

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. Many of the results from this customized search can also be found in a research database on the HCH Information Resource Center website at www.bphc.hrsa.gov/hchirc/bibliographies. This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from (approximately) October-December 2004. Summaries are categorized into themes which vary each quarter.

YOUTH ON THE STREET

Title: Characteristics of Adolescent Street Youth with a History of Pregnancy

Authors: Haley N; Roy E; Leclerc P; Boudreau JF; Boivin JF

Source: Journal of Pediatric and Adolescent Gynecology, 17(5):313-320, Oct 2004.

Summary: This study examines characteristics of adolescent street youth with histories of pregnancy and documents important factors that merit consideration when providing global sexual health care. The study objective was to determine social and behavioral factors associated with a history of pregnancy among adolescent street youth. In a prospective cohort study, female adolescent street youth (14-19 years) ever pregnant (AEP) were compared with adolescents never pregnant (ANP) using data from baseline questionnaires. Among the 225 participants, 41.8% were ever pregnant. Both groups were similar with respect to age (mean 17.8 years) and other socio-economic characteristics. However, AEP were more likely to have been kicked out of home (62.8% vs. 47.3%) and to have run away (78.7% vs. 64.9%) and were homeless younger (mean age: 13.9 vs. 14.7 years) and since a longer period (mean: 4.0 vs. 3.0 years). Both groups had problematic alcohol and drug use: 31.3% had a CAGE score >2; 72.2% had a DAST score >6. Almost half (44.0%) had ever injected drugs and AEP were younger at initiation into drug injection (15.2 years vs. 16.0 years). More AEP had experienced intra-familial or extra-familial sexual abuse (71.3% vs. 56.5%), and had had more than one abuser (71.6% vs. 50.0%). Among those abused by family members, abuse occurred at an earlier age for AEP (mean age: 7.4 vs. 8.9 years) and more AEP reported severe abuse: vaginal penetration (62.2% vs. 26.7%) and anal penetration (29.7% vs. 3.3%). Histories of severe sexual abuse and early injection drug use are extremely frequent in ever pregnant street adolescents. These

factors need to be addressed when planning global health care and sexual health education.

Title: The Everyday Violence of Hepatitis C among Young Women Who Inject Drugs in San Francisco

Authors: Bourgois P; Prince B; Moss A

Source: Human Organization, 63(3):253-265, Fall 2004.

Summary: A theoretical understanding of the gendered contours of structural, everyday, and symbolic violence suggests that young addicted women are particularly vulnerable to the infectious diseases caused by injection drug use--especially hepatitis C. Participant observation among heroin and speed injectors in San Francisco's Haight Ashbury neighborhood reveals that extreme levels of violence against women are normalized in the common sense of street-based youth drug culture. Physical, sexual, and emotional violence, as well as the pragmatics of income generation, including drug and resource sharing in the moral economy of street addicts, oblige most young homeless women to enter into relationships with older men. These relationships are usually abusive and economically parasitical to the women. Sexual objectification and a patriarchal romantic discourse of love and moral worth lead to the misrecognition of gender-power inequities by both the men and women who are embroiled in them, as well as by many of the public services and research projects designed to help or control substance abusers. Despite deep epistemological, theoretical, and logistical gulfs between quantitative and qualitative methods, applied public health research and the interventions they inform can benefit from the insights provided by a theoretical and cross-methodological focus on how social power contexts shape the spread of infectious disease and promote disproportional levels of social suffering in vulnerable populations.

Title: Street Youth Mortality: Leaning With Intent to Fall

Author: Abdalian SE

Source: Journal of the American Medical Association, 292(5):624-626, Aug 2004.

Summary: The study of mortality among Montreal street youth by E. Roy et. Al. (2004) is a reminder of the vulnerability of street youth that belies their bravado. In this prospective study, 1013 street youth aged 14 to 25 years were followed every 6 months, with an average follow-up of 33.4 months between January 24, 1995, and September 30, 2000. Twenty-six of these young individuals died. Infection with human immunodeficiency

virus (HIV) was the strongest predictor of mortality, with an adjusted hazard ratio of 5.6. The findings of Roy et al demonstrate that strategies that move youth off the street are needed to further reduce mortality, including services that connect youth with trustworthy adults and a responsive community, support youth development and do not withdraw when faced with youth failures and rejections, provide opportunities for youth service and leadership, and open opportunities for skill development. Using a motivational interviewing approach that encourages, identifies, and builds on street youth developing readiness to change life circumstances, even incrementally, helps them move off the street. Finally, addressing street youth mortality entails providing these young people with a continuum of shelter, transitional housing, and supporting independent living.

Title: HIV Risk Profile of Male Street Youth Involved in Survival Sex

Authors: Haley N; Roy E; Leclerc P; Boudreau JF; Boivin JF

Source: Sexually Transmitted Infections, 80(6):526-30, Dec 2004.

Summary: The objective of this study was to compare HIV risk factors of male street youth involved in survival sex with those of their never involved peers and to describe the sexual activities of the involved youths. From 2001 to 2003, street youth aged 14-23 years were recruited from street youth agencies in Montreal, Canada. Information was collected on sociodemographic characteristics, substance use, and sexual behaviours.

