

Health Care for the Homeless

RESEARCH UPDATE

Volume VI, No. 3

July 2005

A publication of the National Health Care for the Homeless Council, Inc., and the HCH Clinicians' Network. Production and distribution are made possible by a grant from the Health Resources and Services Administration.

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.

TUBERCULOSIS

Title: Tuberculosis and Homelessness in the United States, 1994–2003

Authors: Haddad MB, Wilson TW, Ijaz K, Marks SM, Moore M

Source: *Jl of the American Medical Association*, 293(22):2790–2793, June 8, 2005.

Summary: Tuberculosis (TB) rates among US homeless persons cannot be calculated because they are not included in the US Census. However, homelessness is often associated with TB. This study aims to describe homeless persons with TB and to compare risk factors and disease characteristics between homeless and non-homeless persons with TB. Cross-sectional analysis is conducted of all verified TB cases reported into the National TB Surveillance System from the 50 states and the District of Columbia from 1994 through 2003. The main outcome measures include the number and proportion of TB cases associated with homelessness, demographic characteristics, risk factors, disease characteristics, treatment, and outcomes. Of 185,870 cases of TB disease reported between 1994 and 2003, 11,369 were among persons classified as homeless during the 12 months before diagnosis. The annual proportion of cases associated with homelessness was stable (6.1%–6.7%). Regional differences occurred with a higher proportion of TB cases associated with homelessness in western and some southern states. Most homeless persons with TB were male (87%) and aged 30 to 59 years. Black individuals represented the highest proportion of TB cases among the homeless and nonhomeless. The proportion of homeless persons with TB who were born outside the United States (18%) was lower than that for nonhomeless persons with TB (44%). At the time of TB diagnosis, 9% of homeless persons were incarcerated, usually in a local jail; 3% of non-homeless persons with TB were incarcerated. Compared with nonhomeless persons, homeless persons with TB had a higher prevalence of substance use (54% alcohol abuse, 29.5% noninjected drug use, and 14% injected drug use), and 34% of those

tested had coinfection with human immunodeficiency virus. Compared with nonhomeless persons, TB disease in homeless persons was more likely to be infectious but not more likely to be drug resistant. Health departments managed 81% of TB cases in homeless persons. Directly observed therapy, used for 86% of homeless patients, was associated with timely completion of therapy. A similar proportion in both groups (9%) died from any cause during therapy. Individual TB risk factors often overlap with risk factors for homelessness, and the social contexts in which TB occurs are often complex and important to consider in planning TB treatment. Nevertheless, given good case management, homeless persons with TB can achieve excellent treatment outcomes.

Title: Adverse Events and Treatment Completion for Latent Tuberculosis in Jail Inmates and Homeless Persons

Authors: Lobato MN, Reves RR, Jasmer RM, Grabau JC, Bock NN, Shang N

Source: *Chest*, 127(4):1296–1303, Apr 2005.

Summary: Recently, a short-course treatment using 60 daily doses of rifampin and pyrazinamide was recommended for latent tuberculosis (TB) infection (LTBI). This observational cohort study aimed to determine the acceptability, tolerability, and completion of treatment. The study sites included five county jails and TB outreach clinics for homeless populations in three cities. Study staff enrolled 1,211 patients (844 inmates and 367 homeless persons). Sites used 60 daily doses of rifampin and pyrazinamide, an approved treatment regimen for LTBI. Measurements included types and frequency of drug-related adverse events and outcomes of treatment. Prior to treatment, 25 of 1,178 patients (2.1%) had a serum aminotransferase measurement at least 2.5 times the upper limit of normal. Patients who reported excess alcohol use in the past 12 months were more likely than other patients to have an elevated pretreatment serum aminotransferase level. Treatment was stopped in 66 of 162 patients (13.4%) who had a drug-related adverse event. Among 715 patients who had serum aminotransferase measured during treatment, 43 patients (6.0%) had an elevation > 5 times the upper limits of normal, including one patient who died of liver failure attributed to treatment. In multivariate analyses, increasing age, an abnormal baseline aspartate aminotransferase level, and unemployment within the past 24 months were independent risk factors for hepatotoxicity. Completion rates were similar in jail inmates (47.5%) and homeless persons (43.6%). This study detected the first treatment-associated fatality with the rifampin and pyrazinamide regimen, prompting surveil-

lance that detected unacceptable levels of hepatotoxicity and retraction of recommendations for its routine use. Completion rates for LTBI treatment using a short-course regimen exceed historical rates using isoniazid. Efforts to identify an effective short-course treatment for LTBI should be given a high priority.

