

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. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) May 2009 – July 2009. Summaries are categorized into themes which vary each quarter.

CLIMATE CHANGE

Title: Health of the homeless and climate change

Authors: Ramin B, Svoboda T

Source: Journal of Urban Health, May 15, 2009 [Epub ahead of print]

Summary: The homeless are amongst the most vulnerable groups in developed regions, suffering from high rates of poorly controlled chronic disease, smoking, respiratory conditions, and mental illness, all of which render them vulnerable to new and resurgent disease processes associated with climate change. To date, there have been no papers reviewing the impacts of climate change on the homeless population. This paper provides a framework for understanding the nature of such an impact. We review four pathways: increased heat waves, increased air pollution, increased severity of floods and storms, and the changing distribution of West Nile Virus. We emphasize the need for further debate and research in this field.

CHRONIC HOMELESS

Title: Health and social characteristics of homeless adults in Manhattan who were chronically or not chronically unsheltered

Authors: Levitt AJ, Culhane DP, DeGenova J, O'Quinn P, Bainbridge J.

Source: Psychiatric Services, 60(7):978-81, 2009

Summary: This study compared health and social characteristics of two groups of homeless adults in Manhattan—those who were chronically unsheltered and those who were not. Outreach workers conducted brief, structured interviews with 1,093 unsheltered homeless adults. Respondents were later categorized

as being chronically unsheltered on the basis of New York City criteria (sleeping without shelter at least nine of the previous 24 months). The sample had high rates of substance abuse (65%), serious medical issues (42%), and repeated trauma (51%) and low rates of medical insurance (47%) and income entitlements (26%) entitlements. Sixty-seven percent were chronically unsheltered, and these respondents had significantly higher rates on several measures, including military service, incarceration, and mental illness. The sick and aged nature of this population suggests that more aggressive efforts are needed to enroll unsheltered homeless people in income and health benefits and to create adequate housing opportunities with appropriate support services.

EMERGENCY DEPARTMENT USE

Title: Living in the ED: The impact of homelessness on the frequent use of emergency departments in Baltimore city

Authors: DiPietro BY

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering, 69(9-B), 2009

Summary: There is a subset of patients who visit the emergency department (ED) frequently, and this group is responsible for a disproportionate number of total visits, thereby potentially contributing to overuse of the ED. Anecdotal belief among clinicians holds that those who are "frequent users" of the ED are likely to be homeless. While many studies have been conducted examining the problem of frequent ED use and other studies have documented the health and service utilization of individuals experiencing homelessness, there is little information about the direct connection between these two populations. Using a retrospective administrative record review of three EDs in Baltimore City in combination with administrative data from homeless service providers, this research study examines the proportion of homelessness among frequent users, and documents how patient and visit characteristics differ between homeless and non-homeless frequent users. This study found that homeless patients were not the majority of frequent users, but did have significant differences in ED utilization compared to their non-homeless counterparts. As frequency of visits increases, however, so too does the proportion of homelessness. Understanding the specific characteristics and utilization patterns of frequent users

will help policy makers and hospital administrators determine how to more effectively treat this population.

FAMILY HOMELESSNESS

Title: Narrative and collaborative practices in work with families that are homeless

Authors: Fraenkel P, Hameline T, Shannon M

Source: Journal of Marital and Family Therapy, 35(3):325-42, 2009

Summary: This article reports on the use of narrative therapy ideas and practices in working with families that are homeless in a shelter-based, multiple-family discussion group program called Fresh Start for Families. It begins with a review of the challenges facing homeless families. It then briefly describes the collaborative methods used to develop the program. It then describes a range of practices and activities that provide opportunities for families to be witnessed in telling their stories of challenge and coping, to help and be helped by other families experiencing similar challenges, to reconnect and strengthen a positive sense of family identity while externalizing the constraining, stigmatizing descriptions associated with homelessness, and to envision and take steps towards their preferred futures.

