

# 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 January – March 2004. Summaries are categorized into themes which vary each quarter.

### HUNGER

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**Title: Risk and Protective Factors for Adult and Child Hunger Among Low-Income Housed and Homeless Female-Headed Families**

**Authors:** Wehler C; Weinreb LF; Huntington N; Scott R; Hosmer D; Fletcher K; Goldberg R; Gundersen C

**Source:** American Journal of Public Health, 94(1):109-15, Jan 2004.

**Summary:** We sought to identify factors associated with adult or child hunger. Low-income housed and homeless mothers were interviewed about socioeconomic, psychosocial, health, and food sufficiency information. Multinomial logistic regression produced models predicting adult or child hunger. Predictors of adult hunger included mothers' childhood sexual molestation and current parenting difficulties, or "hassles." Risk factors for child hunger included mothers' childhood sexual molestation, housing subsidies, brief local residence, having more or older children, and substandard housing. This study found that the odds of hunger, although affected by resource constraints in low-income female-headed families, were also worsened by mothers' poor physical and mental health. Eliminating hunger thus may require broader interventions than food programs.

### HOMELESS VETERANS

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**Title: Perception of Health Status by Homeless US Veterans**

**Authors:** Nyamathi A; Sands H; Pattatucci-Aragon A; Berg J; Leake B; Hahn JE; Morisky D

**Source:** Family and Community Health, 27(1):65-74, Jan-Mar 2004.

**Summary:** Perceptions of health status among 331 homeless veterans and homeless nonveterans were examined. Homeless

veterans were significantly less apt to perceive their health as fair/poor (8%) compared to non-veteran homeless men (19%). Homeless veterans were also more likely to report having a regular source of care (57% versus 36%). Logistic regression analysis indicated the adjusted odds of fair/poor health were more than two times greater for persons reporting depressive symptomatology than for those without this history; veterans continue to remain less likely to report fair/poor health than nonveterans. High rates of substance abuse were observed for the entire sample. Such differences in perceived health result in important health access issues.

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**Title: Building The Future: Psychosocial Rehabilitation with a Veterans Construction Team**

**Authors:** Schutt RK; Courmoyer B; Penk WE; Drebing CE; Van Ormer EA; Krebs C; Losardo MO

**Source:** Psychiatric Rehabilitation Journal, 27(2):186-89, Fall 2003.

**Summary:** The Veterans Construction Team (VCT) is an innovative form of Compensated Work Therapy (CWT) for unemployed, homeless veterans who have had a history of substance abuse and/or a serious mental or medical illness. The VCT model builds social support and self-esteem, while delivering tangible services to public entities and providing a relatively high rate of pay and exceptional opportunities for skill development. This brief report outlines the VCT model, reviews VCTs development and operations, and describes participant reactions. Data were collected by interviewing program managers and office staff, field supervisors and VCT participants, as well as through archival data on VCT projects and VA intake data.

### HOMELESS CHILDREN AND ADOLESCENTS

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**Title: Involuntary Sex Experienced by Homeless Young People: A Public Health Problem**

**Authors:** Rosenthal D; Mallett S

**Source:** Psychological Reports, 93(3 Pt 2):1195-96, Dec 2003.

**Summary:** The incidence of involuntary sex among homeless young people is considerably higher than in the general population. The most common reason for unwanted sex is being drunk or high at the time. There is a need for programs that provide homeless young people with knowledge and decision-

making skills to enable them to avoid unwanted sex and thus exposure to adverse sexual health outcomes.

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**Title: Child-Centered Play Therapy with Children who are Homeless: Perspective and Procedures**

**Author:** Baggerly J

**Source:** International Journal of Play Therapy, 12(2):87-106, 2003.

**Summary:** Children who are homeless are one of the fastest growing populations. However, the literature on play therapy with children who are homeless is sparse. This article provides play therapists with needed perspective of prevalence, causes, and mental health impact of homelessness. A Child-Centered Play Therapy approach, which emphasizes a safe relationship based on the core conditions, is recommended. Procedures to meet the needs of children who are homeless and to enlarge the meaning of their unique play themes, such as eviction and "I'm rich," are discussed. Play therapists are encouraged to fulfill their social responsibility by providing play therapy for children who are homeless.

