or housing services, and in some communities, a poor quality of housing challenge the viability of effective supported housing services. The current research proposal aims to describe and evaluate the processes and outcomes of supported housing programs for persons living with SMI in northern and rural communities from the perspective of clients, their families, and community providers. This research will use a mixed method design guided by participatory action research. The study will be conducted over two years, in four stages. Stage I will involve setting up the research in each of the four northern sites. In Stage II a descriptive cross-sectional survey will be used to obtain information about the three client outcomes: housing history, quality of life and housing preference. In Stage III two participatory action strategies, focus groups and photo-voice, will be used to explore perceptions of supported housing services. In the last stage findings from the study will be re-presented to the participants, as well as other key community individuals in order to translate them into policy. Supported housing intervention is a core feature of mental health care, and it requires evaluation. The lack of research in northern and rural SMI populations heightens the relevance of research findings for health service planning. The inclusion of multiple stakeholder groups, using a variety of data collection approaches, contributes to a comprehensive, systems-level examination of supported housing in smaller communities. It is anticipated that the study's findings will not only have utility across Ontario, but also Canada.

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**Title: Characteristics of Individuals Screening Positive for Substance Use in a Welfare Setting: Implications for Welfare and Substance-Use Disorders Treatment Systems**

**Authors:** Morgenstern J, Hogue A, Dasaro C, Kuerbis A, Dauber S  
**Source:** Journal of Studies on Alcohol and Drugs, 69(4):561-570, Jul 2008.

**Summary:** This study examined barriers to employability, motivation to abstain from substances and to work, and involvement in multiple service systems among male and female welfare applicants with alcohol- and drug-use problems. A representative sample (N= 1,431) of all persons applying for public assistance who screened positive for substance involvement over a 2-year period in a large urban county were recruited in welfare offices. Legal, education, general health, mental health, employment, housing, and child welfare barriers to employability were assessed, as were readiness to abstain from substance use and readiness to work. Only 1 in 20 participants reported no barrier other than substance use, whereas 70% reported at least two other barriers and 40% reported three or more. Moreover, 70% of participants experienced at least one additional barrier classified as "severe" and 30% experienced two or more. The number and type of barriers differed by gender. Latent class analysis revealed four main barriers-plus-readiness profiles among participants: (1) multiple barriers, (2) work experienced, (3) criminal justice, and (4) unstable housing. Findings suggest that comprehensive coordination among social service systems is needed to address the complex problems of low-income Americans with substance-

use disorders. Classifying applicants based on barriers and readiness is a promising approach to developing innovative welfare programs to serve the diverse needs of men and women with substance-related problems.

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**Title: Effects of Psychosocial and Situational Variables on Substance Abuse among Homeless Adults**

**Authors:** Stein JA, Dixon EL, Nyamathi AM

**Source:** Psychology of Addictive Behaviors, 22(3):410-416, Sep 2008.

**Summary:** Finding direct and indirect influences of salient psychosocial and situational variables on problem substance use among homeless people is important in designing evidence-based, effective, and relevant interventions for this special population. A stress-coping paradigm in conjunction with situational items specialized for homeless people was used to explore predictive relationships in a sample of homeless adults (N = 664) among (a) psychosocial variables of self-esteem, social support, positive and negative coping, and emotional distress, (b) situational variables of homelessness history and quality of recent housing, and (c) outcomes of alcohol use, injection drug use (IDU), and non-IDU. Lower self-esteem predicted greater emotional distress, lower positive coping, greater negative coping, and more alcohol use. Social support predicted less emotional distress and more positive coping. Chronic homelessness predicted more emotional distress, less positive coping, greater alcohol use, and IDU. Poor housing was associated with more alcohol use and IDU. Substance abuse interventions among the homeless should have a dual focus that includes attention to psychological issues and negative coping patterns while also addressing situational, environmental factors, including encouraging provision of permanent supportive housing.