HIV/AIDS

Title: Impact of prison status on HIV-related risk behaviors

Authors: Hudson AL, Nyamathi A, Bhattacharya D, Marlow E, Shoptaw S, Marfisee M, Leake B

Source: AIDS and Behavior, May 20, 2009 [Epub ahead of print]

Summary: Baseline data were collected to evaluate the effectiveness of interventions on completion of the hepatitis A and B vaccine series among 664 sheltered and street-based homeless adults who were: (a) homeless; (b) recently (<1 year) discharged from prison; (c) discharged 1 year or more; and (d) never incarcerated. Group differences at baseline were assessed for socio-demographic characteristics, drug and alcohol use, sexual activity, mental health and public assistance. More than one-third of homeless persons (38%) reported prison time and 16% of the sample had been recently discharged from prison. Almost half of persons who were discharged from prison at least 1 year ago reported daily use of drugs and alcohol over the past 6 months compared to about 1 in 5 among those who were recently released from prison. As risk for HCV and HIV co-infection continues among homeless ex-offenders, HIV/HCV prevention efforts are needed for this population.

Title: Reducing risky sexual behavior and substance use among currently and formerly homeless adults living with HIV

Authors: Rotheram-Borus MJ, Desmond K, Comulada WS, Arnold EM, Johnson M

Source: American Journal of Public Health, 99(6):1100-1107, 2009

Summary: We examined the efficacy of the Healthy Living Program in reducing risky sexual behavior and substance use among adults with HIV infection who were marginally housed (i.e., homeless at some point over a 37-month period). We had previously

conducted a randomized controlled trial with 936 adults living with HIV infection. In that study, 3 intervention modules of 5 sessions each addressed different goals: reducing risky sexual acts and drug use, improving the quality of life, and adhering to healthful behaviors. Participants were interviewed at baseline and at 5, 10, 15, 20, and 25 months; 746 completed 4 or more assessments. In this study, we analyzed sexual behavior and drug use outcomes for the 35% (n=270 of 767) of participants who were considered marginally housed. Among the marginally housed participants, there were significantly greater reductions in unprotected risky sexual acts, the number of sexual partners of HIV negative or unknown serostatus, alcohol or marijuana use, and hard drug use among the intervention group than among the control group. Intensive, skill-focused intervention programs may improve the lives of marginally housed adults living with HIV infection.

HOUSING

Title: Housing first for homeless persons with active addiction: are we overreaching?

Authors: Kertesz SG, Crouch K, Milby JB, Cusimano RE, Schumacher JE

Source: Milbank Quarterly, 87(2):495-534, 2009

Summary: More than 350 communities in the United States have committed to ending chronic homelessness. One nationally prominent approach, Housing First, offers early access to permanent housing without requiring completion of treatment or, for clients with addiction, proof of sobriety. This article reviews studies of Housing First and more traditional rehabilitative (e.g., "linear") recovery interventions, focusing on the outcomes obtained by both approaches for homeless individuals with addictive disorders. According to reviews of comparative trials and case series reports, Housing First reports document excellent housing retention, despite the limited amount of data pertaining to homeless clients with active and severe addiction. Several linear programs cite reductions in addiction severity but have shortcomings in long-term housing success and retention. This article suggests that the current research data are not sufficient to identify an optimal housing and rehabilitation approach for an important homeless subgroup. The research regarding Housing First and linear approaches can be strengthened in several ways, and policymakers should be cautious about generalizing the results of available Housing First studies to persons with active addiction when they enter housing programs.

Title: From homeless to hopeless and healthless?: The health impacts of housing challenges among former foster care youth transitioning to adulthood in California

Authors: Yen IH, Hammond WP, Kushel MB

Source: Issues in Comprehensive Pediatric Nursing, 32(2):77-93, 2009

Summary: A childhood history of placement in the foster care system makes the emerging adult period more complicated and problematic in a variety of ways including meeting basic needs, such as housing and health. We conducted focus groups with 31

former foster youth in San Francisco and Oakland, California to explore their housing and health care circumstances since “aging out” of the foster care system. Five key themes were identified: 1) housing circumstances have direct and indirect impacts on access to health care; 2) housing instability can impede the flow of information between social services staff and youth; 3) housing circumstances and health care differed for men and women; 4) service agency rules and structures may be developmentally mismatched with participant needs; and 5) emerging adults experience repercussions of institutional life including the suspicion of authority and mistrust of medical providers.