Title: Predictors of Screening Results for Depressive Symptoms among Homeless Adults in Los Angeles with Latent Tuberculosis

Authors: Berg J, Nyamathi A, Christiani A, Morisky D, Leake B
Source: *Research in Nursing and Health*, 28(3):220-229, June 2005.

Summary: The purpose of this study was to examine predictors of screening results for depressive symptoms in a Los Angeles homeless population with latent tuberculosis (TB). Four hundred and fifteen homeless adults participating in a nurse case managed intervention were included in this analysis. Logistic regression results indicated that those who reported a physical health limitation, multiple sex partners, daily drug use, alcohol dependence, or not having completed high school, were more likely to screen Positive. Social support from non-drug users was protective. Given the importance of adherence to TB treatment regimens, the high prevalence of a positive screening for depressive symptoms in the homeless and the potential for depression to reduce adherence rates, routine screening and treatment for depression in high risk homeless adults being treated for TB may be warranted.

Homeless Chronicity

Title: Homeless Chronicity and Health-Related Quality of Life Trajectories among Adults with Addictions

Authors: Kertesz SG, Larson MJ, Horton NJ, Winter M, Saitz R, Samet JH
Source: *Medical Care*, 43(6):574-585, June 2005.

Summary: New federal initiatives target funds toward chronically homeless as distinct from other homeless persons. Few data exist, however, to substantiate the implications of chronic homelessness for major health outcomes. Using data from a 2-year cohort of addicted persons, we tested whether changes in mental and physical health-related quality of life (HRQOL) differed according to homeless chronicity. Using self-reported homelessness, we classified subjects as chronically homeless (CH; n = 60), transitionally homeless (TRANS; n = 108), or as housed comparison subjects (HSD; n = 106). The Short Form-36 Health Survey, administered at baseline and 2 follow-ups over a period of 2 years, provided a Mental Component Summary (MCS) and a Physical Component Summary (PCS) for HRQOL. Mixed model linear regression was used to test the association between housing status, MCS, and PCS. Additional models assessed whether medical, psychiatric, addiction, and social support measures could account for HRQOL differences. All subjects had low MCS scores at study entry (mean, 31.2; SD, 12.6). However, there was a significant housing status-by-time interaction. At final follow-up, CH and TRANS subjects had lower adjusted MCS scores than HSD subjects (33.4, 38.8, and 43.7 for the 3 groups, respectively). By contrast, housing status and PCS were not significantly associated.

Medical, psychiatric, addiction, and social support variables had significant associations with MCS, and their inclusion in the regression reduced the apparent effect of housing status on MCS. Chronic homelessness was associated with especially poor mental but not physical HRQOL over time. These findings reinforce a new typology of homelessness.

Nonadherence to HIV Treatment

Title: Homelessness and Psychological Distress as Contributors to Antiretroviral Nonadherence in HIV-Positive Injecting Drug Users

Authors: Waldrop-Valverde D, Valverde E
Source: *AIDS Patient Care and STDs*, 19(5):326-334, May 2005.

Summary: High levels of adherence to antiretroviral medications are required to maximize therapeutic benefits and viral suppression. Injecting drug use (IDU) is associated with decreased adherence levels, unstable living conditions and mental health problems. Despite the prevalence of these nonadherence risks in HIV-positive IDUs, little study has been conducted to date to assess the impact of homelessness and psychological distress on adherence in this population. The present study evaluated the effects of housing status (homeless/marginally housed versus nonhomeless) and psychological distress, measured via depression, anxiety and perceived stress, on self-reported adherence in 58 HIV-positive IDUs. Results from this study indicated that homeless/marginally housed HIV-positive IDUs reported higher levels of anxiety and perceived stress than their nonhomeless counterparts. The groups reported similar levels of depression. However, only depression was significantly related to adherence. Housing status, drug or alcohol use, and other demographic variables including gender, race/ethnicity, and years of education, were not associated with adherence. This study also found a relatively high rate of adherence in homeless/marginally housed IDUs with more than half (63%) reporting perfect adherence levels. Findings from this study suggest that when evaluating patient readiness for antiretroviral medications, current housing may not need to be the primary concern. Rather, depression may be a more potent indicator of nonadherence than homelessness for HIV-positive IDUs.