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**Title: When Parents with Severe Mental Illness Lose Contact with Their Children: Are Psychiatric Symptoms or Substance Use to Blame?**

**Authors:** Jones D, Macias RL, Gold PB, Barreira P, Fisher W

**Source:** Journal of Loss and Trauma, 13(4):261-287, 2008.

**Summary:** This study compared parental psychiatric symptom severity, and the absence or presence of severe substance abuse, as predictors of contact with minor children for a representative sample of adults with diagnoses of serious mental illness (N=45). Child contact and psychiatric symptom severity were measured during regularly scheduled 6-month research interviews over a total 30-month period following each participant's entry into the project. Severe substance abuse was documented as present or absent for the 6-month interval preceding each interview. Results revealed that incidence of severe substance abuse was repeatedly associated with less frequent parent-child contact, even after controlling for psychiatric symptoms, diagnosis, gender, age, ethnicity, and socioeconomic status. Neither psychiatric diagnosis nor symptom severity predicted frequency of child contact when substance abuse was taken into account. Mental health agencies offering parenting classes for adults with serious mental illness should incorporate substance use interventions to reduce loss of child custody and strengthen parent-child relationships.

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**Title: Evaluation of Treatment Programs for Dual Disorder Individuals: Modeling Longitudinal and Mediation Effects**

**Authors:** Fletcher TD, Cunningham JL, Calsyn RJ, Morse GA, Klinkenberg WD

**Source:** Administration and Policy in Mental Health and Mental Health Services Research, 35 (4):319-336, Jul 2008.

**Summary:** This study evaluated the effectiveness of the three approaches for treating dual disorder clients who were homeless at intake: integrated assertive community treatment (IACT), assertive community treatment only (ACTO), and standard care (SC). Multilevel Random Coefficient Modeling (MRCM) was used to analyze longitudinal effects and to identify mediators of significant treatment effects. The outcome variables were consumer satisfaction, stable housing, psychiatric symptoms, and substance abuse. The eight mediators were service utilization variables: program contacts, phone contacts, substance abuse contacts, assistance with activities of daily living, transportation assistance, help finding permanent housing, help with emotional problems, and medication assistance. The 191 eligible participants were randomly assigned to one of the three conditions and followed for a period of 30 months. Both ACTO and IACT produced better outcomes than SC on consumer satisfaction and stable housing. There were no differences on any of the outcome variables between ACTO versus IACT when comparing main effects. However, there were several treatment by time interactions. In addition, there were many mediation effects.

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**TYPHUS**

**Title: Serological Evidence of Typhus Group Rickettsia in a Homeless Population in Houston, Texas**

**Authors:** Reeves WK, Murray KO, Meyer TE, Bull LM, Pascua RF, Holmes KC, Loftis AD

**Source:** Journal of Vector Ecology, 33(1):205-207, Jun 2008.

**Summary:** We tested sera from 176 homeless people in Houston for antibodies against typhus group rickettsiae (TGR). Sera from 19 homeless people were reactive to TGR antigens by ELISA and IFA. Two people had antibodies against Rickettsia prowazekii (epidemic typhus) and the remaining 17 had antibodies against Rickettsia typhi (murine typhus).

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**MANAGING FROSTBITE**

**Title: Frostbite: Management Options**

**Authors:** Roche-Nagle G, Murphy D, Collins A, Sheehan S

**Source:** European Journal of Emergency Medicine, 15(3):173-175, Jun 2008.

**Summary:** Frostbite is a condition that is associated with people living in countries with an extremely cold climate. It can also, however, affect people who are involved in winter sports, and is also associated with the homeless, people with a psychiatric illness, and those who misuse drugs and alcohol. We describe the case of a 47-year-old homeless man who was diagnosed with severe frostbite in both lower legs. The lesion consisted of hemorrhagic blistering with already visible demarcation. When sepsis developed both lower legs had to be amputated as a matter of urgency. We describe the assessment and management of a patient with

frostbite and identify the challenges of managing these complex tissue injuries.

### **GEOGRAPHIES OF HOMELESSNESS**

**Title:** *Imag(In)Ing 'Homeless Places': Using Auto-Photography to (Re)Examine the Geographies of Homelessness*

**Authors:** Johnsen S, May J, Cloke P

**Source:** *Area*, 40(2):194-207, Jun 2008.

**Summary:** Despite its growing popularity as a method across the social sciences, the methodological literature on auto-photography is remarkably sparse. In an effort to begin redressing this gap, this paper provides an account of the ways in which auto-photography was used to complement other research methods in a (re)examination of the geographies of homelessness. It describes how auto-photography illuminated 'hidden' spaces that do not typically feature in public (or academic) imaginations of homelessness, and provided more nuanced understandings of the use, meanings and dynamics associated with other, apparently already 'known' spaces. It concludes that whilst auto-photography presents a number of logistical and ethical challenges - particularly when used with such a vulnerable group - it is nevertheless a powerful heuristic tool.