Title: Working across boundaries to improve health outcomes: a case study of a housing support and outreach service for homeless people living with HIV

Authors: Cameron A, Lloyd L, Turner W, Macdonald G

Source: Health & Social Care in the Community, 17(4):388-95, 2009

Summary: This paper reports the findings of an evaluation of the 'Housing Support, Outreach and Referral' service developed to support people living with HIV who were homeless or at risk of homelessness. The service was set up as part of the Supporting People Health Pilot programme established to demonstrate the policy links between housing support services and health and social care services by encouraging the development of integrated services. The paper considers the role of housing support in improving people's health, and considers the challenges of working across housing, health and social care boundaries. The evaluation of the health pilot employed two main sources of data collection: quarterly project evaluation reports, which collected process data as well as reporting progress against aims and objectives, and semi-structured interviews with professionals from all key stakeholder groups and agencies, and with people who used services. Over the course of 15 months, 56 referrals were received of which 27 were accepted. Fifteen people received tenancy support of whom 12 were helped to access temporary accommodation. At the end of the 15 months, all of the tenancies had been maintained. In addition, 18 people registered with a general practitioner and 13 registered with an HIV clinic. Interviews with professionals emphasised the importance of the local joint working context, the involvement of the voluntary sector and the role of the support workers as factors that accounted for these outcomes. Those using services placed most emphasis on the flexibility of the support worker role. Importantly, interviews with professionals and those using services suggest that the role of support worker incorporates two dimensions—those of networker/navigator as well as advocate—and that both dimensions are important in determining the effectiveness of the service.

INFECTIOUS DISEASES

Title: Latent tuberculosis and active tuberculosis Disease rates among the homeless, New York, New York, USA, 1992–2006

Authors: McAdam JM, Bucher SJ, Brickner PW, Vincent RL, Lascher S.

Source: Emerging Infectious Diseases, 15(7):1109-11, 2009

Summary: We conducted a retrospective study to examine trends in latent tuberculosis infection (LTBI) and TB disease rates among homeless persons in shelters in New York, NY, 1992-2006. Although TB case rates fell from 1,502/100,000 population to 0, a 31% LTBI rate in 2006 shows the value of identifying and treating TB in the homeless.

Title: Bartonella quintana in body lice and head lice from homeless persons, San Francisco, California, USA

Authors: Bonilla DL, Kabeya H, Henn J, Kramer VL, Kosoy MY

Source: Emerging Infectious Diseases Journal, 15(6):912-5, 2009

Summary: Bartonella quintana is a bacterium that causes trench fever in humans. Past reports have shown Bartonella spp. infections in homeless populations in San Francisco, California, USA. The California Department of Public Health in collaboration with San Francisco Project Homeless Connect initiated a program in 2007 to collect lice from the homeless to test for B. quintana and to educate the homeless and their caregivers on prevention and control of louse-borne disease. During 2007–2008, 33.3% of body lice-infested persons and 25% of head lice-infested persons had lice pools infected with B. quintana strain Fuller. Further work is needed to examine how homeless persons acquire lice and determine the risk for illness to persons infested with B. quintana-infected lice.

INCARCERATION

Title: Gender-specific correlates of incarceration among marginally housed individuals in San Francisco

Authors: Weiser SD, Neilands TB, Comfort ML, Dilworth SE, Cohen J, Tulsky JP, Riley ED

Source: American Journal of Public Health, Jun 18, 2009 [Epub ahead of print]

Summary: We assessed how different patterns of housing instability affect incarceration and whether correlates of incarceration are gender specific. We used multivariate logistic regression to assess associations between patterns of housing instability and recent jail stays among a reproducible sample of 1175 marginally housed adults in San Francisco, California. Over the previous year, 71% of men and 21% of women in the sample reported jail stays. Among women, long-term single-room occupancy hotel stays (>90 days) were protective for incarceration. Stays in the street were associated with incarceration among both genders, but among men, short-term (i.e., <90 days) street stays were associated with the highest odds of incarceration, and among women, long-term street stays were most correlated with incarceration. Sex trade increased the odds of incarceration among men only; recent drug use was associated with incarceration among both genders. Correlates of incarceration differed by gender, and patterns of housing instability differentially affected incarceration for men and women. Policies to improve housing options and drug treatment for the urban poor are critical to breaking the cycle of incarceration and homelessness and improving health outcomes.