Youth and Adolescents

Title: HIV and Hepatitis C Outbreaks among High-Risk Youth in Vancouver Demands a Public Health Response

Authors: Miller CL, Spittal PM, Frankish JC, et al.
Source: *Canadian J of Public Health*, 96(2):107-108, Mar-Apr 2005.

Summary: This paper is a call to action. We present Kaplan Meier cumulative HIV and HCV incidence rates among youth aged < or = 24 participating in the Vancouver Injection Drug Users Study (VIDUS), and demonstrate the alarming increase in HIV and HCV incidence rates in addicted youth. The incidence rates among VIDUS youth were 11.1% for HIV and 52.1% for HCV at 36 months after enrollment in the study. The growing epidemic of HIV and HCV among addicted youth calls for policy-makers and program planners to concentrate resources into prevention and treatment of blood-borne infections among British Columbia's

vulnerable youth. Without focussing such resources, further HIV and HCV infections and subsequent higher health care costs appear imminent.

Title: Homelessness and Drug Abuse Among Young Men Who Have Sex with Men in New York City: A Preliminary Epidemiological Trajectory

Authors: Clatts MC, Goldsamt L, Yi H, Gwadz MV

Source: *Jl of Adolescence*, 28(2):201-214, Apr 2005.

Summary: The objective of this paper is to profile the role of homelessness in drug and sexual risk in a population of young men who have sex with men (YMSM). Data are from a cross-sectional survey collected between 2000 and 2001 in New York City (N = 569). With the goal of examining the import of homelessness in increased risk for the onset of drug and sexual risk, we compare and contrast three subgroups: (1) YMSM with no history of homelessness, (2) YMSM with a past history of homelessness but who were not homeless at the time of the interview, and (3) YMSM who were currently homeless. For each group, we describe the prevalence of a broad range of stressful life events (including foster care and runaway episodes, involvement in the criminal justice system, etc.), as well as selected mental health problems (including past suicide attempts, current depression, and selected help-seeking variables). Additionally, we examine the prevalence of selected drug and sexual risk, including exposure to a broad range of illegal substances, current use of illegal drugs, and prevalence of lifetime exposure to sex work. Finally, we use an event history analysis approach to examine the timing of negative life experiences and homelessness relative to the onset of drug and sexual risk. High levels of background negative life experiences and manifest mental health distress are seen in all three groups. Both a prior experience of homelessness and currently being homeless are strongly associated with both higher levels of lifetime exposure to drug and sexual risk as well as higher levels of current drug and sexual risk. Onset of these risks occur earlier in both groups that have had an experience of housing instability (e.g., runaway, foster care, etc.) but are delayed or not present among YMSM with no history of housing instability. Few YMSM had used drug prior to becoming homeless. While causal inferences are subject to the limitations of a cross-sectional design, the findings pose an empirical challenge to the prevailing assumption that prior drug use is a dominant causal factor in YMSM becoming homeless. More broadly, the data illustrate the complexity of factors that must be accounted for, both in advancing our epidemiological understanding of the complexity of homelessness and its relationship to the onset of drug and sexual risk among high risk youth populations.

Title: Factors Associated with Homelessness of Adolescents under Supervision of the Youth Protection System

Authors: Robert M, Pauze R, Fournier L

Source: *Jl of Adolescence*, 28(2):215-230, Apr 2005.

Summary: There are two factors that limit our knowledge of the risk factors associated with homelessness among runaway adolescents, namely (1) the samples used are often composed of youth homeless service users and/ or youths living on the streets (visible homelessness), whereas most adolescents in fact use "private" re-

sources (hidden homelessness), and (2) failure to use an adequate control group to identify risk factors associated specifically with homelessness. Our study compares the characteristics of two groups of youths under the supervision of the youth protection system, according to the presence or absence of periods of homelessness. The results throw light on the factors underlying the shift from "at risk" to "homeless", showing that youths with experience of homelessness are more likely to have been placed in substitute home environments, have experienced significant relationship difficulties with one of their parents (deterioration of the parent/youth relationship and parental abuse) and to have been diagnosed with behavioural disorders. The findings suggest that the decision to place young people under supervision is based more on the dynamic between risk factors rather than on the existence of behavioural problems.

