

# Health Care for the Homeless

## RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. Many of the results from this customized search can also be found in a research database on the HCH Information Resource Center website at [www.bphc.hrsa.gov/hchirc/bibliographies](http://www.bphc.hrsa.gov/hchirc/bibliographies). This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from October – December 2003. Summaries are categorized into themes which vary each quarter.

### HEALTH SERVICE USE

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**Title: Inappropriate Emergency Department Visits and Use of the Health Care For The Homeless Program Services by Homeless Adults in the Northeastern United States**

**Authors:** Han B; Wells BL

**Source:** Journal of Public Health Management and Practice, 9(6):530-537, Nov-Dec 2003.

**Summary:** This study tested whether the use of the Health Care for the Homeless Program (HCHP) by homeless adults was associated with reduced risk of inappropriate emergency department (ED) use. Researchers interviewed 941 homeless adults at 52 soup kitchens. Of those interviewed, 508 reported having at least one ED visit during the last six months. Then, 243 subjects' 688 ED records were retrieved. Inappropriateness of each ED use was evaluated based on clinical criteria. Logistic regressions were applied. Having two or more HCHP visits by homeless adults was associated with decreased odds of having inappropriate ED visits.

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**Title: Can a Health Advocate for Homeless Families Reduce Workload for the Primary Healthcare Team? A Controlled Trial**

**Authors:** Reilly S; Graham-Jones S; Gaulton E; Davidson E

**Source:** Health Social Care in the Community, 12(1):63-74, Jan 2004.

**Summary:** The objective of the present study was to determine whether provision of health advocacy for homeless patients would reduce the burden of care for a primary healthcare team. The impact of a health advocacy intervention was assessed in a quasi-experimental, three-armed controlled trial. Homeless patients registering at an inner-city health centre were allocated in alternating periods to health advocacy (with or without outreach registration) or 'usual care' over a total intake period of

three years. The client group were homeless people in hostels or other temporary accommodation in the Liverpool 8 area of the UK. The majority of participants (n = 400) were women (76%) in their twenties (mean age = 26.6 years). Most (63%) were temporarily housed at either one of the women's refuges or Liverpool City Council family hostels, and all were registered with an inner-city health centre. Data on health service utilization over a three-month period was collected for all clients recruited to the study and direct health service costs were measured. Homeless adults who were proactively registered by the health advocate on outreach visits to hostels made significantly less use of health centre resources whilst having more contact with the health advocate than patients who registered at the health centre at a time of need. There was no reduction in health centre workload when the offer of health advocacy was made after registration at the health centre. The additional costs of providing health advocacy were offset by a reduction in demand for health-centre-based care. The results demonstrate that health advocacy can alter the pattern of help-seeking by temporarily homeless adults. The intervention was cost-neutral. The short-term health service workload associated with symptomatic homeless patients requiring medication was not reduced, but outreach health advocacy was used successfully to address psycho-social issues and reduce the workload for primary care staff.

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**Title: Soup Kitchen Consumer Perspectives on the Quality and Frequency of Health Service Interactions**

**Authors:** Trevena LJ; Simpson JM; Nutbeam D

**Source:** International Journal of Qualitative Health Care, 15(6):495-500, Dec 2003.

**Summary:** Whilst previous research has repeatedly documented premature mortality and high morbidity among seriously disadvantaged and homeless populations, far less is known of the extent and nature of their interactions with health services. This cross-sectional case study describes health service utilization patterns and explores participant-reported difficulties in accessing health care, adhering to prescribed treatment and maintaining continuity of care amongst 100 users of a charity-run soup kitchen in urban Sydney. The study describes a largely welfare-dependent population sample with poor health who are frequent users of the health system (85% had seen a general practitioner in the preceding six months). The homeless were more likely to report difficulties accessing health care when

needed. One in three respondents reported difficulty adhering to prescribed treatment following their last health care visit. Affordability, not understanding instructions, and not agreeing with advice were the main factors associated with adherence difficulties. One in four failed to return for follow-up visits as advised, largely associated with attitudinal barriers such as a history of not believing problems would be addressed, not trusting health professionals, and not knowing where to get help in the past. These results reinforce the important role of free primary care in reducing access barriers for the disadvantaged, but also highlight possible reasons for service interactions being ineffective in a substantial proportion of cases.