Involvement in survival sex was defined as having ever exchanged sex for money, gifts, drugs, shelter, or other needs. Logistic regression was used to identify HIV risk factors associated with involvement in survival sex. Among the 542 male participants recruited, 27.7% reported involvement in survival sex. HIV risk factors independently associated with such involvement were injection drug using partners (modulated by length of homelessness), unprotected oral sex with male partners, steroid injection, history of sexual abuse, and drug injection. Among involved youths, 32.0% had only female clients, 41.3% only male clients, and 26.7% had clients of both sexes.

Unprotected sexual activities were common with clients. However, even more risks were taken with non-commercial sexual partners. Male street youth involved in survival sex are at higher risk for HIV than their non-involved peers not only because of their unprotected commercial sexual activities. They have multiple other HIV risks related to non-commercial sexual activities, drug injection, and sexual abuse. All these risks need to be addressed when providing sexual health interventions for this population.

Title: Youth at Risk of Homelessness in an Affluent Toronto Suburb

Authors: Cameron KN; Racine Y; Offord DR; Cairney J

Source: Canadian Journal of Public Health, 95(5):352-6, Sep-Oct 2004.

Summary: This study examines the characteristics and needs of 69 youth who are homeless, or at risk of homelessness at Pathway's Home Base Youth Drop-In Centre in the affluent suburb of Richmond Hill, Ontario, Canada. A semi-structured interview examined demographics, characteristics, living

arrangements, family characteristics, substance use, mental health, criminal activity and educational experiences of the youth in this sample. The majority of youth came from economically advantaged families and were currently residing with their parents, but were substantially more at risk than their mainstream peers in measures related to youth homelessness. The majority of Home Base youth had left home and school prematurely, been arrested in their lifetime, and used at least one illicit drug in the past 12 months. A substantial number of youth had been imprisoned, experienced physical abuse, and exhibited depressive symptomatology and suicidal ideation. Although living mainly at home and in a relatively affluent suburb, these youth have many attributes related to homelessness and may progress to homelessness without intervention.

Title: Illness Experiences of Homeless Youth

Authors: Ensign J; Bell M

Source: Qualitative Health Research, 14(9):1239-54, Nov 2004.

Summary: The purpose of this study was to document the illness experiences of homeless youth. The research was a focused ethnography with 45 clinic- and street-based homeless youth aged 15 to 23 years. The authors noted gender differences for health-seeking behaviors, with most male youth reporting embarrassment about needing to seek care, and female youth reporting fears over safety issues while ill and homeless. Most youth under age 18 stated that they were often denied health care at hospitals because of their underage status, and youth over age 18 stated that health care bills contributed to their inability to obtain stable housing. Street-based youth reported more illnesses related to substance use and greater reliance on emergency departments for health care than clinic-based youth did. Policies and programs focused on improving the health of homeless youth need to address the differences in illness experiences by age, gender, and sampling site.

HOUSING AND CHILD WELFARE (SERIES)

Title: Introduction (to Housing Series)

Authors: White RA; Rog D

Source: Child Welfare, 83(5):389-392, Sep-Oct 2004.

Summary: The importance of stable housing and economic security in a child's life cannot be overstated. Children living in owned or affordably rented homes consistently fare better on health, developmental, and academic variables than their precariously housed peers. This special issue of "Child Welfare" depicts the intersection of housing and child welfare. It draws attention to America's affordable housing crisis, making clear and candid links between housing stability and child well-being. Readers will find studies documenting the scope of the housing problems encountered by families and young people in the child welfare system and the common constraints that all too often block child welfare workers' best efforts to respond appropriately to the primary presenting problem of homeless and low-income families--a need for safe, decent, and affordable housing. More important, this journal includes concrete solutions and practical information for professionals on how to develop the partnerships necessary to provide for the concrete housing needs of children, youth, and families in their communities

Title: Housing Problems Experienced by Recipients of Child Welfare Services

Authors: Courtney ME; McMurtry SL; Zinn A

Source: Child Welfare, 83(5):393-422, Sep-Oct 2004.

Summary: This study uses data on the experiences of families involved with child welfare services to examine the nature of housing problems and needs among these families and whether housing status affects case outcomes. First, the article describes the housing difficulties faced by two distinct child welfare service populations: families receiving voluntary in-home services and families with children in court-ordered out-of-home care. Second, the study demonstrates the relationship between housing problems and the likelihood of family reunification for children in out-of-home care. The findings have implications for the delivery of child welfare services and the provision of housing assistance to low-income families with children.

Title: Reaching the Hard to Reach: Innovative Housing for Homeless Youth Through Strategic Partnerships

Author: Van Leeuwen J

Source: Child Welfare, 83(5):453-468, Sep-Oct 2004.

Summary: This article features three housing programs designed to target the needs of youth aging out of child welfare. One program combines housing and treatment to move substance-dependent youth off the streets; one combines the resources of Urban Peak, the only licensed homeless and runaway youth shelter in Colorado, with the Denver Department of Human Services to prevent youth in child welfare from discharging to the streets; and one addresses the intense mental health needs of this population. It costs Colorado \$53,655 to place a young person in youth corrections for one year and \$53,527 for residential treatment. It costs Urban Peak \$5,378 to move a young person off of the streets. This article describes how data have driven program development and discusses how policy implications and relationships with the public and private sector can leverage additional resources.