### **HIV/AIDS**

**Title:** *Intentional Abstinence among Homeless and Unstably Housed Persons Living with HIV/AIDS*

**Authors:** Courtenay-Quirk C, Zhang J, Wolitski RJ

**Source:** *AIDS and Behavior*, Sep 26, 2008. [Epub ahead of print]

**Summary:** Some persons living with HIV/AIDS (PLWHA) engage in periods of sexual abstinence. Baseline data from a larger study of homeless/unstably housed PLWHA indicated that 20% (125/644) intentionally abstained from sex in the past 90 days. Reasons included: (1) 'not interested' (n = 78); (2) did not want to infect someone (n = 46); and (3) did not have a partner (n = 37). Abstinence was less likely among all who had a main partner. Among men who have sex with men (MSM), abstinence was less likely among those with a detectable viral load. It was more likely among heterosexual men who were experiencing current housing problems and who had at least a high school education. Among women, abstinence was less likely among African Americans and those whose social networks were more aware of their HIV status. Better understanding of motivations to abstain may improve how programs serving PLWHA address this issue.

**Title:** *Binge Use of Crack Cocaine and Sexual Risk Behaviors Among African-American, HIV-Positive Users*

**Authors:** Harzke AJ, Williams ML, Bowen AM

**Source:** *AIDS and Behavior*, Aug 30, 2008. [Epub ahead of print]

**Summary:** This study describes binge use of crack cocaine, binge users, and their sexual risk behaviors in a sample of 303 African-American, HIV-positive users. Recent binge use was defined as, "using as much crack cocaine as you can, until you run out of crack or are unable to use any more" in the last 30 days. Fifty-one percent reported a recent crack binge. The typical crack binge lasted 3.7 days and involved smoking 40 rocks on average. Nearly

two-thirds reported their last binge was in their own or another's home. Seventy-two percent had sex during the last binge, with an average of 3.1 partners. In multivariable logistic regression analyses, recent bingers were more likely than non-bingers to consider themselves homeless, to have any income source, to have used crack longer, and to score higher on risk-taking and need for help with their drug problem. In multivariable ordinal and logistic regression analyses, recent bingers had more sex partners in the last six months and 30 days and were more likely to have never used a condom in the last 30 days. Among male users, recent bingers were more likely to report lifetime and recent exchange of money for sex and drugs for sex. Among both male and female users, recent bingers were more likely to report lifetime trading of sex for drugs. African-American, HIV-positive binge users of crack cocaine appear to be at increased risk for HIV transmission. Further investigations of binge crack use and sexual risk behaviors and interventions targeting and tailored to this group should be considered.

**Title:** *Negotiating "Home" and "Care" among the HIV+ Homeless: An Ethnographic Case Study of Home Care Nursing Habitus*

**Authors:** Patton C, Loshny H

**Source:** *The Canadian Journal of Nursing Research*, 40(2):172-188, Jun 2008.

**Summary:** The authors combine field work among home care nurses working in an impoverished urban neighbourhood with analysis of changing models of service provision. They explore the concepts of "home" and "care" for the homeless and marginally housed as features of a home care nursing "habitus" in the face of conflicting professional and institutional approaches to HIV care. While the nurses' innovative practice is a result of the failure of existing models to meet the needs of multi-diagnosis patients, it is also influenced by the drive to increase adherence to antiretroviral regimens as a means of slowing the spread of HIV at the population level. The authors describe the nurses' negotiated practice and use Pierre Bourdieu's notion of habitus to theorize about their ability to meet competing demands.

**Title:** *HIV/AIDS Health Service Utilization by People who have been Homeless*

**Authors:** Henry R, Richardson JL, Stoyanoff S, Garcia GP, Dorey F, Iverson E, King JB

**Source:** *AIDS and Behavior*, 12(5):815-821, Sep 2008.

**Summary:** People living with HIV/AIDS (PLWHA) who experience homelessness have competing priorities (e.g., food, security of property) and experience complex health-related issues (e.g., comorbidities, transportation to clinics) that may interfere with utilizing health care services. Using data from 229 PLWHA we did not find that homelessness was related to fewer or shorter clinic visits. Patients who had ever been homeless were more likely to have a case manager (74.2%) than never homeless patients (58.8%). African American patients were less likely to have a case manager (57%) as compared to other ethnicities (66%) although this was not statistically significant.

