

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. Many of the results from this customized search can also be found in a research database on the HCH Information Resource Center website at www.bphc.hrsa.gov/hchirc/bibliographies. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) April–June 2005. Summaries are categorized into themes which vary each quarter.

HOMELESS CHILDREN AND YOUTH

Title: Finding Homeless Youth - Patterns Based on Geographical Area and Number of Homeless Episodes

Authors: Witkin AL, Milburn NG, Rotheram-Borus MJ et.al.

Source: Youth and Society, 37(1):62-84, Sep 2005.

Summary: A census of homeless youth was conducted in locations across Los Angeles County, California. Building on previous research that has focused on homeless youth in cruise areas, the authors examined demographic and behavioral differences between homeless youth in cruise and noncruise areas. Youth in cruise areas were more likely than youth in noncruise areas to be older to have been away from home longer to have recently visited community-based agencies, and were likely to have resided in shelters and less likely to attend school. These data suggest possible selection bias in earlier studies that relied primarily on homeless youth from cruise areas.

Title: Homeless Near a Thousand Homes: Outcomes of Homeless Youth in a Crisis Shelter

Authors: Barber CC, Fonagy P, Fultz J, Simulinas M, Yates M
Source: American Journal of Orthopsychiatry, 75(3):347-355, Jul 2005.

Summary: Clients who received crisis services at a homeless shelter for transition-aged youth were recruited for a study to describe the youth served, to track outcomes of care, and to examine factors associated with differing outcomes. Participants were 202 men and women who completed a battery of interviews and self-report measures at intake and at 3 follow-up points. Youth served had experienced high levels of adversity and trauma and typically had poor educational and vocational preparation. A multidisciplinary array of services was provided, and overall, participants showed significant improvement from intake to discharge and in the 6 months after discharge. Background, service, and psychological factors did not predict housing outcomes. Better vocational outcome was associated with more recent work experience. Results point to the need for providers of services to the homeless to be aware of the distinct

needs and characteristics of transition-aged youth.

Title: Population Dynamics of Nasal Strains of Methicillin-Resistant Staphylococcus Aureus – and their Relation to Community-Associated Disease Activity

Authors: Pan ES, Diep BA, Charlebois ED, et.al.

Source: Journal of Infectious Diseases, 192(5):811-818, Sep1, 2005.

Summary: Nasal carriage of methicillin-resistant Staphylococcus aureus (MRSA) plays a key role in the epidemiology and pathogenesis of disease. The purpose of this study was to determine the characteristics and dynamics of nasal strains of MRSA, as well as their relation to community-associated disease activity. This study is a cross-sectional survey and molecular epidemiologic analysis of nasal colonization by S. aureus in homeless and runaway youths, an underserved population at high risk for staphylococcal disease. Of the 308 study participants, 27.6% carried S. aureus, and 6.2% carried MRSA. Subgroups of individuals with increased MRSA carriage rates were also at highest risk for community-associated MRSA infection; these subgroups included individuals with either HIV infection or AIDS, injection drug users, patients with abscesses, and those recently hospitalized. Multilocus sequence typing and pulsed-field gel electrophoresis identified 2 genotypes-ST59:P (USA1000) and ST8:S (USA300)-that accounted for 84.2% (16/19) of the MRSA isolates carried. The genotypes were distinct from nosocomial genotypes endemic in the hospital, although they originated from individuals with prior exposure to health care. Conclusions. Comparison of MRSA strains from asymptomatic carriers versus concurrently collected community-associated clinical strains from patients treated at local health-care facilities allowed for the identification of 3 population dynamics of nasal strains of MRSA: (1) endemic clones-for example, ST8: C and ST59:P-sustained asymptomatic carriage and infection over prolonged periods; (2) an epidemic clone, ST8: S, demonstrated enhanced capacity for rapid transmission and widespread infections; and (3) an outbreak clone, ST30: Z (USA1100), was highly infectious but exhibited poor asymptomatic transmission.

Title: Predictors of First Mental Health Service Utilization Among Homeless and Runaway Adolescents

Authors: Berdahl TA, Hoyt DR, Whitbeck LB

Source: Journal of Adolescent Health, 37(2):145-154, Aug 2005.