Title: Reunifying Families, Cutting Costs: Housing-Child Welfare Partnerships for Permanent Supportive Housing

Authors: Harburger DS; White RA

Source: Child Welfare, 83(5):493-508, Sep-Oct 2004.

Summary: In the absence of an adequate supply of affordable, quality housing, child welfare agencies are placed in the unenviable position of separating families to protect children from the debilitating effects of homelessness. This article presents recommendations for cost effective housing-child welfare partnerships that will shift the burden of providing adequate housing back to housing agencies. These partnerships have the potential to move child welfare agencies closer to achieving permanence and well-being for all children.

Title: Can't Do It Alone: Housing Collaborations to Improve Foster Youth Outcomes

Authors: Choca MJ; Minoff J; Angene L; Byrnes M; Kenneally L; Norris D; Pearn D; Rivers MM

Source: Child Welfare, 83(5):469-492, Sep-Oct 2004.

Summary: Research documents that youth transitioning out of the foster care system experience a variety of negative outcomes,

including homelessness. Housing collaborations, which aim to comprehensively address resource and service needs for transitioning youth, including permanent connections, education, and employment, have resulted in innovative programming and forged new relationships among child welfare, social service and housing developers, and providers. This article describes the partners, models, and resources several collaborations used and their progress and outcomes; shares insights gained; and explores productive directions for future work.

METHAMPHETAMINE

Title: A Comparison of Injection and Non-Injection Methamphetamine-Using HIV Positive Men Who Have Sex With Men

Authors: Semple SJ; Patterson TL; Grant I

Source: Drug and Alcohol Dependence, 76(2):203-212, Nov 2004.

Summary: There is a paucity of research on the psychosocial and behavioral characteristics of individuals who inject methamphetamine (meth). The present study compared injection and non-injection users of meth in terms of background characteristics, drug use patterns, health and social problems, sexual risk behavior, and psychosocial factors. The sample consisted of 194 HIV Men who have Sex with Men (MSM) who were enrolled in a sexual risk reduction intervention for meth users. Men who injected meth were significantly more likely to be Caucasian, bisexual, homeless, divorced/separated, with lower educational attainment as compared to non-injectors. Injectors also reported more years of meth use, greater frequency and amount of meth use, more social and health problems, including higher prevalence of STDs and Hepatitis C, and more sexual risk behaviors. In terms of psychosocial factors, injection users of meth scored significantly higher on measures of impulsivity and experiences of rejection, and lower on a measure of emotional support. A multivariate logistic regression revealed that educational attainment and experiences of rejection were the factors that best discriminated between injection and non-injection users of meth. The unique characteristics of injection meth users are discussed in relation to the development of effective HIV prevention programs for the target population.

SERVICE EFFECTIVENESS/OUTCOMES

Title: Long-Term Effectiveness of the ACCESS Program in Linking Community Mental Health Services to Homeless Persons With Serious Mental Illness

Authors: Rothbard, AB; Min SY; Kuno E; Wong YLI

Source: Journal of Behavioral Health Services and Research, 31(4):441-449, Oct-Dec 2004.

Summary: This study examined the long-term effectiveness of the ACCESS (Access to Community Care and Effective Services and Supports) project on service utilization and continuity of care among homeless persons with serious mental illness. A 3-year longitudinal analysis, using Medicaid claims data, tracked behavioral health service utilization among 146 Medicaid - eligible participants in the Pennsylvania ACCESS program. Utilization patterns of inpatient, outpatient, and emergency department services for psychiatric and substance abuse treatment were examined during the year prior to, during, and

one year after the implementation of the ACCESS project. Use of psychiatric ambulatory care significantly increased among intervention participants and remained greater following ACCESS intervention. Better continuity of care following hospitalization was achieved during and after the intervention. The number of days spent hospitalized significantly decreased during the intervention. These results suggest that the ACCESS intervention was effective in linking hard-to-reach homeless persons with serious mental illness to the community mental health service system, and that this effect was maintained after termination of the intervention

***Title:* Outcomes of Supported Housing for Homeless Veterans with Psychiatric and Substance Abuse Problems**

Authors: Mares AS; KasproW WJ; Rosenheck RA

Source: Mental Health Services Research, 6 (4):199-211, Dec 2004.

Summary: This study examines the effect of previous participation in time limited residential treatment and other factors on treatment outcomes among homeless veterans with serious mental illness placed into permanent supported housing. The sample consisted of 655 veterans placed into supported housing at 18 sites through the VA's Healthcare for Homeless Veterans (HCHV) Supported Housing Program during the period 1993-2000. Data on client and program characteristics, and treatment outcomes, were documented by HCHV case managers staffing these programs. Data on use of VA services, including time limited residential treatment received 6 months prior to entry into supported housing, were extracted from VA administrative files. The relationship of prior residential treatment, as well as other measures of client characteristics, service use, and program characteristics, to outcomes were assessed using both bivariate and multivariate Cox proportional hazards regression and logistic regression. After adjusting for client characteristics, service use, and program characteristics, no differences in outcomes were found between clients who had received prior residential treatment and those placed directly into permanent supported housing. Prior residential treatment appears to have little effect on treatment outcomes among formerly homeless veterans placed into permanent supported housing programs providing indirect support for the direct placement supported housing model.

