

# Health Care for the Homeless

## RESEARCH UPDATE

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*Each quarter, more than 18 databases are searched for research publications and projects related to health care and homelessness. Results of this customized search will be added to a comprehensive research database on the HCH Information Resource Center website ([www.prainc.com/hch](http://www.prainc.com/hch)). This edition of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from January-March 2000. Summaries are categorized into themes which will vary each quarter.*

### General

**Title: Integrating Consumer Staff Members into a Homeless Outreach Project: Critical Issues and Strategies**

**Authors:** Fisk D; Rowe M; Brooks R; Gildersleeve D

**Source:** Psychiatric Rehabilitation Journal, 23(3):244-52, Win 2000.

**Summary:** In recent years, mental health agencies have employed consumers of mental health services to provide clinical and rehabilitative services to persons with mental disorders. Since this practice is still relatively new, mental health practitioners have relied on other providers' experiences in employing consumers. For this reason it is important that program staff members describe their experiences integrating consumers into work positions in conventional clinical settings. In this article, clinical and consumer staff members describe their experiences employing formerly homeless persons with mental disorders and/or substance abuse disorders on a federally funded homeless outreach team. The authors identify 3 challenging issues that emerged: (1) disclosure of disability status, (2) client-staff member boundaries, and (3) workplace discrimination. Then, they propose 3 strategies to ease the integration of consumer staff members into their work positions in clinical projects: (1) education and training of agency staff members, (2) individual supervision, and (3) distinguishing between when it is necessary to make reasonable accommodations for consumer staff members from when their work responsibilities need to be modified.

**Title: Narratives of Identity: Representation of Self in People Who Are Homeless**

**Authors:** Boydell KM; Goering P; Morell-Bellai TL

**Source:** Qualitative Health Research, 10(1):26-38, Jan 2000.

**Summary:** Examined the ways in which the homeless regard themselves. Ss were 300 Toronto homeless shelter users representative of the more than 10,000 adults who used such shelters in 1995 and an additional 30 shelter avoiders. 29 persons (aged 18-61 yrs) sampled from the 330 Ss participated in interviews. Ss were chosen for their comfort in talking about, and their ability to recall, the events of the year before they became homeless. Results show that Ss had a sense of pride in their identity before they became homeless. Since many were socially disconnected, they identified best with their former employment. Most felt the stigma from being homeless and displayed a devalued sense of self. Many described themselves as being different than other homeless people, and saw themselves in the future with a home working with homeless people. It is concluded that homelessness poses a threat to identity.

**Title: Risk Factors for Homelessness Among Indigent Urban Adults with No History of Psychotic Illness: a Case-Control Study**

**Authors:** Caton CLM; Hasin D; Shrout PE

**Source:** American Journal of Public Health, 90(2):258-63, Feb 2000.

**Summary:** This study identified risk factors for homelessness among indigent urban adults without dependent children and with no history of psychotic illness. Authors used a matched case-control study, stratified by sex, of 200 newly homeless men and women and 200 indigent men and women with no history of homelessness. Newly homeless case subjects were recruited from shelter assessment centers in New York City. Never-homeless control subjects, selected from public assistance centers, were single adults applying for home relief. Control subjects were matched with case subjects according to ethnicity, age, and sex. Trained interviewers employed standardized research instruments to probe 3 domains of risk factors; symptom severity and substance use disorder, family support and functioning, and prior use of services. Significant interaction effects by sex were present for symptom severity, heroin use disorder, and prior service use. Greater numbers of the homeless of both sexes lacked a high school diploma and had less income from all sources, including from their families, than of the never homeless. Newly homeless men and women with no history of psychotic illness differed from their never-homeless counterparts

in the 3 domains investigated, but socioeconomic factors were also important.

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**Title: Informal Non-Kin Networks Among Homeless Latino and African American Men: Forms and Functions**

**Author:** Molina E

**Source:** American Behavioral Scientist, 43(4):663-85, Jan 2000.

**Summary:** Explores the role social networks play in the daily survival of homeless Latino and African American men. Using a qualitative research design, the author examined how these men initiate, participate in, and maintain social networks, and how their networks function. The analysis compares 3 groups of homeless men: 10 English speaking Latinos, 11 Spanish speaking Latinos and 20 African Americans. The findings support a view of homeless men as active, rational, and competent actors engaged in negotiating their social world. Ss rely on social networks composed of a hierarchy of casual and intimate affiliations. The networks of English-speaking Latinos and of African Americans facilitate their integration into a subculture of street life, whereas those of Spanish-speaking Latinos revolve around their struggles to find work, avoid deportation, and enlist the support of their countrymen. Holistic research approaches are required to advance an accurate understanding of the diverse nature of American homelessness and to institute corrective policy measures.