Title: Ecologically Based Family Therapy Outcome with Substance Abusing Runaway Adolescents

Authors: Slesnick N, Prestopnik JL

Source: *Jl of Adolescence*, 28(2):277-298, Apr 2005.

Summary: Runaway youth report a broader range and higher severity of substance-related, mental health and family problems relative to non-runaway youth. Most studies to date have collected self-report data on the family and social history; virtually no research has examined treatment effectiveness with this population. This study is a treatment development project in which 124 runaway youth were randomly assigned to (1) ecologically based family therapy (EBFT) or (2) service as usual (SAU) through a shelter. Youth completed an intake, post-treatment, 6 and 12 months follow-up assessment. Youth assigned to EBFT reported greater reductions in overall substance abuse compared to youth assigned to SAU while other problem areas improved in both conditions. Findings suggest that EBFT is an efficacious intervention for this relatively severe population of youth.

Title: Predictors of Close Family Relationships Over One Year among Homeless Young People

Authors: Milburn N-G, Rotheram-Borus MJ, Batterham P, Brumback B, Rosenthal D, Mallett S

Source: *Jl of Adolescence*, 28(2):263-275, Apr 2005.

Summary: Predictors of perceived family bonds were examined among homeless young people who initially left home one year earlier. Newly homeless young people aged 12-20 years who had recently left home were recruited in Los Angeles County, United States (n = 201) and Melbourne, Australia (n = 124) and followed longitudinally at 3, 6, and 12 months (follow-up rates ranging from 72% to 86% overall). These homeless young people varied substantially in their bonds to their families. Family bonds at one year were predicted in multivariate regression analyses by having significantly fewer problem behaviours when leaving home and decreasing rates of problem behaviours over the next year. Having more emotional support and more instrumental financial support were also significantly associated with greater family bonds one year later. These results suggest that efforts to reunite families may be a viable intervention strategy for newly homeless young people.

Title: Young People, Drug Use and Family Conflict: Pathways Into Homelessness

Authors: Mallett S, Rosenthal D, Keys D

Source: *Jl of Adolescence*, 28(2):185-199, Apr 2005.

Summary: Young people who experience homelessness, in Australia and in other western contexts (US, Canada, England), are widely perceived to use and abuse alcohol and drugs. The available research indicates that homeless young people use all drug types, whether injected or otherwise, more frequently than their home-based peers. Debate exists in the research and policy literature about whether drug use is a cause or consequence of homelessness. In a study exploring homeless young peoples' reasons for leaving home, we examined the relationship between young people's drug use and their pathways into homelessness. Brief qualitative interviews were conducted with 302 homeless young people (12-20 years). Following a thematic analysis of interview transcripts, four pathways into homelessness involving personal or familial drug use were identified. One-third of the participants indicated that personal or familial drug use was a critical factor in them leaving home. Of these, just over half indicated that personal drug use was a direct or indirect cause of their homelessness and one-quarter indicated that familial drug and alcohol use was the critical factor that led them to leaving home. One-quarter indicated that their drug use only began after they became homeless. Family conflict, if not family breakdown, was implicated in all four pathways out of home.

Bed Bug Infestations

Title: Bed Bug Infestations in an Urban Environment

Authors: Hwang SW, Svoboda TJ, De Jong IJ, Kabasele KJ, Gogosis E

Source: *Emerging Infectious Diseases*, 11(4):533-538, Apr 2005.

Summary: Until recently, bed bugs have been considered uncommon in the industrialized world. This study determined the extent of reemerging bed bug infestations in homeless shelters and other locations in Toronto, Canada. Toronto Public Health documented complaints of bed bug infestations from 46 locations in 2003, most commonly apartments (63%), shelters (15%), and rooming houses (11%). Pest control operators in Toronto (N = 34) reported treating bed bug infestations at 847 locations in 2003, most commonly single-family dwellings (70%), apartments (18%), and shelters (8%). Bed bug infestations were reported at 20 (31%) of 65 homeless shelters. At 1 affected shelter, 4% of residents reported having bed bug bites. Bed bug infestations can have an adverse effect on health and quality of life in the general population, particularly among homeless persons living in shelters.

Housing and Health

Title: Allying Health Care and Housing

Author: Murphy L

Source: *Health Progress*, 86(2):17-20, Mar-Apr 2005.