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**Title: Self-Mutilation and Homeless Youth: The Role of Family Abuse, Street Experiences, and Mental Disorders**

**Authors:** Tyler KA; Whitbeck LB; Hoyt DR; Johnson KD

**Source:** Journal of Research on Adolescence, 13(4):457-74, 2003.

**Summary:** Self-mutilation, which is the act of deliberately harming oneself, has been overlooked in studies of homeless and runaway youth. Given their high rates of abuse and mental health disorders, which are associated with self-mutilation, homeless and runaway youth provide an ideal sample in which to investigate factors associated with self-mutilation among a nonclinical population. Based on interviews with 428 homeless and runaway youth aged 16 to 19 years in 4 Midwestern states, the current study revealed widespread prevalence of self-mutilation among these young people. Multivariate analyses indicated that sexual abuse, ever having stayed on the street, deviant subsistence strategies, and meeting diagnostic criteria for depression were positively associated with self-mutilation. The findings are interpreted using stress theory and affect-regulation models.

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**Title: Positive Youth Development: Reducing the Health Risks of Homeless Youth**

**Author:** Taylor-Seehafer MA

**Source:** American Journal of Maternal/Child Nursing, 29(1):36-40, Jan-Feb 2004.

**Summary:** This article outlines several preventive health strategies for reducing the health risks of homeless youth related to emotional distress, alcohol and other drug use/abuse, risky sex, and victimization, all of which are well documented as major health risks for homeless youth living on the street. These health risks interrupt normal adolescent development and are primary obstacles to exiting the street culture and lifestyle. Research indicates that risk exposures among adolescents can be moderated and/or buffered by a focus on individual strengths and environmental protective factors such as community support and mentoring.

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**Title: Engaging with a Mental Health Service: Perspectives of At-Risk Youth**

**Authors:** French R; Reardon M; Smith P

**Source:** Child and Adolescent Social Work Journal, 20(6):529-48, Dec 2003.

**Summary:** Studies suggest that only a small number of young people with diagnosable mental health difficulties are referred for treatment. Of these a significant proportion fail to engage in treatment or terminate prematurely. This situation is exacerbated when the young people are homeless or at risk of homelessness, and considered to be "at-risk." With this at-risk population the process of engagement is likely to be a critical aspect of successful interventions. Using qualitative methodology, at-risk clients of a mental health service (n = sixteen) were interviewed, and four primary themes crucial to the engagement process were identified. The data indicated the importance of considering the young person and their multifarious life-experiences; the attractiveness and accessibility of the service; and the follow-up offered by the service provider. The implications for mental health services that provide counseling for young people are discussed.

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**ESID: EXPERIMENTAL SOCIAL INNOVATION AND DISSEMINATION**

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**Title: A Modified ESID Approach to Studying Mental Illness and Homelessness**

**Author:** Calsyn RJ

**Source:** American Journal of Community Psychology, 32(3-4):319-31, Dec 2003.

**Summary:** This paper describes 15 years of research on homelessness using a modified ESID approach. The article summarizes the results of several needs assessment studies; describes the development and evolution of alternative treatment models to assist homeless individuals with severe mental illness; summarizes results of three outcome evaluation studies; and discusses issues of treatment implementation, treatment diffusion, and dissemination.

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**Title: Consumer Preference Programs for Individuals who are Homeless and Have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program**

**Authors:** Tsemberis SJ; Moran L; Shinn M; Asmussen SM; Shern DL

**Source:** American Journal of Community Psychology, 32(3-4):305-17, Dec 2003.

**Summary:** We illustrate Fairweather's approach to Experimental Social Innovation and Dissemination with two experimental studies of programs to reduce homelessness for 168 and 225 people with mental illness and often substance abuse. Literally homeless participants were randomly assigned to programs that emphasized consumer choice or to the usual continuum of care, in which housing and services are contingent on sobriety and progress in treatment. A drop-in center that eliminated barriers to access to services was more successful than control programs in reducing homelessness, but after 24 months only 38% of participants had moved to community housing. A subsequent apartment program, in which individuals in the experimental condition moved to subsidized apartments directly from the

street, with services under their control, had 79% in stable housing (compared to 27% in the control group) at the end of 6 months. Groups in this study did not differ on substance abuse or psychosocial outcomes.

#### HOMELESS PREVALENCE AMONG WOMEN

##### **Title: Prevalence of Episodic Homelessness Among Adult Childbearing Women in Philadelphia, PA**

**Authors:** Webb DA; Culhane J; Metraux S; Robbins JM; Culhane D

**Source:** American Journal of Public Health, 93(11):1895-96, Nov 2003.

**Summary:** Pregnancy and the responsibilities of caring for children create additional barriers for low-income women and families seeking adequate and affordable housing, yet few studies have assessed the relative risk or prevalence of homelessness among pregnant or parenting women in the United States. The economic, social, and psychological dislocations associated with housing instability and homelessness may have particularly serious negative consequences for the health and well-being of pregnant and parenting women and their children, highlighting the need to document the number of women exposed to such conditions. Enumerating homeless populations is fraught with both difficulty and controversy; however, effective public health planning and advocacy are problematic in the absence of a better understanding of the scope of the homelessness problem among pregnant and parenting women. In light of the need for relevant data, we sought to estimate the prevalence of homelessness among childbearing women living in a single, large urban area within the continental United States.