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**Title: Similarities and Differences in Homelessness in Amsterdam and New York**

**Author:** Slegers J

**Source:** Psychiatric Services, 51(1):100-04, Jan 2000.

**Summary:** Examines differences and similarities in homelessness in Amsterdam and New York City, particularly for those most at risk due to mental illness or substance abuse. The Netherlands is a welfare state where rents are controlled by the government and more than half of the housing is public housing. Virtually all homeless people in Amsterdam are unemployed and receive some sort of social security benefit. Because of the Dutch welfare system, Amsterdam has a smaller proportion of homeless people than New York City, although more people are homeless in Amsterdam today than 15 yrs ago. Neither a lack of affordable housing or sufficient income nor unemployment has been a direct cause of the increase of homelessness. As in New York City, many of the homeless in Amsterdam are mentally ill or have substance use disorders. The increase in the number of homeless people in Amsterdam consists largely of mentally ill people who would have been admitted to a mental hospital 20 yrs ago and of older, long-term heroin abusers who can no longer live independently. Institutional factors such as fragmentation of services and lack of community programs for difficult-to-serve people are a likely explanation for the growing number of homeless people in Amsterdam.

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**TUBERCULOSIS**

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**Title: Adherence to Isoniazid Prophylaxis in the Homeless: a Randomized Controlled Trial**

**Authors:** Tulskey JP; Pilote L; Hahn HA; Zolopa AJ; Burke M; Chesney M; Moss AR

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**Source:** Archives of Internal Medicine, 160(5):697-702, Mar 2000.

**Summary:** This study tested 2 interventions to improve adherence to isoniazid preventive therapy for tuberculosis in homeless adults. We compared (1) biweekly directly observed preventive therapy using a \$5 monetary incentive and (2) biweekly directly observed preventive therapy using a peer health adviser, with (3) usual care at the tuberculosis clinic. A randomized controlled trial in tuberculosis-infected homeless adults was used. Outcomes were completion of 6 months of isoniazid treatment and number of months of isoniazid dispensed. A total of 118 subjects were randomized to the 3 arms of the study. Completion in the monetary incentive arm was significantly better than in the peer health adviser arm and the usual care arm, by log-rank test. Overall, 19 subjects (44%) in the monetary incentive arm completed preventive therapy compared with 7 (19%) in the peer health adviser arm and 10 (26%) in the usual care arm. The median number of months of isoniazid dispensed was 5 in the monetary incentive arm vs 2 months in the peer health adviser arm and 2 months in the usual care arm. In multivariate analysis, independent predictors of completion were being in the monetary incentive arm and residence in a hotel or other stable housing at entry into the study vs residence on the street or in a shelter at entry. The study concluded that a \$5 biweekly cash incentive improved adherence to tuberculosis preventive therapy compared with a peer intervention or usual care. Living in a hotel or apartment at the start of treatment also predicted the completion of therapy.

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**SUBSTANCE ABUSE**

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**Title: Substance Misuses and Related Infectious Diseases in a Soup Kitchen Population**

**Authors:** Mahura S; Nwakeze PC; Rosenblum A; Joseph H

**Source:** Substance Use & Misuse, 35(4):551-83, Mar-Apr 2000.

**Summary:** Representative samples of 119 female and 100 male guests were selected at 2 inner city soup kitchens. In the preceding month, 75% used cocaine/crack and 25% used heroin/opiates as determined by hair analysis. Relatively few guests (25%) were in substance dependency treatment. Infectious disease rates were: HIV (16 %), hepatitis B exposure (21 %), hepatitis B carrier (6 %), syphilis exposure (15%). Years of injecting drug use and homelessness/marginal housing were associated with HIV infection and hepatitis B exposure. Soup kitchens should be prime locations for outreach to cocaine/crack and heroin users in need of treatment, medical care, and interventions to prevent infectious disease transmission.

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**Title: Sexual and Drug Use Behaviors Among Female Crack Users: A Multi-Site Sample**

**Authors:** Logan TK; Leukefeld C

**Source:** Drug & Alcohol Dependence, Special Issue: Cocaine Use and HIV Risk in Out of Treatment Drug Abusers, 58(3):237-45, Mar 2000.

**Summary:** Compared female crack users who reported exchanging sex for drugs and/or money with female crack users who did not report exchanging sex for drugs and/or money. A multi-site sample of 4,667 female crack users who participated in the National Institute of Drug Abuse AIDS Cooperative

Agreement Project from 20 sites were interviewed, using the Risk Behavior Assessment questionnaire. Statistical analysis compared 2 groups on selected variables of interest: women crack users who reported exchanging sex for drugs and/or money (n = 2,658) and women crack users who did not (n = 2,009). Results indicate that both groups of women had frequent unprotected sex. However, women who exchanged sex had more sexual partners, had sex more often, used drugs before and during sex more often, and had a higher rate of sexually transmitted diseases than women who did not exchange sex. In addition, African-American women, homeless women, and women who reported past substance abuse treatment were about twice as likely to exchange sex. Regional differences were also examined.