MENTAL HEALTH

Title: A relationship-based care model for jail diversion

Authors: Rivas-Vazquez RA, Sarria M, Rey G, Rivas-Vazquez AA, Rodriguez J, Jardon ME

Source: Psychiatric Services, 60(6):766-71, 2009

Summary: This study assessed the effectiveness of a postbooking jail diversion program for a homeless population with mental illness in South Florida, as measured by rate of arrests after admission to the program. The program (termed relationship-based care) is structured to ensure access to psychiatric and primary health care, delivered within a theoretical framework developed for working with this population. Data were reviewed from the Criminal Justice Information System in Miami-Dade County for 229 adults who were arrested and found to be appropriate for jail diversion. Data for 151 individuals who were consecutively diverted to the relationship-based care program were compared with data for a control group of 78 individuals who had been diverted to other programs in the community. Arrest rates for each participant during the year before diversion were compared with arrest rates for the year after diversion. In addition, for persons in the relationship-based care program, demographic data, type of homelessness (chronic or situational), and number of psychiatric contacts were analyzed to determine the impact of these variables on outcome. A highly significant reduction in arrest rates for individuals diverted to the relationship-based care program was observed. However, the arrest rate for the control group remained nearly identical before and after diversion. For the relationship-based care group, prediversion arrest rates, duration of participation in the program, and number of psychiatric contacts accounted for a significant portion of the recidivism variance. The relationship-based care model described here appears to be an effective strategy for reducing criminal recidivism. Length of participation in the program and involvement in psychiatric treatment were correlated with reduced arrest rates. Identifying individuals who are at risk of poor engagement in community services and subsequent premature departure remains a challenge.

Title: Uprooted and displaced: a critical narrative study of homeless, aboriginal, and newcomer girls in Canada

Authors: Berman H, Mulcahy GA, Forchuk C, Edmunds KA, Haldenby A, Lopez R

Source: Issues in Mental Health Nursing, 30(7):418-30, 2009

Summary: Uprooting and displacement are a common part of everyday life for millions of girls and young women throughout the world. While much of the discourse has centered on movement from one country to another, uprooting and displacement are also a reality for many within Canada. Notably, a growing population of homeless girls and Aboriginal girls also have experienced uprooting and dislocation from home, community, and in some cases, family. For many of these girls, multiple forms of individual and systemic violence are central features of their lives. The primary purpose of this critical narrative study is to examine how uprooting and displacement have shaped mental health among three groups: (1) newcomers to Canada (immigrant and refugee girls); (2) homeless girls; and (3)

Aboriginal girls. In-depth narrative interviews were conducted with 19 girls in Southwestern Ontario. Narrative themes revealed that although there is much diversity within and between these groups, uprooting and displacement create social boundaries and profound experiences of disconnections in relationships. Barriers to re/establishing connections generate dangerous spaces within interlocking systems of oppression. However, in negotiating new spaces, there is the potential for the forming and re-forming of alliances where sources of support hold the promise of hope. It is within these spaces of hope and pathways of engagement where connections offer a renewed sense of belonging and well-being. The findings highlight the relevance of the construct of uprootedness in girls' lives, provide beginning directions for the design of gender-specific and culturally meaningful interventions, and comprise a substantial contribution to the growing body of research related to girls and young women.

Title: The mobile hermit and the city: Considering links between places, objects, and identities in social psychological research on homelessness

Authors: Hodgetts D, Stolte O, Chamberlain K, Radley A, Groot S, Nikora LW

Source: British Journal of Social Psychology, Jun 15, 2009 [Epub ahead of print]

Summary: This article explores aspects of a homeless man's everyday life and his use of material objects to maintain a sense of place in the city. We are interested in the complex functions of walking, listening and reading as social practices central to how this man forges a life as a mobile hermit across physical and imagined locales. This highlights connections between physical place, use of material objects, imagination, and sense of self. Our analysis illustrates the value of paying attention to geographical locations and objects in social psychological research on homelessness.

Title: Multidimensional social support and the health of homeless individuals

Authors: Hwang SW, Kirst MJ, Chiu S, Tolomiczenko G, Kiss A, Cowan L, Levinson W

Source: Journal of Urban Health, Jul 23, 2009 [Epub ahead of print]

Summary: Homeless individuals often suffer from serious health problems. It has been argued that the homeless are socially isolated, with low levels of social support and social functioning, and that this lack of social resources contributes to their ill health. These observations suggest the need to further explore the relationship between social networks, social support, and health among persons who are homeless. The purpose of this study was to examine the association between multidimensional (cognitive/perceived and behavioral/received) social support and health outcomes, including physical health status, mental health status, and recent victimization, among a representative sample of homeless individuals in Toronto, Canada. Multivariate regression analyses were performed on social support and health outcome data from a subsample of 544 homeless adults, recruited from shelters and meal programs through multistage cluster sampling

procedures. Results indicated that participants perceived moderately high levels of access to financial, emotional, and instrumental social support in their social networks. These types of perceived social supports were related to better physical and mental health status and lower likelihood of victimization. These findings highlight a need for more services that encourage the integration of homeless individuals into social networks and the building of specific types of social support within networks, in addition to more research into social support and other social contextual factors (e.g., social capital) and their influence on the health of homeless individuals.