#### SUBSTANCE USE/ABUSE

##### **Title: A Syringe Prescription Program to Prevent Infectious Disease and Improve Health of Injection Drug Users**

**Authors:** Rich JD; McKenzie M; Macalino GE; Taylor LE; Sanford-Colby S; Wolf F; McNamara S; Mehrotra M; Stein MD.

**Source:** Journal of Urban Health, 81(1):122-34, Mar 2004.

**Summary:** Injection drug users (IDUs) are at increased risk for many health problems, including acquisition of human immunodeficiency virus (HIV) and hepatitis B and C. These risks are compounded by barriers in obtaining legal, sterile syringes and in accessing necessary medical care. In 1999, we established the first-ever syringe prescription program in Providence, Rhode Island, to provide legal access to sterile syringes, reduce HIV risk behaviors, and encourage entry into medical care. Physicians provided free medical care, counseling, disease testing, vaccination, community referrals, and prescriptions for sterile syringes for patients who were not ready to stop injecting. We recruited 327 actively injecting people. Enrolled participants had limited stable contact with the health care system at baseline; 45% were homeless, 59% were uninsured, and 63% did not have a primary care physician. Many reported high-risk injection behaviors such as sharing syringes (43% in the last 30 days), reusing syringes (median of eight times), and obtaining syringes from unreliable sources (80%). This program demonstrates the feasibility, acceptability, and unique features of syringe prescription for IDUs. The fact that drug use is acknowledged allows an open and frank discussion of

risk behaviors and other issues often not disclosed to physicians. The syringe prescription program in Providence represents a promising and innovative approach to disease prevention and treatment for IDUs.

#### MENTAL HEALTH CARE – AFRICAN AMERICANS

##### **Title: The Quality of Mental Health Care for African Americans**

**Authors:** Richardson J; Anderson T; Flaherty J; Bell C

**Source:** Culture, Medicine and Psychiatry, 27(4):487-98, Dec 2003.

**Summary:** In response to the Surgeon General's request for more research on racial disparities in mental health care, especially research that includes high-need populations (e.g., the homeless, incarcerated, children in foster care, and substance abusers), we examined racial disparities in the provision of mental health counseling, psychotherapy, and pharmacotherapy in hospital outpatient settings using nationally representative data from the 1997 National Hospital Ambulatory Medical Care Survey (NHAMCS). After controlling for diagnosis and other factors, we found that African Americans were less likely than whites to receive mental health counseling and psychotherapy, but more likely than whites to receive pharmacotherapy. We also found that substance abuse clinics were more likely than primary care and specialty mental health clinics to provide mental health counseling and psychotherapy. However, specialty mental health clinics were the only clinics to provide pharmacotherapy. Future research should examine racial disparities in a variety of settings, controlling for diagnosis as well as other factors.

#### SERVICE ACCESS/UTILIZATION

##### **Title: Socioeconomic Marginality and Health Services Utilization Among Central Harlem Substance Users**

**Authors:** Van Ness PH; Davis WR; Johnson BD

**Source:** Substance Use and Misuse, 39(1):61-85, Jan 2004.

**Summary:** The article examines whether decrements in socioeconomic measures in a poor, substance using population predict changes in health services utilization. The sample consisted of 658 "hard drug" (crack, powder cocaine, and heroin) users drawn from Central Harlem in New York City during 1998 and 1999. Chain referral and social networking were used in order to gain access to hidden users. The sample was stratified according to operational measures indicating socioeconomic marginality, one calculated using indices of income, education, and employment and another designed to measure lived homelessness. Rates of self-reported utilization of 10 health services were compared across strata. In this sample socioeconomic marginality reflected by low levels of income, education, and employment sometimes predicts greater rates of health services utilization and, in other cases, it predicts lower rates. When the sample is stratified according to an operational measure of homelessness, the gradient of greater utilization and self-reported morbidity for the homeless is more marked and consistent. Results are supportive of a public health model of drug user treatment that recommends that it occur as part of an integrated strategy addressing poverty, homelessness, violence, and related social problems.