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**Title: Reducing Risky Sexual Behavior and Substance Use Among Currently and Formerly Homeless Adults Living with HIV**

**Authors:** Rotheram-Borus MJ, Desmond K, Comulada WS, Arnold EM, Johnson M

**Source:** American Journal of Public Health, Sep 17, 2008. [Epub ahead of print]

**Summary:** We examined the efficacy of the Healthy Living Program in reducing risky sexual behavior and substance use among adults with HIV infection who were marginally housed (i.e., homeless at some point over a 37-month period). We had previously conducted a randomized controlled trial with 936 adults living with HIV infection. In that study, 3 intervention modules of 5 sessions each addressed different goals: reducing risky sexual acts and drug use, improving the quality of life, and adhering to healthful behaviors. Participants were interviewed at baseline and at 5, 10, 15, 20, and 25 months; 746 completed 4 or more assessments. In this study, we analyzed sexual behavior and drug use outcomes for the 35% (n=270 of 767) of participants who were considered marginally housed. Among the marginally housed participants, there were significantly greater reductions in unprotected risky sexual acts, the number of sexual partners of HIV negative or unknown serostatus, alcohol or marijuana use, and hard drug use among the intervention group than among the control group. Intensive, skill-focused intervention programs may improve the lives of marginally housed adults living with HIV infection.

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**Title: The Effects of HIV Stigma on Health, Disclosure of HIV Status, and Risk Behavior of Homeless and Unstably Housed Persons Living with HIV**

**Authors:** Wolitski RJ, Pals SL, Kidder DP, Courtenay-Quirk C, Holtgrave DR

**Source:** AIDS and Behavior, Sep 4, 2008. [Epub ahead of print]

**Summary:** HIV-related stigma negatively affects the lives of persons living with HIV/AIDS (PLWHA). Homeless/unstably housed PLWHA experience myriad challenges and may be particularly vulnerable to the effects of HIV-related stigma. Homeless/unstably housed PLWHA from 3 U.S. cities (N = 637) completed computer-assisted interviews that measured demographics, self-assessed physical and mental health, medical utilization, adherence, HIV disclosure, and risk behaviors. Internal and perceived external HIV stigma were assessed and combined for a total stigma score. Higher levels of stigma were experienced by women, homeless participants, those with a high school education or less, and those more recently diagnosed with HIV. Stigma was strongly associated with poorer self-assessed physical and mental health, and perceived external stigma was associated with recent non-adherence to HIV treatment. Perceived external stigma was associated with decreased HIV disclosure to social network members, and internal stigma was associated with drug use and non-disclosure to sex partners. Interventions are needed to reduce HIV-related stigma and its effects on the health of homeless/unstably housed PLWHA.

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**END-OF-LIFE CARE**

**Title: Engaging Homeless Persons in End of Life Preparations**

**Authors:** Song J, Wall MM, Ratner ER, Bartels DM, Ulvestad N, Gelberg L

**Source:** Journal of General Internal Medicine, Sep 18, 2008. [Epub ahead of print]

**Summary:** There are no prospective studies that have investigated the effects of an intervention to improve end of life (EOL) care in an underserved population. The objective of this study was to determine whether homeless persons will complete an advance directive (AD). The study design was a randomized trial comparing two modes of providing an opportunity for homeless persons to complete an AD. Half of the subjects were randomized to a self-guided group (SG) who were given an AD and written instructions; the other half were given the same material but, in addition, were offered the opportunity to receive guidance to complete the AD (CG). Fifty-nine homeless persons were recruited from a drop-in center. Measures included rate of AD completion and baseline and 3-month follow-up EOL-related knowledge, attitudes, and behaviors. The overall AD completion rate was 44%, with a statistically significant higher completion rate of 59% in the CG group compared to 30% in the self-guided only group. Frequency of worry about death decreased among those who filled out an AD from 50% to 12.5%, and also among those who did not (25% to 12.5%). Among those who filled out an AD, there were increases in plans to write down EOL wishes (56% to 100%) and plans to talk about these wishes with someone (63% to 94%). This study demonstrates that people living in dire economic and social situations will complete an AD when offered the opportunity. While offering guidance resulted in higher rates of completion; even a simple self-guided AD process can achieve completion of ADs in this population.