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**Title: Young Homeless Drug Users: Ways of Coping with Harassment**

**Authors:** Reid P; Klee H

**Source:** Journal of Community & Applied Social Psychology, 10(1):69-75, Jan-Feb 2000.

**Summary:** Explores 200 16-25 yr old homeless drug users' ways of coping with harassment. Discussions of coping and harassment are based on the cognitive appraisal model. Types of harassment reported included aggression (64%), harassment by members of the police force (62%), and sexual harassment and assaults (37%). Coping accounts were essentially problem-focused and action-oriented and dependent on contextual factors. Results indicate the need for more policy developments to prevent homelessness and for specific interventions around homelessness and harassment.

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**Title: Volunteer Bias in Nonrandomized Evaluations of the Efficacy of Needle-Exchange Programs**

**Authors:** Hagan H; McGough JP; Thiede H; Hopkins SG; Weiss NS; Alexander ER

**Source:** Journal of Urban Health, 77(1):103-12, Mar 2000.

**Summary:** Nonrandomized comparisons of the incidence of HIV and hepatitis B and C between injection drug users (IDUs) who do and do not attend voluntary needle-exchange programs may be subject to bias. To explore possible sources of bias, we examined characteristics associated with voluntarily beginning or ceasing to participate in the Seattle needle exchange. In a cohort of 2,879 IDUs, a standardized questionnaire measured characteristics present at enrollment. We examined the relation of these characteristics to the proportion of IDUs who began to use the program during the ensuing 12-month follow-up period and to the proportion of current exchangers who dropped out during that period of time. Of the 494 never-exchangers at baseline, 32% attended the exchange program during follow-up; those who reported sharing syringes or who were homeless at enrollment were more likely to become new exchange users. Of 1,274 current exchangers, 16% stopped using the exchange during follow-up, with daily injectors and those who reported backloading being relatively less likely to drop out of the exchange. The analysis suggests that IDUs participating in needle-exchange programs at a given point in time may include a particularly high proportion of those injectors whose pattern of

drug use puts them at elevated risk of blood-borne viral infections.

**FOR MORE INFORMATION ON HCH RESEARCH RESOURCES:**

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**Visit:** National HCH Council website at  
<http://www.nhchc.org>  
and/or

HCH Information Resource Center website at  
<http://www.prainc.com/hch>

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**Title: Reducing AIDS and Substance Abuse Risk Factors Among Homeless, HIV-Infected, Drug-Using Persons**

**Authors:** Lewis JR; Boyle DP; Lewis L S; Evans M

**Source:** Research on Social Work Practice, 10(1):15-33, Jan 2000.

**Summary:** Examined the impact of a comprehensive HIV education, housing support, and 12-step recovery program in a day treatment program for homeless persons infected with HIV. Ss knowledge of HIV and substance abuse risk factors was assessed for a group of new clients and for a group of clients enrolled for 3 months using an author-developed questionnaire. Continuation of high-risk sexual and substance use behaviors was assessed using the approach. Success in maintaining housing and 12-step recovery was assessed using a retrospective chart review on a separate group of past Ss. Statistically significant positive changes in Ss knowledge of HIV and substance use and a decrease in self reported high-risk behaviors were found. The retrospective chart review also indicated positive changes in housing stability and substance abuse recovery. Preliminary results support the conclusion that the day treatment program had positive effects on the 3 variables of concern.

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**MENTAL ILLNESS**

**Title: Shorter Hospital Stays and More Rapid Improvement Among Patients with Schizophrenia and Substance Disorders**

**Authors:** Ries RK; Russo J; Wingerson D; Snowden M; Comtois KA; Srebnik D; Roy-Byrne P

**Source:** Psychiatric Services, 51(2):210-15, Feb 2000.

**Summary:** Length of stay and treatment response of inpatients with acute schizophrenia were examined to determine whether differences existed between those with and without comorbid substance-related problems. The sample comprised 608 patients with a diagnosis of schizophrenia or schizoaffective disorder treated on hospital units with integrated dual diagnosis treatment. They were rated on admission and discharge by a psychiatrist using a structured clinical instrument. Patients with no substance-related problems were compared with those with moderate to severe problems using t tests, chi square tests, and analysis of variance. When analyses controlled for age, gender,

and other clinical variables, dually diagnosed patients were found to have improved markedly faster compared with patients without a dual diagnosis. Their hospital stays were 30 percent shorter on both voluntary and involuntary units. They also showed somewhat greater symptomatic improvement and no increase in 18-month readmission rates. On admission the dual diagnosis group was more likely to be younger, male, and homeless and more likely to be a danger to self and others. Severity of psychosis was the same at admission for the two groups, but the dually diagnosed patients were rated as less psychotic at discharge. Dually diagnosed patients with schizophrenia appear to stabilize faster during acute hospitalization than those without a dual diagnosis. The authors hypothesize that substance abuse may temporarily amplify symptoms or that these patients may have a higher prevalence of better-prognosis schizophrenia. The availability of integrated dual-focus inpatient treatment and a well-developed outpatient system may also have helped these patients recover more rapidly.