CRACK COCAINE

***Title:* African-American Women who use Crack Cocaine: A Comparison of Mothers who Live With and Have Been Separated From Their Children**

Authors: Lam WK; Wechsberg W; Zule W

Source: Child Abuse and Neglect, 28(11):1229-1247, Nov 2004.

Summary: This study examined factors that influenced caregiver status for African-American mothers who use crack cocaine but are not receiving drug treatment and participated in an HIV prevention study in North Carolina. Caregiver mothers who were living with at least one of their children at intake (n=257) were compared with non-Caregivers who were separated from all of their children (n=378). Bivariate analyses and logistic regression were used to compare these mothers at intake on current drug use, risky sex practices, psychological symptoms, victimization,

and aggression. Compared with Caregiver mothers, non-Caregivers reported higher frequencies of drug use, risky sex practices, psychological distress, and victimization experiences. Caregiver mothers were more likely than non-Caregiver mothers to have health insurance, but were less likely to have received drug treatment. Logistic regression found that non-Caregiver mothers were significantly more likely than Caregiver mothers to be older, to have been physically abused as children, to trade sex more frequently, to be homeless, and to have no health insurance. Recent crack use, psychological symptoms, and victimization were not significantly related to caregiver status. Findings that socio-environmental factors were more strongly associated with caregiver status than crack use underscore the importance of contextual issues such as housing, victimization history, and resources in serving maternal crack users. Community outreach and interventions that engage mothers who use drugs and live with their children may be more effective strategies than formal office-based services to link mothers who use crack and their children to needed drug treatment and family and child services.

***Title:* Treatment Effects Related to EEG-Biofeedback for Crack Cocaine Dependency in a Faith-Based Homeless Mission**

Authors: Burkett VS; Cummins JM; Dickson RM; Skolnick MH

Source: Journal of Neurotherapy, 8(2):138-140, 2004.

Summary: Research has shown that cocaine is the most common drug problem of patients entering treatment for drug abuse; research in the treatment of this "untreatable" population is warranted. The current study is a four-year research project developed by the Southwest Health Technology Foundation (SWHTF). The sample included 270 male addicts who received 30 sessions of a variant of the Peniston-Kulkosky alpha-theta biofeedback protocol. Outcome measures included psychometric as well as behavioral measures. After the introduction of the neurofeedback to the mission regimen, length of stay tripled, beginning at 30 days on average and culminating at 100 days after the addition of neurotherapy. Overall, the findings suggest that the synergy between neurotherapy and faith-based programs are effective in the treatment of crack cocaine addiction.

VICTIMIZATION AMONG PEOPLE WITH PSYCHOSIS

***Title:* Correlates of Victimisation Amongst People with Psychosis**

Authors: Chapple B; Chant D; Nolan P; Cardy S; Whiteford H; McGrath J

Source: Social Psychiatry and Psychiatric Epidemiology, 39(10): 836-840, Oct 2004.

Summary: While much attention has been given to the prediction of violent offending behaviour amongst people with psychotic disorders, less attention has been given to the fact that these same individuals are often the victims of violence. In this paper, we examine victimisation amongst participants in a prevalence study of psychosis, and describe demographic and clinical correlates of victimisation. The study was based on the Australian National Survey of Mental Health and Wellbeing - Low Prevalence (Psychotic) Disorders. The participants were asked if they had been a victim of violence in the previous year. The association between selected demographic and clinical variables and being a

victim of violence was examined using logistic regression. Of the 962 individuals with psychosis, 172 reported being a victim of violence in the past 12 months (17.9%). The odds of being a victim were increased in those who: (a) were female, (b) were homeless, (c) had a lifetime history of substance abuse, (d) had been arrested in the previous 12 months, (e) had poorer social and occupational function, and (f) had higher scores on the disorganisation summary score. Clinicians should remain mindful that one out of every six individuals with a psychotic disorder reports being a victim of violence in the previous year. Models of care that address issues related to symptom relief, accommodation, and exposure to high-crime areas may reduce the rates of victimisation amongst those with psychotic disorders.

METHODOLOGICAL ISSUES

Title: Satisfaction with Care Among Homeless Patients: Development and Testing of a Measure

Authors: Macnee CL; McCabe S

Source: Journal of Community Health Nursing, 21(3):167-178, Fall 2004.

Summary: The purpose of this study was to establish the reliability and validity of the Homeless Satisfaction With Care Scale, a measure of satisfaction with care among homeless clients; and to examine selected predictors of satisfaction with care. A descriptive cross-sectional study was conducted comparing an inductively developed measure of satisfaction with two established satisfaction measures in a sample of 168 homeless clients who used a rural or an urban clinic. The inductively developed satisfaction scale had good internal consistency reliability and was significantly related to the established measures of satisfaction, supporting its construct validity. Generally, patient characteristics were not associated with satisfaction level. However, Black clients had significantly lower satisfaction levels than White clients; satisfaction differed between the rural and urban sites. Race and clinical site explained 7% of variance in satisfaction. The inductively developed measure provides a salient and appropriate measure of satisfaction with care for future studies with the unique population of homeless.