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**Title: Gender Differences in Characteristics and Service Use of Public Mental Health Patients with Schizophrenia**

**Authors:** Lindamer LA; Bailey A; Hawthorne W; Folsom DP; Gilmer TP; Garcia P; Hough RL; Jeste DV

**Source:** Psychiatric Services, 54(10):1407-1409, Oct 2003.

**Summary:** The study examined gender differences in socio-demographic, clinical, and mental health service use variables among patients with schizophrenia in a public mental health care system. Data from 1999 to 2000 for 4975 adult patients were analyzed. Women were older and more likely to be married and to have Medicaid insurance and less likely to have a diagnosis of substance abuse than men. More women were living independently, whereas more men resided in assisted living facilities or were homeless. Women were significantly more likely to have had a psychiatric hospitalization than men, which may be related to differential use of services by men and women with the worst level of functioning.

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**HIV/AIDS**

**Title: Patterns and Correlates of HIV Testing Among Sheltered and Low-Income Housed Women in Los Angeles County**

**Authors:** Tucker JS; Wenzel SL; Elliott MN; Hambarsoomian K; Golinelli D

**Source:** Journal of Acquired Immune Deficiency Syndromes, 34(4):415-422, Dec 1, 2003.

**Summary:** This study investigated the prevalence, location, and correlates of HIV testing in a random sample of women drawn from shelters (n = 460) and low-income housing units (n = 438) in Los Angeles County. Most women (83%) had been tested for HIV, with the most common location being a clinic or physician's office (82%). Sheltered women were more likely to have ever been tested and, among those tested, to have been tested in a treatment program, mobile van, hospital or emergency department, or jail. Multivariate analyses indicated that testing was more likely among women who were sampled from shelters, younger, living with a child, had a regular source of medical care, were drug or alcohol dependent in the past year, experienced sexual violence, and were at low risk for mental health problems. Few women reported lack of money, transportation, or access to testing facilities as primary barriers to being tested. Although the results suggest that most impoverished women in the study area did not experience significant impediments to HIV testing, programs to encourage testing among older women, stably housed women who lack a

regular source of care, and women at high risk for mental health problems may be warranted.

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**HOMELESS WOMEN**

**Title: No Door to Lock: Victimization Among Homeless and Marginally Housed Persons**

**Authors:** Kushel MB; Evans JL; Perry S; Robertson MJ; Moss AR

**Source:** Archives of Internal Medicine, 163(20):2492-2499, Nov 10, 2003.

**Summary:** Homeless persons experience high rates of sexual and physical assault; homeless women are thought to be at highest risk. To determine the prevalence, distribution, and factors associated with sexual and physical assault, we surveyed homeless and marginally housed adults in San Francisco, California. We interviewed 2577 respondents about their history of recent sexual and physical assault, housing history, sexual practices, substance use, health status, and criminal justice history. The main outcome measures were self-reported sexual and physical assault in the previous 12 months. Overall, 32.3% of women, 27.1% of men, and 38.1% of transgendered persons reported a history of either sexual or physical assault in the previous year; 9.4% of women, 1.4% of men, and 11.9% of transgendered persons reported sexual assault, and 30.6% of women, 26.6% of men, and 33.3% of transgendered persons reported physical assault. In multivariate models, being homeless (as opposed to marginally housed) was associated with sexual assault for women, but not for men. Housing status was not associated with physical assault for women or men. Mental illness and sex work were both common and associated with high rates of assault in multivariate analyses. Sexual and physical assault are common experiences for homeless and marginally housed persons. Housing is associated with lower rates of sexual assault among women. Strategies to decrease sexual and physical assault and its consequences are needed in this population.