Summary: There is a wealth of evidence that health is inextricably linked to housing. For instance, research has shown that those in substandard housing have poorer health outcomes than other groups, and they often must forgo costly medication in order to

pay for housing. Further, the health care and housing concerns faced by the underserved often compound one another—people with poor health often have trouble maintaining housing, and those with substandard homes, in turn, often have trouble maintaining their health. Three groups are especially vulnerable to the health care risks associated with housing issues: children, seniors, and the chronically homeless. As the research suggests, substandard housing is a contributing factor to the U.S. health care crisis. Therefore, as part of its efforts to reform the nation's health care system, the ministry should address housing issues as well. Seven Catholic health systems are doing this through the strategic Health Care Partnership. The partnership, in collaboration with Mercy Housing, enables the seven organizations to work together to create healthy communities. The partnership's key goal is to increase access to affordable housing and health care. Just providing homes often is not enough, however. A holistic approach, through which supportive services are offered to the underserved, is most effective.

Emergency Services

Title: Psychiatric Emergency Service Use and Homelessness, Mental Disorder, and Violence

Authors: McNiel DE, Binder RL

Source: *Psychiatric Services*, 56(6):699-704, June 2005.

Summary: This study examined relationships between homelessness, mental disorder, violence, and the use of psychiatric emergency services. To the authors' knowledge, this study is the first to examine these issues for all episodes of care in a psychiatric emergency service that serves an entire mental health system in a major city. Archival databases were examined to gather data on all individuals (N = 2,294) who were served between January 1, 1997, and June 30, 1997, in the county hospital's psychiatric emergency service in San Francisco, California. Homeless individuals accounted for approximately 30 percent of the episodes of service in the psychiatric emergency service and were more likely than other emergency service patients to have multiple episodes of service and to be hospitalized after the emergency department visit. Homelessness was associated with increased rates of co-occurring substance-related disorders and severe mental disorders. Eight percent of persons who were homeless had exhibited violent behavior in the two weeks before visiting the emergency service. Homeless individuals with mental disorders accounted for a large proportion of persons who received psychiatric emergency services in the community mental health system in the urban setting of this study. The co-occurrence of homelessness, mental disorder, substance abuse, and violence represents a complicated issue that will likely require coordination of multiple service delivery systems for successful intervention. These findings warrant consideration in public policy initiatives. Simply diverting individuals with these problems from the criminal justice system to the community mental health system may have limited impact unless a broader array of services can be brought to bear.

Title: Characteristics of Individuals with Severe Mental Illness Who Use Emergency Services

Authors: Young AS, Chinman MJ, Craddock-O’Leary JA, Sullivan G, Murata D, Mintz J, Koegel P

Source: Community Mental Health JI, 41(2):159-168, Apr 2005.

Summary: Emergency services are both a safety net and a locus for acute treatment. While the population with severe, persistent mental illness uses emergency services at a high rate, few studies have systematically examined the causes of this service use. This study examines a random sample of 179 people who were high utilizers of services from the Los Angeles County Department of Mental Health. Interviews were conducted and 5 years of service use data were studied. Greater use of emergency services was associated with male gender, minority race, severe illness, homelessness, and less family support. Efforts to reduce emergency services need to improve access to appropriate community services, particularly for people who are homeless or lack family support.

Acute Illness Aftercare (“Respite Care”)

Title: It Takes a Village: A Multidisciplinary Model for the Acute Illness Aftercare of Individuals Experiencing Homelessness

Authors: Gundlapalli A, Hanks M, Stevens SM, Geroso AM, Viavant CR, McCall Y, Lang P, Bovos M, Brasncomb NT, Ainsworth AD

Source: JI of Health Care for the Poor and Underserved, 16(2):257-272, May 2005.

Summary: Homeless individuals are often uninsured and are more likely than the housed to utilize acute health care services and experience longer hospitalizations. Currently in the United States, there are fragmented services available for the aftercare of these patients to ensure continuum of care, promote healing, and avoid re-entry into the acute care system. The Fourth Street Clinic Respite Program was created to address these issues. Patients are referred to the program from local hospitals and other service providers. Based on the acuity of illness and need for nursing care, patients are admitted to one of four programs: (1) Shelter-based Day Bed Program, (2) Temporary Emergency Housing (Motel) Program, (3) Tuberculosis Housing Program, or (4) Nursing Home Program. Aftercare patients receive medical, social, and behavioral health services and are discharged to local shelters when stable. The aftercare program provides a safe refuge for recovery from acute illnesses for those experiencing homelessness.