**Title: Homeless Persons' Decisions to Accept or Reject Public Health Disease-Detection Services**

**Authors:** Swigart V; Kolb R

**Source:** Public Health Nursing, 21(2):162-70, Mar-Apr 2004.

**Summary:** The purpose of this study was to describe the factors that homeless persons report as influencing their decisions to utilize or reject a public health disease-detection program. Although there is copious literature on homelessness, few studies report the real-life perspectives of homeless persons toward health or health promotion. A convenience sample of 55 sheltered and street-dwelling homeless persons, who either resided in or were visiting seven shelters in a large northeastern U.S. city, were interviewed. The interview questions focused on the bases for decisions to accept or reject tuberculosis screening. The in-depth semistructured audio-taped interviews were transcribed, coded, and categorized using Ethnograph software. Interviews were analyzed using the constant comparative content analysis methods. The findings describe homeless persons' reasons for accepting or rejecting a tuberculosis-detection service, the prominent role of shelter personnel in recruitment for health-related interventions, and the confidentiality needs of women with children. This information can assist community health practitioners in designing and advertising health-promotion and disease-detection programming.

**Title: Modeling Service Access in a Homeless Population**

**Authors:** Pollio DE; North CS; Eyrich KM; Foster DA; Spitznagel E

**Source:** Journal of Psychoactive Drugs, 35(4):487-95, Oct-Dec 2003.

**Summary:** Previous research has shown use of greater amounts and more types of services to be robustly associated with positive outcomes. However, research has neither adequately explored nor conceptualized the complex interactions among demographics, homelessness, mental illness, and service use. Subjects (N=396) were systematically sampled. Service use was divided into four sectors: homeless amelioration, homeless maintenance, mental health, and chemical dependency services. Three nested conceptual models were analyzed using logistic regressions predicting service use for each service sector (30 day and lifetime): (1) need factors, (2) need factors, comorbidity, and demographics; and (3) all of the above plus other sector service use. Improvements in predictive ability were tested for each pair of nested equations. A fourth set of analyses including all variables used in any analysis was tested for further improvement. In most analyses, the third conceptual model demonstrated significant advantage over simpler models. Models including all variables did not add significant improvement. Mental health and addiction service use were relatively strongly predicted by diagnosis. Despite limitations, the study has implications for service use: (a) services should facilitate individual level cross-sector use; (b) homelessness sectors require attending to need factors; (c) service providers should be aware of barriers unintentionally imposed by service restrictions.

**ADHERENCE TO TREATMENT**

**Title: Can the Poor Adhere? Incentives for Adherence to TB Prevention in Homeless Adults**

**Authors:** Tulsy JP; Hahn JA; Long HL; Chambers DB; Robertson MJ; Chesney MA; Moss AR

**Source:** International Journal of Tuberculosis and Lung Disease, 8(1):83-91, Jan 2004.

**Summary:** (Setting) Community-based population of homeless adults living in San Francisco, California. The objective of this study was to compare the effect of cash and non-cash incentives on 1) adherence to treatment for latent tuberculosis infection, and 2) length of time needed to look for participants who missed their dose of medications. The project design is a prospective, randomized clinical trial comparing a 5 dollar cash or a 5 dollar non-cash incentive. All participants received directly observed preventive therapy and standardized follow-up per a predetermined protocol. Completion rates and amount of time needed to follow up participants was measured. Of the 119 participants, 102 (86%) completed therapy. There was no difference between the cash and non-cash arms. Completion was significantly higher among males and persons in stable housing at study entry. No substance use or mental health measures were associated with completion. Participants in the cash arm needed significantly less follow-up to complete therapy compared to the non-cash arm. In multivariate analysis, non-cash incentive, use of crack cocaine, and no prior preventive therapy were associated with more follow-up time. Simple, low cost incentives can be used to improve adherence to TB preventive therapy in indigent adults.

**Title: Association of Stereotypes about Physicians to Health Care Satisfaction, Help-Seeking Behavior, and Adherence to Treatment.**

**Authors:** Bogart LM; Bird ST; Walt LC; Delahanty DL; Figler JL  
**Source:** Social Science and Medicine, 58(6):1049-58, Mar 2004.

**Summary:** The present research consists of three studies examining the role of patients' stereotypes about health care providers in the health care decision process. Study 1 examined the association of stereotypes to health care satisfaction and help-seeking behavior among a low-income clinic sample; Study 2 examined the relationship of stereotypes to satisfaction and adherence to treatment among low-income individuals living with HIV; and Study 3 examined the association of stereotypes to satisfaction and help-seeking among a sample of homeless individuals. Overall findings indicate that individuals who held more negative stereotypes about physicians sought care less often when sick, were less satisfied with the care that they did obtain, and were less likely to adhere to physician recommendations for treatment. Moreover, African Americans, but not Whites, with more positive stereotypes reported better adherence in Study 2 and were more satisfied with their health care in Study 3. Our findings point to the need to better understand the role of patients' beliefs about health care in predicting health care satisfaction and health behaviors.