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**Title: Prevalence of Chlamydia Trachomatis Infections and Specimen Collection Preference Among Women, Using Self-Collected Vaginal Swabs in Community Settings**

**Authors:** Richardson E; Sellors JW; Mackinnon S; Woodcox V; Howard M; Jang D; Karwalajtys T; Chernesky MA

**Source:** Sexually Transmitted Diseases, 30(12):880-885, Dec 2003.

**Summary:** Chlamydia trachomatis is a common, often asymptomatic sexually transmitted infection. The goal of this study was to estimate the prevalence and predictors of C. trachomatis among young women using self-collected vaginal swabs, and the preferences of women and physicians for self-testing. A total of 514 attendees of university/college health clinics, adolescent birth control clinics, centers providing health services to homeless youth and adults (street health centers), a sexually transmitted diseases clinic, and family practices were tested by ligase chain reaction. Preference for self- versus provider-testing was examined. Prevalence was 6.0% and was highest (18.2%) in the street health centers. In multivariate analysis, only recent contact with someone with C. trachomatis infection was significantly associated with infection. Most women (54.2%) preferred self-sampling compared with

physician sampling (15.9%). The majority of physicians (75.0%) reported at the start and end of the study that they would use vaginal swab self-sampling if available. Prevalence of infection in young women attending homeless youth organizations was high. Self-sampling was acceptable and could facilitate screening in high-risk women who do not regularly access health services.

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**Title: Health Care for Homeless Women: Unmet Needs and Barriers to Care**

**Authors:** Lewis, JH; Andersen RM; Gelberg L

**Source:** Journal of General Internal Medicine, 18(11):921-928, Nov 2003.

**Summary:** Homelessness is a significant and growing problem in the United States. Women and families are the fastest growing segments of the homeless population. Homelessness increases the risk of having health problems and encountering barriers to care. This study determines how much perceived unmet need for medical care there is among homeless women, what homeless women perceive to be barriers to health care, and how barriers and other factors are associated with unmet needs. This is a cross-sectional study of homeless women, utilizing structured interviews with a community-based probability sample of 974 homeless women aged 15 to 44 years. The main outcome measure was a perceived unmet need for medical care in the past 60 days. The study examined relationships between unmet need and demographic variables, place of stay, source of health care, insurance, and perceived barriers to care. Of the 974 women, 37% reported unmet need for medical care. Controlling for other factors, the odds of unmet need were lower among those with a regular source of care, while having health insurance was not significantly associated. The odds of unmet need were higher among those who experienced these barriers: not knowing where to go, long office waiting times and being too sick to seek care. There is significant unmet need for medical care among homeless women. Having a regular source of care was more important than health insurance in lowering the odds of unmet need. Homeless women must be educated regarding sources of care, and clinics serving homeless individuals must decrease waiting times.

**HOMELESS MOTHERS**

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**Title: Substance Use and Separation of Homeless Mothers From Their Children**

**Authors:** Zlotnick C; Robertson MJ; Tam T

**Source:** Addictive Behavior, 28(8):1373-1383, Oct 2003.

**Summary:** This study examined whether homeless mothers with substance use problems were more likely to experience separations from their children and whether recent substance use had an impact on the family's ability to receive public entitlement income consistently over the 15-month study period. This study used an existing longitudinal data set consisting of a county-wide probability sample of 104 homeless women who had children under 18 years old. Only 29.1% of women had all their children with them throughout the 15-month study period. Mothers who had been separated from their children were more likely to have a current substance use disorder and to have been homeless for at least a year compared to other homeless mothers. Because many women with recent substance use had already lost

custody of their children, substance use contributed to loss of child custody among mothers who did not have substance use disorders.