Reducing Morbidity and Mortality

Title: A Public Health Approach to Reducing Morbidity and Mortality Among Homeless People in Boston

Authors: O’Connell JJ, Mattison S, Judge CM, Allen HJS, Koh HK

Source: JI of Public Health Management and Practice, 11(4):311-316, July-Aug 2005.

Summary: Urban homeless populations suffer disproportionately high rates of premature death. In response to a wave of highly publicized deaths on the streets of Boston during the winter of 1998-1999, the Massachusetts Department of Public Health (MDPH) convened a task force to investigate these deaths and implement an integrated response to this public health crisis.

Comprised of a broad coalition of public and private agencies as well as homeless persons and advocacy groups, the MDPH Task Force reviewed the circumstances surrounding the 13 deaths, monitored subsequent deaths among homeless persons in Boston, and implemented a comprehensive plan to address critical needs and prevent further deaths. Contrary to the task force’s initial assumption, the 13 decedents had multiple recent contacts with the medical, psychiatric, and substance abuse systems. In response to this finding, the MDPH Task Force sought to improve continuity of care and prevent future deaths among Boston’s street population. Coordination of needed services was achieved through the creation of new, and often unconventional, partnerships. This case study exemplifies a public health practice response to the vexing health care challenges confronting homeless people who must struggle to survive on the streets and in shelters.

Identifying Housing Status

Title: Identifying Homelessness at an Urban Public Hospital: A Moving Target?

Authors: Tsai M, Weintraub R, Gee L, Kushel M

Source: JI of Health Care for the Poor and Underserved, 16(2):297-307, May 2005.

Summary: Hospitals do not routinely collect data about homelessness. The objectives of the present study were to (1) describe rate of patient reports of homelessness among inpatients at a public hospital, (2) assess the agreement between patient report of housing status on a study questionnaire with clinical and administrative data about homelessness, and (3) assess changes in housing status during hospitalization. We conducted a cross-sectional survey of inpatients at an urban public hospital to assess housing status; we then examined subjects’ medical charts to assess agreement with the questionnaire on housing status. Of inpatients, 25.6% were homeless at discharge. An additional 19.4% were marginally housed. One third of homeless persons had their housing status change during their hospitalization. Administrative data identified 25.6% and physicians’ notes identified 22.5% as homeless. Clinical, administrative, and survey data did not agree. Homelessness and changes in housing status are common among inpatients at an urban public hospital. Poor agreement on who is homeless limits the usefulness of data.

Service Access

Title: Barriers to Health and Social Services for Street-Based Sex Workers

Authors: Kurtz SP, Surratt HL, Kiley MC, Inciardi JA

Source: JI of Health Care for the Poor and Underserved, 16(2):345-361, May 2005.

Summary: Homelessness, poverty, drug abuse and violent victimization faced by street-based women sex workers create needs for a variety of health and social services, yet simultaneously serve as barriers to accessing these very services. The present study utilized interview (n = 586) and focus group (n = 25) data to examine the service needs and associated barriers to access among women sex workers in Miami, Florida. Women most often reported acute service needs for shelter, fresh water, transportation, crisis inter-

vention, and drug detoxification, as well as long-term needs for mental and physical health care, drug treatment, and legal and employment services. Barriers included both structural (e.g., program target population, travel costs, office hours, and social stigma) and individual (e.g., drug use, mental stability, and fear) factors. Bridging these gaps is tremendously important from a public health perspective given the disease burden among this population. Recommendations include service staff training, outreach, and promising research directions.

Cardiovascular Disease

Title: Risk Factors for Cardiovascular Disease in Homeless Adults

Authors: Lee TC, Hanlon JG, Ben-David J, et al.

Source: *Circulation*, 111(20):2629-2635, May 24, 2005.