Title: The Homeless Supplement to the Diagnostic Interview Schedule: Test-Retest Analyses

Authors: North CS; Eyrich KM; Pollio DE; Foster DA; Cottler LB; Spitznagel EL

Source: International Journal of Methods in Psychiatric Research, 13(3):184-191, 2004.

Summary: This study sought to extend previous work on reliability of self-reported residential history in a homeless population with high rates of drug abuse. The latest version of the Homeless Supplement to the Diagnostic Interview Schedule (DIS/HS) was used to achieve reliability on homelessness experience, use of shelters, transience, and recent residential patterns. Homeless study volunteers were recruited for a test-retest study from a drop-in day centre for mentally ill homeless people (N=25) and a substance abuse day programme (N=30). They were administered the instrument approximately one to two days apart. Kappa and intraclass correlation analyses were performed to assess reliability. Overall, the reliabilities of most

variables were acceptable, ranging from fair to excellent. Six items were reconstructed to achieve reliability and two were dropped. Substance dependence and adult antisocial behaviour patterns did not affect reliability on most items. This study has developed a reliable self report instrument for measuring residential history that can be used with homeless and drug abusing populations. Replication is needed in larger, more representative samples and comparison of reliability with other psychiatric and cognitive characteristics.

WOMEN AND VIOLENCE

Title: Prevalence and Co-Occurrence of Violence, Substance Use and Disorder, and HIV Risk Behavior: A Comparison of Sheltered and Low-Income Housed Women in Los Angeles County

Authors: Wenzel SL; Tucker JS; Elliott MN; Hambarsoomians K; Perlman J; Becker K; Kollross C; Golinelli D

Source: Preventive Medicine: An International Journal Devoted to Practice and Theory, 39(3):617-624, Sep 2004.

Summary: Violence against women, substance use and disorder, and HIV represent three significant threats to the health of women, yet little is known about the extent of these epidemics among indigent women. This study investigates and documents differences in the prevalence and co-occurrence of physical and sexual violence, substance use and disorder, and HIV risk behavior in sizable probability samples of sheltered homeless and low-income housed women. Retrospective self-reports were obtained through structured interviews with stratified random samples of women residing in shelters (N = 460) and low-income housing (N= 438) in Los Angeles County, California. Sheltered women were more likely than housed women to report experiencing physical and sexual violence, substance use and disorder, HIV risk behavior, and co-occurrence of these problems in the past year. Differences remained when propensity weights were used to equate the groups on demographic and background characteristics. Findings suggest remarkable need for services among communities of indigent women. Higher rates of problems among women in shelters highlight the importance of differentiating among subgroups of indigent women in community-based prevention and intervention activities and tentatively suggest a protective influence of housing.

Title: Restorative Health: Lessening the Impact of Previous Abuse and Violence in the Lives of Vulnerable Girls

Authors: Henderson AD; Jackson M

Source: Health Care for Women International, 25(9):794-812, Oct 2004.

Summary: "Restorative health" is the idea that those who have been denied access to the social determinants of health, particularly as young children, should have the right to restoration of healthy functioning. In interviewing a group of vulnerable young women, ranging in age from 15 to 22, we discovered how they experience the link between health and justice in their lives. Participants were living on the street, in extreme poverty, or both. Traumatic early childhood events continued to affect their ability to function healthy. We conclude and suggest that certain rights-based principles need to ground the development of interventions with this group.

Title: Physical Violence Against Impoverished Women: A Longitudinal Analysis of Risk And Protective Factors

Authors: Wenzel SL; Tucker JS; Elliott MN; Marshall GN; Williamson SL

Source: Womens Health Issues, 14(5):144-54, Sep-Oct 2004.

Summary: Violence represents a significant threat to the health of impoverished women. Few studies have examined what characteristics might be associated with increased risk of violence or protection from physical violence directed at such women, although this information is important in informing violence prevention and intervention efforts. This is the first study to our knowledge that has prospectively examined, in representative probability samples of impoverished women, multiple risk and protective factors to understand their relative importance to physical victimization. Study participants were 810 women in Los Angeles County, 402 in shelters and 408 in Section 8 low-income housing, who completed structured interviews at baseline and 6-month follow-up. Significant multivariate predictors of physical violence experienced during the 6 months prior to follow-up interview were physical or sexual violence experienced as a child, physical violence experienced during the 6 months prior to baseline interview, having multiple sexual partners, psychological distress, and poor social support. Results of this study highlight the persistence of physical violence in the lives of impoverished women and plausible, prospective risk factors for this violence. Findings also highlight opportunities to reduce women's risk of experiencing violence through enhancing women's social support and mental health.

CHILDREN'S EXPOSURE TO VIOLENCE

Title: Exposure to Violence and Low-Income Children's Mental Health: Direct, Moderated, and Mediated Relations

Authors: Buckner JC; Beardslee WR; Bassuk EL

Source: American-Journal-of-Orthopsychiatry, 74(4):413-423, Oct 2004.