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**Title: Mothering Against the Odds: Diverse Voices of Contemporary Mothers**

**Author:** Johnston-Robledo I

**Source:** Sex Roles, 49(7-8):409-410, Oct 2003.

**Summary:** The majority of scholarship on mothers focuses on the experiences of women who fit the dominant cultural ideal of white, middle class, heterosexual, and married. Little attention has been paid to mothers whose demographic characteristics and life circumstances place them outside this narrow standard. The reviewer believes that this book (C. Garcia, J. L. Surrey, and K. Weingarten [Eds], 1998) represents a refreshing and essential exception. This book is a collection of chapters written by women, most of whom are mothers themselves, from a variety of personal and professional backgrounds. Contributors are lesbian women, women of color, and formerly homeless women. They are clinicians, academics, health care providers, public policy advocates, and program directors. It is noted that this book may be regarded as inaccessible to many women whose experiences are reflected in the chapters. It could, however, be of great value to psychotherapists.

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**Title: Maternal Mental Health and Parenting in Poverty**

**Authors:** Beeber LS; Miles MS

**Source:** Annual Review of Nursing Research, 21:303-331, 2003.

**Summary:** Maternal mental health is a key factor affecting the quality of parenting and, ultimately, a child's developmental outcomes. Thus, the persistence of mental health problems such as chronic depressive symptoms or addiction in low-income mother-child dyads may be the critical determinant of their collective future. This review examines the research conducted by nurses that focuses on maternal mental health, mothering, and child outcomes in the context of rearing children in poverty. Multiple methods were used for the search. Four programs showed evidence of sustained, related studies focused on the mental health of low-income mothers and their parenting. Two of these programs included intervention studies aimed at improving the mental health of mothers and developmental outcomes for their children. There were four newer programs of research in which the research teams had begun to focus on mothers rearing children in poverty and five other researchers who conducted single studies of maternal mental health. Additionally, two investigators focused on mothers who were prisoners, one team focused on homeless mothers, and another on mothers with HIV. Studies were critiqued using a developmental science framework. Studies varied widely in the degree to which they used developmentally based conceptual frameworks, designs, and measures. While nurse scientists have made progress in conducting research with mothers rearing children in poverty, there is an urgent need for more developmentally sensitive research aimed at strengthening maternal mental health and assisting mothers to be more effective parents in the midst of the challenges of poverty and welfare reform. By doing so, nursing interventions can improve the child's developmental outcomes.

## HOMELESS VETERANS

### **Title: Health Care of Homeless Veterans: Why are Some Individuals Falling Through the Safety Net?**

**Authors:** O'Toole TP; Conde-Martel A; Gibbon JL; Hanusa BH; Fine MJ

**Source:** Journal of General Internal Medicine, 18(11):929-933, Nov 2003.

**Summary:** It is important to understand the needs of those veterans who are homeless. We describe characteristics of homeless male veterans and factors associated with needing VA benefits from a two-city, community survey of 531 homeless adults. Overall, 425 were male, of whom 127 were veterans (29.9%). Significantly more veterans had a chronic medical condition and two or more mental health conditions. Only 35.1% identified a community clinic for care compared with 66.8% of non-veterans; 47.7% identified a shelter-based clinic and 59.1% reported needing VA benefits. Those reporting this need were less likely to report a medical comorbidity (58.7% vs. 76.9%), although 66.7% had a mental health comorbidity and 82.7% met Diagnostic Screening Manual (DSM)-III-R criteria for substance abuse/dependence. They were also significantly more likely to access shelter clinics compared with veterans without this need. Homeless veterans continue to have substantial health issues. Active outreach is needed for those lacking access to VA services.