Summary: This study describes and explains variations in first mental health service utilization before and after running away from home for homeless adolescents. Survey interviews were

conducted with homeless and runaway youth in several Midwestern locations. The effects of family of origin factors and street experiences on the likelihood of seeing a mental health professional for the first time before running away and after running away for the first time were examined. Bivariate and multivariate logistic regression methods are used to analyze these data. Interactions are tested across race and gender sub-groups. Caretaker education, caretaker rejection, and family transitions increase the probability that an adolescent first sees a mental health professional before running away from home. Post-run intervention is more likely for females, younger runaways, shelter users, youths with social support networks, and youths abused by their caretakers. A gender gap in first service use exists for Whites but not for minority youth. Minority youth who experienced family abuse were less likely than abused Whites to report ever seeing a mental health professional. Analyses indicate homeless youth's utilization patterns are differentiated by family of origin factors, street experiences, timing of first utilization, and by race and gender interactions. Our findings suggest that youths whose first contact with mental health service use follows running away for the first time may experience higher levels of mental distress compared with other homeless runaways. The significant differences in first service use across race and gender subgroups should be further explored. The racial-ethnic gap in first mental health intervention for abused youths indicates this sub-group is not receiving services that are available to other homeless youths. Our findings suggest that homelessness does not homogenize racial/ethnic differences in first mental health service utilization.

Title: Homeless Youth in Toronto are Nutritionally Vulnerable

Authors: Tarasuk V, Dachner N, Li J

Source: The Journal of Nutrition, 135(8):1926-1933, Aug 2005.

Summary: This study was undertaken to characterize nutritional vulnerability among a sample of homeless youth in downtown Toronto. Interviews were conducted with 261 homeless youth (149 male, 112 female), recruited from drop-in centers and outdoor locations. Information about current living circumstances, nutrition and health-related behaviors, and 24-h dietary intake recalls were collected, and height, weight, triceps skinfold thickness, and mid-upper arm circumference were measured. A second 24-h dietary intake recall was conducted with 195 youth. Youth's energy intakes approximated the requirements for a very sedentary lifestyle; 7% were underweight and 22% were overweight or obese. Over half of the youth had inadequate intakes of folate, vitamin A, vitamin C, magnesium, and zinc; in addition, more than half of females had inadequate vitamin B-12 and iron intakes. Most youth got food from more than one source in the course of a day: 74% of males and 75% of females purchased food; 48% of males and 51% of females obtained food from charitable meal programs; 47% of males and 75% of females received food from strangers or acquaintances; and 10% of males and 6% of females stole food or took it from the garbage. Compared to a sample of 114 domiciled youth from the 1997-1998 Ontario Food Survey, males had lower energy and nutrient intakes and females had lower intakes of most nutrients.

Title: Hepatitis B Vaccination Rate of Homeless Children in Baltimore

Authors: Schwarz K, Garrett B, Lamoreux T, et.al.

Source: Journal of Pediatric Gastroenterology and Nutrition, 41(2):225-229, Aug 2005.

Summary: This study investigated the hepatitis B vaccination rate in homeless children 2 to 18 years old living in Baltimore City. During a 21-month period, 250 children from homeless shelters were enrolled. The percent of children who had received 3 or more doses of hepatitis B vaccine was inversely related to age; 90% in 2- to 5-year-olds and 29% in 13- to 18-year-olds. Seventy percent of 2- to 5-year-olds had at least some of their vaccine history recorded in the Baltimore Immunization Registry Program but the history was complete in only half. Forty-two percent of 13- to 18-year-olds had no hepatitis B vaccine doses recorded in any source; 49 per cent of 10- to 18-year-olds were either not immunized or had received only one hepatitis B vaccine dose. Hepatitis B vaccine coverage is high in homeless children up to 9 years of age, whereas the majority of homeless children 10 years of age and older are unprotected against hepatitis B virus infection. Tracking the vaccine records in homeless children is labor intensive. Better public health strategies to deliver hepatitis B vaccine to older homeless children are urgently needed.

EDUCATING ABOUT POVERTY

Title: A Different Kind of Clinical Experience: Poverty Up Close and Personal

Authors: DeLashmutt MB, Rankin EA

Source: Nurse Educator, 30(4):143-149, Jul-Aug 2005.

Summary: Nursing faculty are faced with the dilemma of how to teach the complex health and social issues about poverty to students because most nursing students have limited exposure to the impoverished. A seminar-driven clinical experience at a crisis center was implemented to address this challenge. Preclinical and postclinical exposure questions helped both students and faculty alike identify growth in students' awareness of social responsibility, client advocacy, and ethical issues.