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**CARDIOVASCULAR RISK FACTORS**

**Title: Modifiable Cardiovascular Risk Factors Among Individuals in Low Socioeconomic Communities and Homeless Shelters**

**Authors:** Kim DH, Daskalakis C, Plumb JD, Adams S, Brawer R, Orr N, Hawthorne K, Toto EC, Whellan DJ

**Source:** Family and Community Health, 31(4):269-280, Oct/Dec 2008.

**Summary:** To understand cardiovascular health in low socioeconomic populations, we analyzed the data from 426 low socioeconomic community-dwelling males and females and 287 homeless males in Philadelphia. Despite higher prevalence of smoking and hypertension, the proportion of homeless participants at increased risk for coronary heart disease was comparable with that of low socioeconomic community-dwelling participants. Among various characteristics, emotional stress was significantly associated with coronary heart disease risk in low socioeconomic community-dwelling participants only, suggestive of a differential psychosocial effect of stress. Our findings suggest that low socioeconomic populations are heterogeneous with respect to their risk factors and needs for interventions.

## **TUBERCULOSIS**

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### **Title: Decision Instrument for the Isolation of Pneumonia Patients with Suspected Pulmonary Tuberculosis Admitted Through US Emergency Departments**

**Authors:** Moran GJ, Barrett TW, Mower WR, Krishnadasan A, Abrahamian FM, Ong S, Nakase JY, Pinner RW, Kuehnert MJ, Jarvis WR, Talan DA

**Source:** *Annals of Emergency Medicine*, Aug 28, 2008. [Epub ahead of print]

**Summary:** Many patients with pneumonia are admitted to respiratory isolation for possible tuberculosis (TB), but most do not have active TB. We created a decision instrument to predict which pneumonia patients do not need admission to a TB isolation bed. This study design was a prospective case series conducted in 11 university-affiliated, urban, US emergency departments (EDs) (EMERGEncy ID NET). Participants were patients admitted to the hospital through the ED with a diagnosis of pneumonia or suspected TB. The main outcome measure was derivation and validation of a sensitive decision instrument to identify patients not having TB (and not requiring isolation) according to clinical data and chest radiographs. Of 5,079 pneumonia patients, 224 (4.4%) had pulmonary TB according to sputum cultures or tissue staining. The instrument derived to predict which patients did not have pulmonary TB included no TB history or previous positive tuberculin skin test result, nonimmigrant, not homeless, not recently incarcerated, no recent weight loss, and no apical infiltrate or cavitary lesion on plain chest radiograph. When tested on the validation subgroup, the decision instrument exhibited a negative predictive value of 99.7%, and a sensitivity of 96.4%. A decision instrument can accurately predict which patients with pneumonia do not require admission to TB isolation rooms.

## **CONTROLLING TRANSMISSIBLE DISEASES**

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### **Title: Preventing and Controlling Emerging and Re-emerging Transmissible Diseases in the Homeless**

**Authors:** Badiaga S, Raoult D, Brouqui P

**Source:** *Emerging Infectious Diseases*, 14(9):1353-9, Sep 2008.

**Summary:** Homelessness is an increasing public health problem. Because of poor living conditions and limited access to healthcare systems, homeless persons are exposed to many communicable infections. We summarize the intervention measures reported to be efficient for the control and the prevention of common transmissible infections among homeless populations. Evidence suggests that appropriate street- or shelter-based interventions for targeted populations are the most efficient methods. Depending on the populations targeted, these interventions may include education, free condom distribution, syringe and needle prescription programs, chest radiography screening for tuberculosis, directly observed therapy for tuberculosis treatment, improvement of personal clothing and bedding hygiene, and widespread use of ivermectin for scabies and body louse infestation. Systematic vaccination against hepatitis B virus, hepatitis A virus, influenza, *Streptococcus pneumoniae*, and

diphtheria is strongly recommended. National public health programs specific to homeless populations are required.