## TUBERCULOSIS

### **Title: Outcomes of Contact Investigation Among Homeless Persons with Infectious Tuberculosis**

**Authors:** Yun LW; Reves RR; Reichler MR; Bur S; Thompson V; Mangura B; Ford J

**Source:** International Journal of Tuberculosis and Lung Disease, 7(12 Supplement 3):S405-411, Dec 2003.

**Summary:** Homelessness is an important risk factor for tuberculosis (TB). Health departments often fail to identify contacts for homeless TB cases, but little else is known about the outcome of contact investigations for these cases. This study's objective is to describe the outcomes of identification, tuberculin skin testing (TST), clinical evaluation and treatment for contacts of infectious homeless TB cases. The study involved a retrospective multi-center review of data of contact investigations conducted in 1996 by five health departments in the U.S. Twenty-seven (8%) of 349 TB cases were homeless. Failure to identify contacts occurred in six (50%) of 12 cases residing in shelters vs. one (7%) of 15 non-shelter cases. Of 479 contacts identified, 297 (62%) were fully evaluated, 97 (20%) had only initial testing, and 85 (18%) were not evaluated. Of the 394 evaluated contacts, 13 (3%) had a prior positive TST. Of the remaining 381 contacts, six (1.6%) had active TB and 67 (17.6%) were TST-positive. Only 27 (44%) of 61 contacts completed treatment for latent TB infection. Conclusion: Despite the failure to identify contacts for some cases, contact investigations for homeless TB cases identified large numbers of contacts for whom evaluation and treatment were often not completed. Prospective studies with more complete documentation are needed to improve contact investigations for homeless TB cases.

## HEALTH SURVEY TOOL

### **Title: Reliability and Validity of the SF-36 in HIV-Infected Homeless and Marginally Housed Individuals**

**Authors:** Riley ED; Bangsberg DR; Perry S; Clark RA; Moss AR; Wu AW

**Source:** Quality of Life Research, 12(8):1051-58, Dec 2003.

**Summary:** This study assessed the reliability and validity of the Short-Form 36 (SF-36) health survey as a health status indicator among HIV-infected homeless and marginally housed (HMH) individuals. Between July 1996 and May 2000, a sample of HMH individuals completed interviews that included the SF-36. Responses to the SF-36 were analyzed for missing data, range, internal consistency, and construct validity. Among 330 individuals interviewed, 83% were male, 43% were African-American, and the median age was 39 years. All internal consistency reliability coefficients exceeded 0.70, all item-scale correlations exceeded 0.40, all items were more strongly correlated with their hypothesized scale than any other scale, and all reliability coefficients exceeded inter-scale correlations for the same scale. Three of four physical health scales were significantly associated with CD4 cell count and HIV viral load. All scales were significantly associated with depression. We found that scales were internally consistent, items correlated to an acceptable degree with their hypothesized scales, items were distinct from other scales, physical scales were associated with CD4 cell count and viral load, and all scales were associated with depression. These analyses provide evidence for the reliability and validity of the SF-36 as a measure of health status in HIV-positive HMH individuals.

## U.S. CONFERENCE OF MAYORS REPORT 2003

**Note: The following reference is not for a Peer Reviewed Publication, but may be of interest to readers.**

### **Title: U.S. Conference of Mayors Report 2003 – Summary**

**Source:** The full report can be found online at [www.usmayors.org/uscm/hungersurvey/2003/onlineReport/HungerandHomelessnessReport2003.pdf](http://www.usmayors.org/uscm/hungersurvey/2003/onlineReport/HungerandHomelessnessReport2003.pdf) (accessed Jan 2, 2004).

To assess the status of hunger and homelessness in America's cities during 2003, the U.S. Conference of Mayors surveyed 25 major cities whose mayors were members of its Task Force on Hunger and Homelessness. The survey sought information and estimates from each city on 1) the demand for emergency food assistance and emergency shelter and the capacity of local agencies to meet that demand; 2) the causes of hunger and homelessness and the demographics of the populations experiencing these problems; 3) exemplary programs or efforts in the cities to respond to hunger and homelessness; 4) the availability of affordable housing for low income people; 5) the outlook for the future and the impact of the economy on hunger and homelessness.