HOMELESS SHELTERS

Title: Can Shelter-Based Interventions Improve Treatment Engagement in Homeless Individuals with Psychiatric and/or Substance Misuse Disorders?: A Randomized Controlled Trial

Authors: Bradford DW, Gaynes BN, Kim MM, Kaufman JS, Weinberger M

Source: Medical Care, 43(8):763-768, Aug 2005.

Summary: High proportions of homeless individuals have mental illness and substance use disorders. Few of these individuals engage in consistent treatment, although they are likely to benefit from it. Shelter-based interventions to help this population engage in treatment have not been studied in a rigorous manner. We sought to evaluate the effectiveness of a shelter-based intervention, including intensive outreach by a psychiatric social worker and availability of weekly psychiatrist visits with continuity of care to engage homeless individuals with psychiatric and substance use problems. This was a randomized controlled trial. A total of 102 individuals were referred to a shelter-based psychiatric clinic. The primary outcome measure was first appointment attendance at a community mental health center (CMHC). Secondary outcome measures were attendance at second and third CMHC appointments, participation in a substance abuse program, and employment and housing status at shelter exit. Individuals receiving the intervention were more

likely to attend a CMHC appointment (64.7% versus 37.3%) and to participate in a substance abuse program (51.4% versus 12.5%) than those in the control group. There was a trend towards being more likely to attend 2 CMHC visits (33.3% versus 17.7%) but no significant differences in attending 3 visits, being employed, or having housing. Shelter-based interventions hold promise for improving treatment engagement in homeless populations with psychiatric and substance use problems. Further study should address how to foster care beyond an initial CMHC appointment and clarify key program components using a wider range of outcome measures.

Title: An Ethnonursing Research Study: Adults Residing in a Midwestern Christian Philosophy Urban Homeless Shelter

Authors: Hubbert AO

Source: Journal of Transcultural Nursing, 16(3):236-244, Jul 2005.

Summary: The ethnonursing study's purpose was to explore the subculture of homeless adults residing in one shelter, with discovery of their meanings and experiences of care, or lack of care. Leininger's theory of culture care was used to identify, analyze, and discuss the cultural care patterns. The findings included themes that were identified in two categories: two themes before shelter residence (no caring practices in their lives) and two themes during shelter residence (acceptance and hope). Ethnonursing discovery contributes to nurses' knowledge about who the homeless people are and why they are homeless and develops culturally congruent care practices.

CRIMINAL JUSTICE SYSTEM/COURTS

Title: Court-Based Psychiatric Assessment: Case for an Integrated Diversionary and Public Health Role

Authors: Green G, Smith R, South N

Source: Journal of Forensic Psychiatry and Psychology, 16(3):577-591, Sep 2005.

Summary: This article describes a follow-up study of 232 individuals who underwent psychiatric assessment by a Criminal Justice Mental Health Team (CJMHT) in 2001/2002, and also draws upon in-depth interviews conducted with 26 of the cohort. At assessment many people are identified with substance misuse problems, as homeless and with a history of psychiatric contact, but in the main their problems are of insufficient severity to merit diversion to psychiatric hospital. The study mapped service contact, housing and offending in the 12 months following assessment and compared this to the 12 months prior to assessment, and found increased levels of service contact but also increased levels of offending and no decrease in homelessness. Thus assessment by the CJMHT brought few discernible advantages for the majority of clients. This was also the perception of the 26 clients who were interviewed. Their own perceptions of their lifestyle and the support that they deemed most valuable are described to identify means of enhancing the efficacy of court assessment.

Title: Crime Victimization in Adults with Severe Mental Illness - Comparison with the National Crime Victimization Survey

Authors: Teplin LA, McClelland GM, Abram KM, Weiner DA

Source: Archives of General Psychiatry, 62(8):911-921, Aug 2005.