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**Title: A Critical Time Intervention with Mentally Ill Homeless Men: Impact on Psychiatric Symptoms**

**Authors:** Herman D; Opler L; Felix A; Valencia E; Wyatt RJ; Susser E

**Source:** Journal of Nervous & Mental Disease, 188(3):135-40, Mar 2000.

**Summary:** Describes the impact of a psychosocial intervention, critical time intervention (CTI), on the cardinal symptom dimensions of schizophrenia, namely negative, positive, and general psychopathology. 96 men with schizophrenia and other psychotic disorders who were discharged from a homeless shelter were randomly assigned to receive either CTI or usual services only. CTI is a time-limited intervention designed to enhance continuity of care during the transition from institution to community. Symptom severity at baseline and at 6 mo was assessed using the Positive and Negative Syndrome Scale. Using data on 76 Ss (aged 24-66 yrs) for whom there was complete symptom data, the authors assessed the impact of CTI on change in symptoms. The results suggest that CTI was associated with a statistically significant decrease in negative symptoms at the 6-mo follow-up, reflecting modest clinical improvement. There was no significant effect on positive or general psychopathology symptoms.

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**Title: Measurement Properties of the Center for Epidemiologic Studies-Depression Scale in a Homeless Population**

**Author:** Wong Y-L

**Source:** Psychological Assessment, 12(1):69-76, Mar 2000.

**Summary:** The measurement properties of the Center for Epidemiologic Studies--Depression Scale (CES-D; L. S. Radloff, 1977) were evaluated in a probability sample of homeless adults residing in a large and demographically diverse community. The findings from this investigation suggest that the CES-D is a reliable measure of depressive symptoms among homeless adults and that the factor structure of the scale replicates the factor structure found in the general population. Change in the CES-D scores was associated with change in residential status, with

participants who had made a transition from homelessness to regular domicile, reporting significantly lower levels of depressive symptomatology. This result indicates the scale's sensitivity to current depressive mood, as affected by significant life events encountered by homeless persons.

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**Title: Homeless Shelter Users in the Post-Deinstitutionalization Era**

**Authors:** Stuart, HL; Arboleda-Florez J

**Source:** Canadian Journal of Psychiatry, 45(1):55-62, Feb 2000.

**Summary:** Described the psychiatric symptomatology and mental health service needs of homeless shelter users in Calgary, Alberta. Data were collected as part of a broad-based community action initiative designed to reduce the problem of homelessness. A semistructured interview was conducted with a representative sample of 250 emergency shelter users. Mental health problems were measured through self-reports of 9 psychiatric symptoms known to be related to illnesses prevalent among homeless populations (depression, anxiety, and psychoses). The CAGE alcohol screen was also used. Three-quarters of the sample expressed some symptomatology. About one-third of Ss were estimated to have a significant mental health problem. The lifetime prevalence of alcohol abuse was 33.6%. Higher levels of psychiatric symptomatology appeared to relate to a wide range of hardships, personal and public health risks, addictive behaviors, victimization, economic and interpersonal life events, dissatisfaction, and stress. Also, those with significant symptomatology frequently needed mental health care services but often did not know where to access them.

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**MORTALITY**

**Title: Mortality Among Homeless and Non-homeless Mentally Ill Veterans**

**Authors:** Kasprov WJ; Rosenheck R

**Source:** Journal of Nervous & Mental Disease, 188(3):141-47, Mar 2000.

**Summary:** This study directly compared mortality risk in homeless and nonhomeless mentally ill veterans and compared mortality rates in these groups with the general US population. The study used a retrospective cohort design to assess mortality over a 9-yr period in 6,714 homeless and 1,715 nonhomeless male veterans (aged 35+ yrs) who were treated by Department of Veterans Affairs specialized mental health programs. The study showed that mortality rates in all homeless members of the cohort were significantly higher than the general US population. Relative to nonhomeless cohort members, significant increases in mortality risk were observed in cohort members who at baseline were age 45 to 54 and had been homeless 1 yr or less and those age 55+ yrs who had been homeless 1 yr or less. Similar, but nonsignificant trends were observed in cohort members who had been homeless more than 1 yr at baseline. Additionally, medical problems at baseline and history of prior hospitalization for alcohol problems elevated mortality risk. Employment at baseline and minority group membership reduced mortality risk. The study suggests that mentally ill veterans served by specialized VA mental health programs are at elevated risk of mortality, relative to the general population.