Title: A typology of mentally disordered users of resources for homeless people: Towards better planning of mental health services

Authors: Bonin J-P, Fournier L, Blais R

Source: Administration & Policy in Mental Health & Mental Health Services Research, 36(4): 223-235, 2009

Summary: The aim of this study is to describe distinct typologies among mentally ill users of resources for homeless people, in order to inform the targeted development of mental health services to address their varied needs. Data came from a survey of clientele of resources for homeless persons in Montreal and Quebec (N = 757) and this study includes the 369 people from this sample who met DSM-IV criteria for serious mental disorders at any point in their lifetime. A hierarchical logistic regression analysis was run with mental health service utilization in the past 12 months (dependent variable), and variables from Pescosolido's Model (independent variables). Cluster analysis identified six types of homeless persons with mental disorders: women; men with schizophrenia; previously depressed or alcoholic men; men with current depressive disorders; men with comorbidity; and men who were previously homeless. Results are discussed concerning the mental health service use, and needs of these different groups.

NURSE-MANAGED CARE

Title: Understanding homelessness using a simulated nursing experience

Authors: Barry CD, Blum CA, Eggenberger TL, Palmer-Hickman CL, Mosley R

Source: Holistic Nursing Practice, 23(4):230-7, 2009

Summary: Students have an opportunity to understand the full experience of being homeless using simulated community nursing situations with a high-fidelity simulator. The Community Nursing Practice Model provides a context for using this innovative teaching strategy to enable students to respond holistically to the needs of the homeless.

Title: Nurse-managed free clinic fosters care connection for homeless population

Author: Wilson CR

Source: Rehabilitative Nursing, 34(3):105-9, 2009

Summary: The goal of this article is to demystify the process that healthcare providers must follow when working with homeless patients who sustain injuries or exhibit illnesses that necessitate

rehabilitation care. Observations made over a period of more than 12 years at an inner-city medical/psychiatric nurse-managed free clinic that delivers cutting-edge services and educates multidisciplinary students to care for disenfranchised populations led the author to several conclusions: homeless people frequently lose their identity as individuals when facing healthcare providers; previous negative perceptions of homelessness can turn positive when care providers meet these patients on a person-to-person level; the concept of health and rehabilitation must be clearly understood in the same way by both providers and patients for nursing goals to be realistic and achievable; and a collaborative relationship must be formed between nurses and patients.

ORAL HEALTH

Title: Homeless who accessed a healthy living centre in Swansea, South Wales: An assessment of the impact of oral ill-health.

Authors: Richards W, Keauffling J.

Source: Primary Dental Care. 2009 Jul;16(3):94-8

Summary: Aim: To quantify the way that oral diseases affect the lives of homeless and vulnerable people in Swansea, using the short-form Oral Health Impact Profile (OHIP-14). Method: A convenience sample of people using the services of a healthy living centre for the homeless was surveyed using a questionnaire and the short-form OHIP-14. Results: One hundred subjects were recruited to the study. The mean score for the OHIP-14 was 21.8 (SD 17.0). The most commonly reported impacts experienced were problems with toothache, discomfort, ability to relax, and feeling ashamed regarding the appearance of teeth. Of the different categories of homeless people, rough sleepers experienced higher levels of impact (P=0.004). Those having more than 20 teeth were more likely to experience lower levels of impact (P=0.001). Conclusion: The survey highlighted an increased prevalence of oral health impacts in this special needs group. In addition to physical factors, psychosocial factors must be considered, particularly with regard to appearance and psychological disability and discomfort, in the development of services.