Summary: Since deinstitutionalization, most persons with severe mental illness (SMI) now live in the community, where they are at great risk for crime victimization. This study aimed to determine the prevalence and incidence of crime victimization among persons with SMI by sex, race/ethnicity, and age, and to compare rates with general population data (the National Crime Victimization Survey), controlling for income and demographic differences between the samples. This was an epidemiologic study of persons in treatment. Independent master's-level clinical research interviewers administered the National Crime Victimization Survey to randomly selected patients sampled from 16 randomly selected mental health agencies. The study occurred within sixteen agencies providing outpatient, day, and residential treatment to persons with SMI in Chicago, III. Participants included a randomly selected, stratified sample of 936 patients aged 18 or older (483 men, 453 women) who were African American, non-Hispanic white, Hispanic, or other race/ethnicity. The comparison group comprised 32449 participants in the National Crime Victimization Survey. The main outcome measure was the National Crime Victimization Survey, developed by the Bureau of Justice Statistics. More than one quarter of persons with SMI had been victims of a violent crime in the past year, a rate more than 11 times higher than the general population rates even after controlling for demographic differences between the 2 samples. The annual incidence of violent crime in the SMI sample (168.2 incidents per 1000 persons) is more than 4 times higher than the general population rates (39.9 incidents per 1000 persons). Depending on the type of violent crime (rape/sexual assault, robbery, assault, and their subcategories), prevalence was 6 to 23 times greater among persons with SMI than among the general population. Crime victimization is a major public health problem among persons with SMI who are treated in the community. We recommend directions for future research, propose modifications in public policy, and suggest how the mental health system can respond to reduce victimization and its consequences.

Title: Incarceration Associated with Homelessness, Mental Disorder, and Co-Occurring Substance Abuse

Authors: McNiel, DE Binder, RL Robinson, JC

Source: Psychiatric Services, 56(7):840-846, Jul 2005.

Summary: This study assessed relationships between homelessness, mental disorder, and incarceration. Using archival databases that included all 12,934 individuals who entered the San Francisco County jail system during the first six months of 2000, the authors assessed clinical and behavioral characteristics associated with homelessness and incarceration. In 16 percent of the episodes of incarceration, the inmates were homeless, and in 15 percent of the episodes, the inmates had a diagnosis of a mental disorder; 30 percent of the inmates who were homeless had a diagnosis of a mental disorder during one or more episodes. Seventy-eight percent of the homeless inmates with a severe mental disorder had co-occurring substance-related disorders. Inmates with dual diagnoses were more likely to be homeless and to be charged with violent crimes than other inmates. Multiple regression analyses showed that inmates who were homeless and had co-occurring severe mental disorders and substance-related disorders were held in jail longer than other inmates who had been charged with similar crimes. People who were homeless and who were identified as having mental disorders, although representing only a small proportion of the

total population, accounted for a substantial proportion of persons who were incarcerated in the criminal justice system in this study's urban setting. The increased duration of incarceration associated with homelessness and co-occurring severe mental disorders and substance-related disorders suggests that jails are de facto assuming responsibility for a population whose needs span multiple service delivery systems.

Title: The Impact of a Police Drug Crackdown on Drug Injectors' Ability to Practice Harm Reduction: A Qualitative Study

Authors: Cooper H, Moore L, Gruskin S, Krieger N

Source: Social Science and Medicine, 61(3):673-684, Aug 2005.

Summary: This paper employs qualitative methods to explore the ramifications of a police drug crackdown on drug injectors' ability to practice harm reduction. Between August and December 2000, we conducted open-ended interviews with 40 illicit-drug-injecting residents of a New York City police precinct undergoing a crackdown. Interview topics included participants' experiences with police in the precinct and their drug use practices. Grounded theory methods were used to analyze resulting transcripts. Because place emerged as a salient analytic category, we also drew on elements of social geography to interpret results. The analysis suggests that particular crackdown tactics, notably frequent police searches of participants' bodies and elevated surveillance of the precinct's public spaces, reconfigured participants' experiences of their bodies and the public spaces comprising the precinct in ways that adversely affected their capacity to engage in harm reduction. Frequent police searches, for example, discouraged participants from carrying the injection equipment they needed to ensure that they could inject with a sterile syringe. Constant monitoring of local public spaces made it difficult for homeless women and men to inject safely. Simultaneously, participants expressed support for police actions that reduced public drug activity. Given these findings, we recommend the implementation of strategies, designed by partnerships of community groups and governmental and non-governmental organizations, which reduce public drug activity without imperiling injectors' health. Possible strategies include improving access to treatment and establishing safe injection spaces.

VOCATIONAL REHABILITATION

Title: Improving Success in a Veterans Homeless Domiciliary Vocational Program: Model Development And Evaluation

Authors: LePage JP, Bluitt M, House-Hatfield T, et.al.