Summary: The authors examined the association between exposure to violence and different indexes of mental health among 95 extremely poor children (age range = 8-17 years) and analyzed potential moderators and mediators. Findings indicated that 62% of youths had been exposed to at least 1 form of violence. Controlling for other explanatory factors, exposure to violence was significantly associated with internalizing symptoms (e.g., depression, anxiety) across all children, but the relation was stronger for girls compared with boys. Externalizing problem behaviors were also associated with exposure to violence, but subgroup differences were not detected. Regression analyses indicated that self-esteem and a measure of perceived chronic danger may partially mediate the link between violence exposure and mental health symptoms.

SYSTEMS CHANGES

Title: The Shame of the Cities

Author: Talbott JA

Source: Psychiatric Services, 55(10):1131, Oct 2004.

Summary: This editorial briefly comments on the plight of the homeless. Reasons for the changes in the homeless population are given. The author notes that the bulk of data collected has focused on demographic issues, and advocacy has been directed

at housing, however, an urgent necessity to determine the comprehensive needs of the homeless population, to look at programs that have worked in meeting these needs, and to focus more specifically on clinical issues exists.

Title: Back to the Future: Funding, Integrating, and Improving Mental Health Services.

Author: Rosenheck RA

Source: Psychiatric Services, 55(10):1141-1142, Oct 2004.

Summary: This article examines five themes apparent in three reprinted jeremiads by John Talbott in the early 1980s: homelessness, funding, systems integration, research, and advocacy. The author briefly reviews and comments upon the five themes and also presents recent developments in mental health services and patient care. (Note: subsequent correction made in December issue: In this commentary the numbers of case managers and consumers reported in the last sentence of the first paragraph on page 1142 are incorrect. The correct information is "enough money to pay the salaries of 150,000 case managers or rehabilitation specialists who could provide intensive community-based services to some 1.5 million consumers.")

Title: Action for Mental Health Systems Transformation

Author: Bassuk EL

Source: Psychiatric Services, 55(10):1143-1144, Oct 2004.

Summary: Comments and reviews some of the finer points, concerns, and predictions from three of John Talbott's articles concerning mental health systems and patient care. Some of the issues the article revisits include homelessness, health care, mental illness, and public policy.

MILITARY SERVICE AND HOMELESSNESS

Title: Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans with Mental Illness.

Authors: Mares AS; Rosenheck RA

Source: The Journal of Nervous and Mental Disease, 192(10):715-719, Oct 2004.

Summary: This study examined the perceived relationship between military service and the risk of homelessness after discharge and identified specific aspects of military service that homeless veterans experience as having increased their risk for becoming homeless. A cross-sectional survey was conducted among 631 homeless veterans enrolled in the VA Therapeutic Employment Placement and Support Program from January 2001 through September 2003. Associations of sociodemographic characteristics, clinical status, and military service characteristics (independent variables) were examined in relation to perceptions of increased risk for homelessness and time to first episode of homelessness after leaving the military (two dependent variables), using analysis of variance, logistic regression, and multiple regression statistical analyses. Fewer than one third (31%) of the homeless veterans in this study reported that military service increased their risk for homelessness—either somewhat (18%) or very much (13%). Among those veterans who perceived military service as increasing their risk for becoming homeless, the three aspects of military service most commonly identified included a) substance abuse problems that

began in the military (75%), b) inadequate preparation for civilian employment (68%), and c) loss of a structured lifestyle. The relatively small proportion of homeless veterans who attributed homelessness to their military service, coupled with the long 14-year average lag time between discharge and their first episode of homelessness, is consistent with epidemiological data suggesting that military service itself does not substantially increase the risk for becoming homeless among veterans.

HEALTH PROMOTING BEHAVIORS

Title: Health-Promoting Behaviors of Sheltered Homeless Women

Author: Wilson M

Source: Family and Community Health, 28(1):51-63, Jan-Mar 2005.

Summary: To expand the body of knowledge and provide further insight into the complex area of homelessness and health, health practices of sheltered homeless women were investigated using a cross-sectional, descriptive, and non-experimental design using Pender's Health Promotion Model as the theoretical framework. The sample (n = 137) was well educated, mostly unemployed, primarily single, and homeless due to relationship problems/conflict per self-report. Homeless women were noted to practice health-promoting behaviors in all areas but scored the lowest on physical activity and nutrition. Significant findings reflected women's personal strengths and resources in the areas of spiritual growth and interpersonal relations.

TRUST IN POLICE AND PARAMEDICS

Title: Homeless People's Trust and Interactions With Police and Paramedics

Authors: Zakrisson TL; Hamel PA; Hwang SW

Source: Journal of Urban Health, 81(4):596-605, Dec 2004.