Summary: Homeless people represent an extremely disadvantaged group in North America. Among older homeless men, cardiovascular disease (CVD) is the leading cause of death. The objective of this study was to examine cardiovascular risk factors in a representative sample of homeless adults and identify opportunities for improved risk factor modification. Homeless persons were randomly selected at shelters for single adults in Toronto. Response rate was 79%. Participants (n = 202) underwent interviews, physical measurements, and blood sampling. The mean age of participants was 42 years, and 89% were men. The prevalence of smoking among homeless subjects was significantly higher than in the general population. Hypertension, high cholesterol, and diabetes were not more prevalent than in the general population but were often poorly controlled. Homeless men were significantly less likely to be overweight or obese than men in the general population. Cocaine use in the last year was reported by 29% of subjects. CVD was reported by 15% of subjects, fewer than one third of whom reported taking aspirin or cholesterol-lowering medication. According to multiple-risk-factor equations, the median estimated 10-year absolute risk of myocardial infarction or coronary death among homeless men aged 30 to 74 years was 5%. Cardiovascular risk factor modification is suboptimal among homeless adults in Toronto, despite universal health insurance. Multiple risk factor equations may underestimate true risk in this population because of inadequate accounting for factors such as cocaine use and heavy smoking.

Causes of Homelessness

Title: The Causes of Homelessness in Later Life: Findings from a 3-Nation Study

Authors: Crane M, Byrne K, Fu R, Lipmann B, Mirabelli F, Rota-Bartelink A, Ryan M, Shea R, Watt H, Warnes Am

Source: *Jls of Gerontology, Series B Psychological Sciences and Social Sciences*, 60(3):S152-S159, May 2005.

Summary: This article presents findings from a study of the causes of homelessness among newly homeless older people in selected urban areas of the United States, England, and Australia. Interviews were conducted in each country with 122 older people who had become homeless during the last 2 years. Information was also collected from the subjects' key workers about the circumstances

and problems that contributed to homelessness. Two-thirds of the subjects had never been homeless before. Antecedent causes were the accommodation was sold or needed repair, rent in arrears, death of a close relative, relationship breakdown, and disputes with other tenants and neighbors. Contributory factors were physical and mental health problems, alcohol abuse, and gambling problems. Most subjects became homeless through a combination of personal problems and incapacities, welfare policy, and service delivery deficiencies. Whereas there are nation-specific variations, across the three countries, the principal causes and their interactions are similar.

Policy Statement on Care for Children

Title: Providing Care for Immigrant, Homeless, and Migrant Children

Authors: DuPlessis HM, Boulter SC, Cora-Bramble D, et al.

Source: *Pediatrics*, 115(4):1095-1100, Apr 2005.

Summary: This policy statement, which replaces the retired statements "Health Care for Children of Immigrant Families" (1997) and "Health Needs of Homeless Children and Families" (1996), is a broader discussion and addresses not only immigrant but also homeless and migrant child populations. It provides pediatricians with the necessary framework for addressing underserved children: those who face substantial barriers that limit access to appropriate health care services. This statement supports a community-based approach to health care delivery to ensure that underserved children have a medical home.

Mental Illness

Title: Three Year Course and Outcome of Mental Illness in Homeless Men: A Prospective Longitudinal Study Based on a Representative Sample

Authors: Fichter MM, Quadflieg N

Source: *European Archives of Psychiatry and Clinical Neuroscience*, 255(2):111-120, Apr 2005.

Summary: The objective of this study was to report on the 3-year course and outcome of mental illness and social aspects in a representative sample of 265 homeless men living on the street or using overnight shelter. Method Expert interviews at baseline and at follow-up included the SCID-I and covered cognitive impairment, somatic complaints, use of medical services and psychosocial areas. Of 247 homeless men still alive, at 3-year follow-up, 185 (74.9%) were successfully traced and interviewed face to face. There was considerable improvement regarding the housing situation after 3 years. Rates of mental illness decreased from 79% to 66% over 3 years possibly due to an improved housing situation and increased medical/psychiatric attention and service. The prevalence of mood disorders, substance use disorders and anxiety disorders was significantly lower at 3-year follow-up while psychotic disorders showed a slight increase over time. Thus, in general, more remission than incidence was observed in the 3-year follow-up period. A high rate of use of general medical inpatient services was found. Considering the very high prevalence of mental illness, the use of psychiatric services was very low with some increase over time. Mental health status at 1(st) assessment did not predict the hous-

ing situation at 3 year follow-up. Having had a substance use disorder diagnosis at 1(st) assessment was a powerful predictor of an unfavorable mental health status at 3 year follow-up. Standardized mortality ratio over 3 years was 4.4.

Title: A 34-year-old Man with a History of Bipolar Illness, Substance Abuse, and Metabolic Symptoms

Authors: Srivatsav N, Kaur N

Source: Psychiatric Annals, 35(5):379, 383, May 2005.