Source: Rehabilitation Psychology, 50(3):297-304, Aug 2005.

Summary: The objective of this study was to determine predictors of success in a vocational rehabilitation component of a Veterans Affairs Rehabilitation Program. The 1st of 2 experiments evaluated risk factors for failure to find competitive employment. The 2nd assessed attainment of employment following program changes based on identified risk factors. Participants included 84 and 82 homeless veterans in Experiments 1 and 2, respectively. Results for experiment 1: Eight factors were found to be significant and were combined into a Risk Factor Scale. Results for experiment 2: The authors assigned patients to a competitive job-search-only track or a hybrid program combining competitive job search and the potential for supported employment. Overall employment rates increased, and success rates for those seeking only competitive employment rose. Employment rates of those unlikely to find

competitive employment increased. Findings demonstrated the effect of developing systematic data on risk factors for failing to find employment, implementing changes based on the data, and applying the benefit of these changes to program functioning.

HOMELESS WOMEN

Title: A Community-Based Intervention to Increase Screening Mammography Among Disadvantaged Women at an Inner-City Drop-In Center

Authors: Heyding RK, Cheung Am, Mocarski EJM, Moineddin R, Hwang SW

Source: Women and Health, 41(1):21-31, 2005.

Summary: The purpose of this study was to determine the effectiveness of a community-based intervention to increase the use of screening mammography among disadvantaged women at an inner-city drop-in center. This study involved women 50 to 70 years old who were clients of an inner-city drop-in center in Toronto, Canada, during the years 1995-2002 (N = 158 in 1995-2001 and N = 89 in 2002). In 2002, the drop-in center and a nearby hospital initiated a collaborative breast cancer screening project in which a staff member of the drop-in center accompanied small groups of women for mammography visits at a weekly pre-arranged time. Interrupted time series analysis was used to examine the effect of this intervention on the annual rate of screening mammography, as determined by review of medical records. More than half of the women 50 to 70 years old who used the drop-in center in 2002 had been diagnosed with a major mental illness, and one-third were either homeless or living in supportive housing. In the 7 years before the introduction of the intervention, annual mammography rates among women using the drop-in center averaged 4.7%. During the intervention year, 26 (29.2%) of 89 women underwent mammography. The introduction of accompanied small-group visits was associated with significantly increased use of mammography in a group of disadvantaged women who were clients of an inner-city drop-in center. This approach may be useful to promote breast cancer screening among women affected by mental illness or homelessness who have contact with community-based agencies.

Title: Adverse Perinatal Outcomes Associated with Homelessness and Substance Use in Pregnancy

Authors: Little M, Shah R, Vermeulen MJ, et.al.

Source: Canadian Medical Association Journal, 173(6):615-618, Sep 13, 2005.

Summary: Women who are homeless during pregnancy may be exposed to poor nutrition, violence and substance use, yet the health status of their newborn infants has not been systematically evaluated. We undertook a study to provide preliminary estimates of the risk of adverse perinatal outcomes among Canadian women who are homeless or marginally housed during pregnancy, and the effect of concomitant substance use. We conducted a retrospective cohort study at a single downtown hospital from October 2002 to December 2004, involving women who, during pregnancy, were homeless or underhoused (n = 80), substance users (n = 59) or neither (n = 3756). We noted neonatal measures such as birth weight and gestational age; the main study outcomes were preterm birth before 37 weeks' gestation, birth weight less than 2000 g and small for gestational age at birth. Homelessness or inadequate housing was associated with an odds ratio (adjusted for maternal age, gravidity and being a current smoker of tobacco) of 2.9 for preterm delivery, 6.9 for

infant birth weight under 2000 g and 3.3 for delivery of a newborn small for gestational age. Adjusted odds ratios for substance use during pregnancy were similar. In the combined presence of an underhoused or homeless state and maternal substance use, the adjusted risk estimates were 5.9, 16.6 and 5.6, respectively. Homelessness and maternal substance use may reduce neonatal well-being through prematurity and low birth weight.

Title: Developing and Implementing A Comprehensive Approach to Serving Women with Co-Occurring Disorders and Histories of Trauma

Authors: Huntington N, Moses DJ, Veysey BM

Source: Journal of Community Psychology, 33(4):395-410, Jul 2005.