Summary: Although the health impact of patients' trust in physicians has been well documented, less is known about the possible health effects of trust in police or paramedics. Homeless people frequently interact with police officers and paramedics, and these experiences may affect their health and future willingness to seek emergency assistance. We examined homeless people's self-reported interactions with police and paramedics in Toronto, Canada, and their level of trust in these emergency service providers. In a sample of 160 shelter users, 61% had interacted with police in the last 12 months, and 37% had interacted with paramedics. The proportion of subjects who expressed willingness to call police in an emergency was significantly lower than those willing to call paramedics in an emergency (69% vs. 92). On a Likert scale ranging from a minimum of 0 to a maximum of 5, trust levels were lower in police than in paramedics (median level 3 vs. 5). Among shelter users, 9% reported an assault by a police officer in the last year, and 0% reported an assault by a paramedic. These findings showed that homeless people have much lower levels of trust in police than paramedics. Reports of negative interactions with police are not uncommon, and homeless people's perceptions of the police may pose a barrier to seeking emergency assistance. Further research is needed for objective characterization of homeless people's interactions with police officers and the potential health implications of low levels of trust in the police.

IMPACT OF INSURANCE LAPSE

Title: The Impact of Insurance Lapse Among Low-Income Children

Authors: Zlotnick C; Soman LA

Source: Journal of Urban Health, 81(4):568-583, Dec 2004.

Summary: Children living in poverty not only have disproportionately more health problems, but also have disproportionately lower health care service utilization. Change, whether in health care delivery system or in family living situation, may interfere with or jeopardize insurance status and thereby influence access to health care services. We hypothesized that children who have maintained Medicaid insurance compared to those who have not will be more likely to have preventive care visits and less likely to have emergency room visits. We further hypothesized that transient situations such as homeless episodes, foster care placement, and living in more than one location in the same 1-year period will contribute to loss in Medicaid coverage. This retrospective cohort study was conducted at an urban children's hospital outpatient clinic at which 210 family respondents were recruited over a 1-year period. An in-person interview containing several standardized instruments was administered to the caregiver. In addition, children's medical records were retrospectively abstracted from point of study entry to first contact. Findings indicated that children who lost Medicaid coverage, compared to others, had significantly fewer preventive care health visits. There were no differences in emergency room visits. Transient situations did not appear to influence preventive or emergency room care. In addition, the change into a managed-care delivery system also increased loss of coverage. Loss of coverage may be a barrier to preventive care services. To ensure optimal preventive care services, the onus is on the providers and plans to facilitate continued insurance coverage.

CLIENT SATISFACTION

Title: Patient and Staff Satisfaction with Integrated Services at Old Town Clinic: A Descriptive Analysis

Authors: Krautscheid L; Moos P; Zeller J

Source: Journal of Psychosocial Nursing and Mental Health Services, 42(11):32-41, Nov 2004.

Summary: This quality improvement project provided a descriptive analysis of the patient population that received integrated mental and physical health care at Old Town Clinic, and evaluated patient and staff satisfaction with this model of care. Seventy-three patients and seven staff members were surveyed, using two satisfaction surveys distributed in January 2003. Survey data revealed that the majority of Old Town Clinic patients were homeless. Patients indicated high levels of satisfaction with the clinic's location, ease of accessing care, and health promotion and illness prevention education. Staff satisfaction with this model of care was reported to be moderate regarding accessibility, response time, communication, support, treatment, completeness of care, and education. Recommendations for further research and implications for practice are offered.

***Title:* Client and Community Services Satisfaction with an Assertive Community Treatment Subprogram for Inner-City Clients in Edmonton, Alberta.**

Authors: Chue P; Tibbo P; Wright E; Van Ens J

Source: Canadian Journal of Psychiatry, 49(9):621-624, Sep 2004.

Summary: This study's objective was to evaluate client and agency satisfaction with a specific assertive community treatment subprogram, known as inner-city support, developed in Edmonton to target the inner-city population, and to determine the demographics and potential needs of this population. Clients were administered questionnaires based on the Client Satisfaction Questionnaire and the Satisfaction With Life Scale. We also conducted a face-to-face interview. We contacted and similarly surveyed 18 community agencies. The program was well received, although areas for improvements included dissemination of information and hours of operation. Clients also requested more input regarding the development of activities. Clients were predominantly male with a diagnosis of schizophrenia comorbid with substance abuse and antisocial personality disorders, a history of forensic contact, homeless, and dependent on social assistance. Among the population with serious and persistent mental illness, inner-city clients represent a particularly disadvantaged subpopulation that may benefit from specialized community programs.

STAPHYLOCOCCUS INFECTIONS

***Title:* An Epidemic of Methicillin-Resistant Staphylococcus Aureus Soft Tissue Infections among Medically Underserved Patients**

Authors: Young DM; Harris HW; Charlebois ED; Chambers H; Campbell A; Perdreau-Remington F; Lee C; Mankani M; Mackersie R; Schechter WP

Source: Archives of Surgery, 139(9):947-51; discussion 951-3, Sep 2004.