PAIN MANAGEMENT

Title: Measuring pain in the context of homelessness

Authors: Matter R, Kline S, Cook KF, Amtmann D

Source: Quality of Life Research, Jul 7, 2009 [Epub ahead of print]

Summary: The primary objective of this study was to inform the development of measures of pain impact appropriate for all respondents, including homeless individuals, so that they can be used in clinical research and practice. The secondary objective was to increase understanding about the unique experience of homeless people with pain. Seventeen homeless individuals with chronic health conditions (often associated with pain) participated in cognitive interviews to test the functioning of 56 pain measurement items and provided information about their experience living with and accessing treatment for pain. The most common problems identified with items were that they lacked

clarity or were irrelevant in the context of homelessness. Items that were unclear, irrelevant and/or had other identified problems made it difficult for participants to respond. Participants also described multiple ways in which their pain was exacerbated by conditions of homelessness and identified barriers to accessing appropriate treatment. Results suggested that the majority of items were problematic for the homeless and require substantial modifications to make the pain impact bank relevant to this population. Additional recommendations include involving homeless in future item bank development, conducting research on the topic of pain and homelessness, and using cognitive interviewing in other types of health disparities research.

RESEARCH CHALLENGES

Title: Obtaining large-scale funding for empowerment-oriented qualitative research: A report from personal experience

Authors: Padgett DK, Henwood BF

Source: Qualitative Health Research, 19(6):868-874, 2009

Summary: Obtaining funding for qualitative research remains a challenge despite greater openness to methodological pluralism. Such hurdles are presumably compounded when the proposed study employs empowerment theory, rendering it susceptible to charges of elevating ideology over rigor. This article draws on the authors' experience in securing largescale funding for an empowerment-oriented qualitative study of **homeless** mentally ill adults. Lessons learned include the importance of weaving empowerment theory into the proposals "argument," and infusing empowerment values into study protocols while simultaneously paying close attention to rigorous and transparent methods. Additional benefits accrue from having prior relationships with study sites and being willing to revise and resubmit proposals whenever possible. Though representing a fraction of all externally funded projects in the United States, qualitative research has tremendous untapped potential for success in this competitive arena-success that need not entail surrendering a commitment to empowerment values.

SUBSTANCE ABUSE

Title: Homelessness associated with lack of virologic control among active injection drug users in Vancouver, Canada

Author: Milloy MJ, Kerr T, Montaner J, Wood E

Source: 5th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, 2009

Summary: Injection drug users (IDU) typically face greater risks of HIV-related morbidity and mortality. However, the effects of social and environmental factors on disease progression in a setting of universal access to antiretroviral therapy remain incompletely explored. We assessed the relationship between homelessness and viral suppression in a cohort of active IDU in Vancouver, Canada. Data was derived from the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS), an ongoing prospective cohort of HIV-seropositive IDU. Using a manual backwards selection procedure to identify possible

confounders, we fit a multivariate logistic regression model to estimate the association between reporting homelessness and having a plasma HIV RNA level below 50 copies per ml at baseline. Two-hundred seventy-five individuals were included in this analysis, including 103 (37.5%) women. At baseline, 67 (24.4%) reported they were currently homeless; their median plasma HIV RNA level was 7943 c/mL (Inter-quartile range [IQR]: 501.2 - 158489.3), compared to 1000 c/mL (IQR: 39.8 - 31622.8) among non-homeless participants. In a multivariate confounding model including measures of adherence and drug use in the preceding six months, homeless individuals had significantly lower odds of having viral loads below 50 copies per ml (Adjusted Odds Ratio = 0.33, 95% Confidence Interval: 0.14 - 0.78, p-value = 0.012). In this community-recruited cohort of HIV-seropositive individuals, we observed a substantial level of homelessness, which was independently associated with lower odds of virologic control. Ongoing follow-up of this cohort should identify factors associated with non-suppression among homeless individuals.

Title: The social context of homeless women's alcohol and drug use

Authors: Wenzel SL, Green HD Jr, Tucker JS, Golinelli D, Kennedy DP, Ryan G, Zhou A

Source: Drug and Alcohol Dependence, Jul 17, 2009 [Epub ahead of print]

Summary: Substance use poses a significant threat to the health of women, and homeless women are more likely to use alcohol and drugs than other women. Addressing risk factors in this population requires a focus on the social context of substance use among homeless women. Participants were 445 homeless women who were randomly sampled and interviewed in shelter settings about the characteristics of their personal networks. Binomial logistic regressions predicted days of binge drinking and of using marijuana, crack, cocaine, and methamphetamine or other amphetamines in the past 6 months. Homeless women with a greater proportion of heavy alcohol users in their personal networks had greater odds of engaging in binge drinking, and women with a greater proportion of drug users in their networks had greater odds of using marijuana, cocaine, crack, and methamphetamine or other amphetamines. Women with a greater proportion of individuals in their networks that they had met in school or through work had lower odds of marijuana, cocaine, and crack use. Findings suggest the importance of structural solutions in addressing homeless women's alcohol and drug use, including greater access to treatment and recovery support for alcohol and drug problems as well as depression, and enhancing employment and educational opportunities for homeless women.