Summary: The Substance Abuse and Mental Health Services Administration (SAMHSA) funded the Women, Co-Occurring Disorders and Violence Study to generate empirical knowledge on how to improve services for women who are trauma survivors and have co-occurring mental health and substance use disorders. We first review the literature on the pervasiveness of trauma among women and the ways in which current service systems fail to address their needs. We then describe the four core principles of the model grantees developed to test in the project. Working through a project Steering Committee, grantees mandated that services be (a) integrated, (b) trauma-informed, (c) consumer-involved, and (d) comprehensive. For each of these principles, we describe the specifications adopted by the committee, the strategies the study sites used to implement the principle in their local settings, and the concrete lessons sites learned concerning how to implement the principle.

Title: Trauma, Depression, Coping, and Mental Health Service Seeking Among Impoverished Women

Authors: Rayburn N, Wenzel SL, Elliott MN, Hambarsoomians K, Marshall GN, Tucker JS

Source: Journal of Consulting and Clinical Psychology, 73(4):667-677, Aug 2005.

Summary: The authors examined the relationship among trauma, coping, depression, and mental health service seeking in a probability sample of sheltered homeless and low-income housed women. Results highlight the diversity of trauma. In a longitudinal analysis, women who lived in shelters or experienced major violence had a twofold increase in their risk of depression over the 6-month follow-up. In a cross-sectional analysis, childhood sexual abuse, living in a shelter, physical violence, childhood physical abuse, and death or injury of a friend or relative predicted avoidant coping and symptoms of depression. Active coping and depression predicted mental health service seeking among traumatized women. Modifying coping strategies may ameliorate some of the negative impact of trauma and potentially enhance mental health service use among at-risk women.

SUBSTANCE USE

Title: Homelessness and HIV Risk Behaviors Among Drug Injectors in Puerto Rico

Authors: Reyes JC, Robles RR, Colon HM, et.al.

Source: Journal of Urban Health-Bulletin of the New York Academy of Medicine, 82(3):446-455, Sep 2005.

Summary: This report examines associations between homelessness and HIV risk behaviors among injection drug users (IDUs) in Puerto Rico. The study sample consisted of 557 IDUs who were not in treatment, recruited in inner-city neighborhoods of the North Metro Health Care Region. Subjects were categorized into three groups by residential status (last 30 days): housed, transitionally housed (living with friends, family, or others but considering themselves homeless), and on-the-street homeless (living on the street or in a shelter). Multiple logistic regression models were fitted to assess effects of residential status on each HIV risk-behavior after adjusting for sociodemographic and drug-use related covariates. Transitionally housed, and on-the-street homeless subjects made up 16% of the total sample. On-the-street homeless IDUs were more likely to test positive for HIV than were transitionally housed and housed IDUs. In the adjusted analysis, on-the-street homeless subjects were significantly more likely to share needles, share rinse water, and practice back loading than the other two groups. Sexual risk behaviors (last 30 days) were not significantly associated with residential status after adjustment. Findings from this study present an added challenge to drug treatment and HIV prevention and treatment programs, to provide services that can address the additional needs of drug users suffering the stressors of homelessness.

Title: Exploring the Relationship Between Homelessness and Risk Factors for Heroin-Related Death - A Qualitative Study

Authors: Wright N, Oldham N, Jones L

Source: Drug and Alcohol Review, 24(3):245-251, May 2005.

Summary: The aim of this study was to explore the relationship between housing status, associated social networks and risk factors for heroin-related death. We used semi-structured face-to-face qualitative interviews, recorded, transcribed and analysed thematically by framework techniques at three centres providing services to homeless people in a large cosmopolitan city.

Different types of accommodation for homeless people have differing social cultures which have an impact upon the amount of heroin used, likelihood of injecting alone or likelihood of achieving abstinence. Hostel accommodation appeared to be linked with a culture of group injecting, which tends to increase the amount of heroin taken. Those with experience of rough sleeping described heroin use to ameliorate the uncomfortable realities of outdoor sleeping, although the overall amount used tended to be less due to having less money to spend on drugs. The prison setting was described as a setting where heroin use was reduced or stopped. Moving away from homelessness towards sustaining an independent tenancy appeared to be associated with a move towards solitary use. We postulate that a progression towards solitary use in a housed environment is one explanation for previous research findings showing the average age of heroin-related death to be increasing despite a decrease in the average age of initiation into heroin use. Hostel accommodation should form a priority setting for future health promotion interventions aimed to reduce heroin-related death. They appear to be linked with an increase in heroin use in the presence of a third party. Drug users sleeping rough in cold climates need to be made aware of the dangers of medicating with heroin to address problems of insomnia due to cold weather.