Summary: Provides case history of a 34 year old single, unemployed, homeless man who was referred to an outpatient clinic for treatment of mood and psychotic symptoms. His past psychiatric diagnoses include bipolar disorder, currently depressed with psychotic features, and substance-induced mood disorder. He also was diagnosed with amphetamine dependence in early full remission and alcohol dependence in full sustained remission, but he had recently had a relapse of alcohol use. Treatment options are listed, and treatment choice was to increase Mr. Z's lithium to control mood, begin weight monitoring, and some education about his symptoms.

Shelter Staff

Title: Educating the Staff at a Homeless Shelter about Mental Illness and Anger Management

Author: Burke J

Source: JI of Community Health Nursing, 22(2):65-76, 2005.

Summary: The purpose of this project was to assess the educational needs of the staff working at an urban homeless shelter for women and children, in terms of their knowledge about mental illness, and to provide educational sessions at the site based on the needs assessment. Needs were determined through a variety of sources including a survey designed to assess knowledge about mental illness and perceived learning needs, observations of staff interactions, and discussions with the director of the shelter. The ultimate goal was to have a positive impact on the treatment outcomes of the residents at this shelter by increasing the knowledge and skill level of the staff regarding working with clients with mental health conditions and with clients who exhibit angry behaviors. Most staff members interviewed several weeks after the educational sessions demonstrated application and retention of the information taught.

Child Welfare Services

Title: Childhood Out-Of-Home Placement and Dynamics of Public Shelter Utilization among Young Homeless Adults

Authors: Park J-M, Metraux S, Culhane DP

Source: Children and Youth Services Review, 27(5):533-546, May 2005.

Summary: This study determined the prevalence of childhood experiences with child welfare supervision and placement among a cohort of 11,401 young sheltered homeless adults and assessed the associations between this prior involvement with child welfare services and the risk of experiencing recurrent and extended episodes of shelter use. This study used the administrative data from two New York City agencies: the Administration for Children's

Services and the Department of Homeless Services. Overall, 29% had a childhood child welfare history, and 21% (74% of those with childhood child welfare histories) had histories of out-of-home placement through the child welfare system. Childhood out-of-home placement was associated with an increased number of days spent in shelters among family shelter users and with an increased likelihood of experiencing repeated shelter stays during early adulthood in both the family shelter and single-adult shelter groups. These findings underscore the need for more extensive support and housing services during early adulthood for persons with childhood child welfare histories.

African American Women

Title: Identification and Characteristics of Older Homeless African American Women

Author: Washington O

Source: Issues in Mental Health Nursing, 26(2):117-136, Feb-Mar 2005.

Summary: More older African American women are homeless, with this issue receiving little research attention. An exploratory study examined demographics and health characteristics of 100 women. Their mean age was 52.55 years and ranged from 50 to 74 years. Most were unmarried, homeless more than three months, reported more than two diagnoses, and self-rated their health as fair or good. Length of time homeless did not significantly influence self-reported health. Medical diagnoses increased with time homeless, and rates of some chronic diseases were higher than domiciled African American elders 60 years of age and over. Nearly half (48.5%) of women who were homeless more than 12 months reported emotional/mental illness.

Transitioning Through Homelessness

Title: Transitions through Homelessness and Factors that Predict Them: Three-Year Treatment Outcomes

Authors: Orwin RG, Scott CK, Arieria C

Source: JI of Substance Abuse Treatment, 28(Suppl):S23-S39, 2005.

Summary: The course of homelessness was examined among adults entering treatment in the Chicago Target Cities sample, which was aimed at improving the service delivery system in large metropolitan areas across the U.S. The objectives of the present study were: (1) Examine transitions in and out of homelessness over 3 years post entry into treatment; and (2) Determine the treatment and non-treatment factors that predict achieving and sustaining residential stability. Sixty-one percent of initially homeless participants were stably housed at 36 months. By contrast, only 14% of initially housed participants were homeless at 36 months. Sample-wide, homelessness was reduced by 43% over 3 years. In conditional logistic regression models, the most consistent and persistent predictors were crack as the primary problem substance, which appears to be a risk factor for becoming and remaining homeless, and whether or not others were dependent on the participant for food/shelter, which appears to be a protective factor for achieving housing and preventing homelessness. In general, specific treatment factors did not predict outcomes.