Title: Relations between in-treatment and follow-up abstinence among cocaine-dependent homeless persons in three clinical trials

Authors: Vuchinich R, Wallace D, Milby JB, Schumacher JE, Mennemeyer S, Kertesz S

Source: Experimental and Clinical Psychopharmacology, 17(3):165-72, 2009

Summary: Clinical trials with cocaine-dependent outpatients have found a strong relation between in-treatment and follow-up abstinence, and the strength of this relation is constant across treatment conditions with variable efficacy in generating abstinence. The authors conducted secondary analyses of data from 3 clinical trials to determine whether this relation generalizes to cocaine-dependent homeless persons. The 3 trials (total N = 543) were conducted in a community health care facility for homeless people. The 7 treatment arms across the 3 trials were combinations of day treatment, abstinence-contingent housing, and vocational training. Drug use was measured with urine toxicology testing. Consecutive weeks of abstinence during treatment were strongly related to abstinence at the 12-month follow-up, whether or not missing 12-month data were included in the analysis. The treatment arms differed in their efficacy in generating abstinence, but the relation between in-treatment and follow-up abstinence did not differ across treatment arms. These results replicate earlier reports of these relations and extend them to a population of homeless people. The lack of differences between treatment arms in the in-treatment-follow-up abstinence relation implies that that relation is independent of the treatment-specific intervention components that generate group differences in abstinence.

VETERANS

Title: **Comorbidity between psychiatric and general medical disorders in homeless veterans**

Authors: Goldstein G, Luther JF, Haas GL, Gordon AJ, Appelt C

Source: Psychiatric Quarterly, Jul 14, 2009 [Epub ahead of print]

Summary: Homeless veterans have numerous co-occurring medical and behavioral health problems. Identification of common patterns of comorbid conditions may help providers to determine severity of medical conditions and triage health care more effectively. In this study we identify such patterns of comorbid medical and psychiatric disorders using cluster analysis and we evaluate relationships between these patterns and sociodemographic factors. We used data from a survey of 3,595 veterans in a regional VA network who were presently or recently homeless assessing nine major medical disorder and six psychiatric disorder categories. Diagnostic ratings of presence or absence of these disorders were placed into the same cluster analysis to determine whether separable clusters emerged reflecting differing diagnostic profiles. There are recognizable patterns of comorbidity involving several psychiatric and general medical disorders, as well as disorders of both types that exist independently. Cluster membership was associated with various sociodemographic indices. Mental and general medical health problems in homeless veterans often occur in association with each other and form identifiable patterns that vary on sociodemographic factors.

YOUTH AND ADOLESCENTS

Title: **Psychological help-seeking in homeless adolescents**

Authors: Collins P, Barker C.

Source: International Journal of Social Psychiatry. 55(4):372-84, 2009

Summary: Homeless young people in the UK are a vulnerable group: their levels of psychological problems, physical ill health and violent victimisation exceed those of their housed counterparts. This qualitative study aimed to examine homeless young people's views about seeking psychological help for their problems. Semi-structured interviews were undertaken with 16 homeless young people at an emergency hostel. A thematic analysis and an analysis of the participants' narratives were undertaken. A sense of hurt and anger at the perceived betrayal by their families and society made many participants reluctant to seek help and to trust help offered by others, and accordingly they placed a high value on self-sufficiency. Many said that they would, however, seek help from people whom they perceived to be genuine, caring, trustworthy, empathic and capable of containing their distress. Mental health professionals providing clinical services for this underserved population need to be aware of the importance of rejection and abandonment issues, along with the consequent hurt, anger and mistrust.