Title: Substance Abuse and Personality Disorders in Homeless Drop-In Center Clients: Symptom Severity and Psychotherapy Retention in a Randomized Clinical Trial

Authors: Ball SA, Cobb-Richardson P, Connolly AJ, Bujosa CT, O'Neill TW

Source: Comprehensive Psychiatry, 46(5):371-379. Sep-Oct 2005.

Summary: This study evaluated the psychiatric symptoms, psychosocial problems, and treatment response of personality-disordered substance abusers receiving services within a homeless drop-in center. Fifty-two homeless clients were assessed after program admission and randomly assigned to receive either individual psychotherapy focused on personality disorder and substance abuse relapse prevention (dual-focus schema therapy [DFST]) or standard group substance abuse counseling (SAC). Client functioning was assessed using measures of personality disorder, psychiatric symptoms, early maladaptive schemas, interpersonal problems, and addiction-related psychosocial impairment. Therapy retention (total weeks in treatment) and utilization (number of weeks in which sessions were attended) were the primary outcomes. Although rates of cluster B personality disorders were comparable to other substance dependent samples, clusters A and C disorders were disproportionately more common. Clients reported significant psychiatric symptoms, criminality, and psychosocial impairment, yet made limited lifetime use of mental health services. Overall, there was greater utilization of individual DFST than group SAC.

However, clients with more severe personality disorder symptoms demonstrated better utilization of SAC than DFST.

Title: Ecstasy Use Among Hispanic and Black Substance Users in New York City

Authors: Ompad DC, Galea S, Fuller CM, Edwards V, Vlahov D

Source: Substance Use and Misuse, 40(9-10):1399-1407, 2005.

Summary: Surveillance data suggests that use of ecstasy in the U.S. is predominantly among white adolescent and young adults. To investigate ecstasy use among substance users in New York City we added questions to ongoing efforts to recruit heroin and cocaine users. Of 715 participants recruited, 58.3% were injection drug users (IDUs). The median age was 32 (range 17-64), 76.4% were male, 49.0% were currently homeless, 62.4% were Hispanic, 27.3% were black, and 34.5% were born outside the United States. Overall, 23.4% used ecstasy in their lifetime and 11.9% had used in the last-6 months. In multivariate logistic regression, correlates of lifetime ecstasy use included younger age, being born in the U.S., and current homelessness. We observed a significant interaction between injection drug use and race where, compared to black non-IDUs, Hispanic non-IDUs, and white IDUs were significantly more likely to have a history of lifetime ecstasy use while black IDUs were significantly less likely. These findings are limited to persons who use other drugs, but suggest that further investigation of ecstasy use in minority populations is warranted.

Title: Do Supervised Injecting Facilities Attract Higher-Risk Injection Drug Users?

Authors: Wood E, Tyndall MW, Li K, Lloyd-Smith E, Small W, Montaner JSG, Kerr T

Source: American Journal of Preventive Medicine, 29(2):126-130, Aug 2005.

Summary: In Western Europe and elsewhere, medically supervised safer injection facilities (SIFs) are increasingly being implemented for the prevention of health- and community-related harms among injection drug users (IDUs), although few evaluations have been conducted, and there have been questions regarding SIFs' ability to attract high-risk IDUs. We examined whether North America's first SIF was attracting IDUs who were at greatest risk of overdose and blood-borne disease infection. We examined data from a community-recruited cohort study of IDUs. The prevalence of SIF use was determined based on questionnaire data obtained after the SIF's opening, and we determined predictors of initiating future SIF use based on behavioral information obtained from questionnaire data obtained before the SIF's opening. Pearson's chi-square test was used to compare characteristics of IDUs who did and did not subsequently initiate SIF use. Overall, 400 active injection drug users returned for follow-up between December 1, 2003 and May 1, 2004, among whom 178 (45%) reported ever using the SIF. When we examined behavioral data collected before the SIF's opening, those who initiated SIF use were more likely to be aged < 30 years, public injection drug users, homeless or residing in unstable housing, daily heroin users, daily cocaine users, and those who had recently had a nonfatal overdose. This study indicated that the SIF attracted IDUs who have been shown to be at elevated risk of blood-borne disease infection and overdose, and IDUs who were contributing to the public drug use problem and unsafe syringe disposal problems stemming from public injection drug use.

OLDER VS. YOUNGER HOMELESS ADULTS

Title: Self-Reported Comorbidities, Perceived Needs, and Sources for Usual Care for Older and Younger Homeless Adults

Authors: Garibaldi B, Conde-Martel A, O-Toole TP

Source: Journal of General Internal Medicine, 20(8):726-730, Aug 2005.

Summary: While older individuals who are homeless tend to be in poorer health, it is less clear how they view their health care needs and whether their self-reported patterns for accessing health services differ from younger homeless counterparts. Study methods included a cross-sectional, community-based survey of homeless adults in Pittsburgh and Philadelphia using face-to-face interviews from population proportionate sampling of sites and random sampling of subjects. Survey questions included physical and mental health comorbidities, self-reported health care, social services and personal needs, means of economic support, and sources for usual health care. For analysis purposes, respondents were grouped by age 18 to 49 years old and 50 years old or older. Overall, 531 adults were interviewed, with 74 respondents 50 years old or older (13.9%). Older homeless persons were 3.6 times more likely to report a chronic medical condition, 2.8 times more likely to have health insurance, and 2.4 times more likely to be dependent on heroin than homeless persons less than 50 years old. However, they also tended to use shelter-based clinics and street outreach teams more commonly as their source of usual care (20.9% vs 10.6%) and were significantly less likely to report a need for substance abuse treatment despite high rates of abuse. Older homeless adults have a greater disease burden than their younger counterparts. However, it is unclear whether these needs are being appropriately identified and met. There is a need for specific and targeted outreach to connect them to appropriate services.

HOMELESSNESS RESEARCH

Title: Homelessness and Health in Canada - Research Lessons and Priorities

Authors: Frankish CJ, Hwang SW, Quantz D

Source: Canadian Journal of Public Health-Revue Canadienne de Sante Publique, 96 (Supple 2):S23-S29, Mar-Apr 2005.

Summary: This article was prepared for an international think-tank on reducing health disparities and promoting equity for vulnerable populations. Its purposes are to provide an overview of homelessness research and to stimulate discussion on strategic directions for research. We identified studies on homelessness, with an emphasis on Canadian research. Studies were grouped by focus and design under the following topics: the scope of homelessness, the health status of homeless persons, interventions to reduce homelessness and improve health, and strategic directions for future research. Key issues include the definition of homelessness, the scope of homelessness, its heterogeneity, and competing explanations of homelessness. Homeless people suffer from higher levels of disease and the causal pathways linking homelessness and poor health are complex. Efforts to reduce homelessness and improve health have included biomedical, educational, environmental, and policy strategies. Significant research gaps and opportunities exist in these areas. Strategic research will require stakeholder and community engagement, and more rigorous methods. Priorities include achievement of consensus on measuring

homelessness, health status of the homeless, development of research infrastructure, and ensuring that future initiatives can be evaluated for effectiveness.

DUMPSTER DIVING

Title: Attitudes, Beliefs, and Prevalence of Dumpster Diving as a Means to Obtain Food by Midwestern, Low-Income, Urban Dwellers

Authors: Eikenberry N, Smith C

Source: Agriculture and Human Values, 22(2):187-202, Summer 2005.

Summary: "Dumpster diving" is a term generally used for obtaining items, in this case food for consumption, from dumpsters. This study evaluates the prevalence of dumpster diving in two low-income urban communities in Minneapolis, Minnesota. Additionally, attitudes and beliefs of adults who engage in this behavior are reported. Surveys (n = 396) were used to collect data including individual dumpster diving behavior, food security, health, and demographic data. Nearly one fifth of those surveyed had used dumpster diving as a means to obtain food. Focus groups (n = 17) were conducted to further evaluate dumpster divers' attitudes and beliefs about dumpster diving, use of food assistance programs including benefits and barriers, and other strategies used to obtain food such as stealing. Focus group participants were primarily homeless and most were high school educated. Ways to improve delivery of food assistance are suggested. In conclusion, more research on the use of dumpsters as a source of food is needed. Utilizing more of the 96 billion pounds of food wasted each year in the US through food recovery and donation programs could help to provide socially acceptable means for low-income urban dwellers to obtain food.