Title: **Suicidal ideation among homeless youth: The impact of family dysfunction, morbidity and deliberate self-harm**

Authors: Jorgensen EL, Jorgensen SL, Heard MP, Whitbeck LB

Source: Journal of Adolescence, Jun 16, 2009 [Epub ahead of print]

Summary: Suicide research typically examines one of four fundamental risk factors (e.g. family dysfunction, family suicide history, poor health [mental and physical], and personal difficulty). Utilizing measures for each of these risk-factors, we develop and test a model that identifies risk factors for suicidal ideation among 428 homeless youth in eight Midwestern cities. Using structural equation modeling, results indicate that family dysfunction and family suicide history indirectly affect the ideation of homeless youth. Additionally, having met lifetime criteria for mental health diagnosis, such as substance use/abuse, post-traumatic stress disorder and major depression, our sample of youth are more likely to deliberately harm themselves before considering suicide.

Title: **Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system**

Authors: Fowler PJ, Toro PA, Miles BW

Source: American Journal of Public Health, Jun 18, 2009 [Epub ahead of print]

Summary: We evaluated the prevalence and nature of housing problems among adolescents leaving foster care because of their age to provide evidence that can inform public and programmatic policies designed to prevent homelessness. Housing and psychosocial outcomes in a sample of 265 adolescents who left the foster care system in 2002 and 2003 in a large midwestern metropolitan area were evaluated over a 2-year follow-up period. Analyses focused on identifying latent housing trajectory categories across the first 2 years after participants' exit from foster care. Findings revealed 4 latent housing classifications. Most participants (57%) had experienced stable housing situations since their exit from foster care. Those in the remaining 3 categories

endured housing problems, and 20% were chronically homeless during the follow-up period. Housing instability was related to emotional and behavioral problems, physical and sexual victimization, criminal conviction, and high school dropout. Adolescents in foster care are at considerable risk of homelessness. Preventive initiatives can reduce homelessness in this population by implementing improved foster care programming and developing empirically informed interventions targeting foster care adolescents.

Title: Prevalence, characteristics, and associated health and health care of family homelessness among fifth-grade students

Author: Coker TR, Elliott MN, Kanouse DE, Grunbaum JA, Gilliland MJ, Tortolero SR, Cuccaro P, Schuster MA

Source: American Journal of Public Health, Jun 18, 2009 [Epub ahead of print]

Summary: Objectives. We describe the lifetime prevalence and associated health-related concerns of family homelessness among fifth-grade students. Methods. We used a population-based, cross-sectional survey of 5147 fifth-grade students in 3 US cities to analyze parent-reported measures of family homelessness, child health status, health care access and use, and emotional, developmental, and behavioral health and child-reported measures of health-related quality of life and exposure to violence. Results. Seven percent of parents reported that they and their child had experienced homelessness (i.e., staying in shelters, cars, or on the street). Black children and children in the poorest families had the highest prevalence of homelessness (11%). In adjusted analyses, most general health measures were similar for children who had and had not been homeless. Children who had ever experienced homelessness were more likely to have an emotional, behavioral, or developmental problem (odds ratio [OR]=1.7; 95% confidence interval [CI]=1.1, 2.6; P=.01), to have received mental health care (OR=2.2; 95% CI=1.6, 3.2; P<.001), and to have witnessed serious violence with a knife (OR=1.6; 95% CI=1.1, 2.3; P=.007) than were children who were never homeless. Conclusions. Family homelessness affects a substantial minority of fifth-grade children and may have an impact on their emotional, developmental, and behavioral health.

Title: Homelessness and unstable housing associated with an increased risk of HIV and STI transmission among street-involved youth

Authors: Marshall BDL, Kerra T, Shoveller JA, Patterson TL, Buxton JA, Wood E

Source: Health & Place, 15(3):783-790, 2009

Summary: The role that environmental factors play in driving HIV and STI transmission risk among street-involved youth has not been well examined. We examined factors associated with number of sex partners using quasi-Poisson regression and consistent condom use using logistic regression among participants enrolled in the At Risk Youth Study (ARYS). Among 529 participants, 253 (47.8%) reported multiple partners while only 127 (24.0%) reported consistent condom use in the past 6 months. Homelessness was inversely associated with consistent condom use (adjusted odds ratio [aOR]=0.47, p=0.008), while unstable housing

was positively associated with greater numbers of sex partners (adjusted incidence rate ratio [aIRR]=1.44, p=0.010). These findings indicate the need for interventions which modify environmental factors that drive risk among young street-involved populations.