Summary: A high prevalence of methicillin-resistant Staphylococcus aureus (MRSA) in soft tissue infections presents a treatment challenge. This retrospective analysis was done in the San Francisco General Hospital Integrated Soft Tissue Infection (ISIS) Clinic using patients treated at the ISIS Clinic from July 1, 2000, to June 30, 2003. The ISIS Clinic treated 6156 unique patients for 12,012 episodes of infection. In this cohort, 5164 (84%) were either homeless or had no health insurance. More than half of the patients (58%) were injection drug users, but most had only 1 prior visit to the clinic (62%). Patients underwent a surgical procedure 7707 times (64%). Of the 837 positive cultures obtained, S aureus was recovered 695 times (83%), and 525 (63%) of the cultures contained MRSA. Therefore, a full 76% of all S aureus isolated was MRSA. In a subset analysis of 622 cultures collected prospectively from consecutive patients, 282 (45%) grew organisms, of which 256 (91%) were S aureus. MRSA represented 59% of all S aureus isolated. Homelessness and injection drug use were risk factors for infection by S aureus and MRSA. In another subgroup of patients with soft tissue infections that required admission to the hospital, MRSA was recovered from the cultures in 149 patients. In these patients with MRSA, 44 (30%) only received a beta-lactam antibiotic, inactive against MRSA, and had full resolution

of their infection. In conclusion, the prevalence of MRSA soft tissue infections in the medically underserved ISIS Clinic cohort is extremely high. The transmission of the MRSA seems to be in the community. Antibiotic therapy directed at MRSA may not be needed in a large number of patients with these soft tissue infections. Studies to identify the source and cause of this MRSA outbreak are urgently needed. Clinical trials to examine the need for antibiotic therapy in soft tissue infections should be conducted.

FOOD INSECURITY

***Title:* Prevalence and Predictors of Food Insecurity Among Low-Income Households in Los Angeles County**

Authors: Furness BW; Simon PA; Wold CM; Asarian-Anderson J

Source: Public Health Nutrition, 7(6):791-794, Sep 2004.

Summary: The objective of this study was to assess the prevalence and identify the predictors of food insecurity among households in Los Angeles County with incomes below 300% of the federal poverty level. The Six-Item Short Form of the US Department of Agriculture's Household Food Security Scale was used as part of a 1999 county-wide, population-based, telephone survey. The prevalence of food insecurity was 24.4% and was inversely associated with household income. Other independent predictors of food insecurity included the presence of children in the household and a history of homelessness in the past five years. Food insecurity is a significant public health problem among low-income households in Los Angeles County. Food assistance programmes should focus efforts on households living in and near poverty, those with children, and those with a history of homelessness.

HIV TESTING

***Title:* HIV Testing and Receipt of Test Results Among Homeless Persons With Serious Mental Illness**

Authors: Desai MM; Rosenheck RA

Source: American Journal of Psychiatry, 161(12):2287-2294, Dec 2004.

Summary: The purpose of this study was to determine the rates and predictors of HIV testing and receipt of results among homeless adults with serious mental illness in the initial 3-month period after contact with a community-based case management program. Baseline and follow-up interview data came from clients (N=5,890) in the Access to Community Care and Effective Services and Supports program, an 18-site, 5-year federally sponsored demonstration designed to evaluate the effect of service system integration on outcomes for homeless persons with serious mental illness. Overall, 38.0% of clients were tested for HIV in the 3 months after program entry; of these, 88.8% returned to receive their test results. Likelihood of being tested was independently associated with having been tested before, more severe psychiatric symptoms and drug problems, level of worry about getting AIDS, younger age, less education, minority status, longer-term homelessness, being sexually assaulted, being arrested, and health services utilization. Among those tested, likelihood of receiving the test results was higher among those with a history of prior testing and return for results, a higher frequency of testing, and more years of education and lower

among those with drug abuse problems, outpatient medical service utilization, disability, and sexually transmitted disease. Interaction analyses showed that, for men, greater social support increased the likelihood of both HIV testing and receipt of results, while sexual victimization during follow-up decreased the likelihood that men would return for their HIV results. The majority of homeless clients enrolled in an intensive case management program were not tested for HIV during the 3-month period after program entry. Among those tested, however, nearly 90% reported receiving their results. The findings may enhance the development and targeting of strategies to increase testing and awareness of HIV serostatus among high-risk mentally ill homeless persons.

NOTE: THE FOLLOWING REFERENCES ARE NOT FOR A PEER REVIEWED PUBLICATION, BUT MAY BE OF INTEREST TO READERS.

MANUAL OF HEALTH CARE FOR HOMELESS PERSONS

Title: The Health Care of Homeless Persons: A Manual of Communicable Diseases and Common Problems in Shelters and on the Streets

Authors: O'Connell J (ed)

Source: Visit the National Health Care for the Homeless Council website to learn how to obtain a copy of this manual (www.nhchc.org).

Summary: This illustrated 384-page manual describes serious health problems that commonly afflict homeless persons and discusses appropriate responses and treatment. The manual addresses communicable disease control and food handling in shelter settings, and current approaches to the management of chronic diseases. It includes convenient patient education materials in English and Spanish that can be easily reproduced and given to shelter guests and staff.

(Note: Reviews of this manual can be found in the December 2004 issue of the Proceedings of the Mayo Clinic, and in The Journal of the American Medical Association, 292(23):3032-3033, Dec 15, 2004.)

COST STUDIES

Title: Costs of Serving Homeless Individuals in Nine Cities

Authors: Lewin Group (for the Corporation for Supportive Housing)

Source: Visit the following website to access the full report: <http://www.csh.org/>

Summary: This chart book presents estimates of the costs of serving homeless individuals in six alternative settings in nine cities. In addition to the estimates, this document includes: definitions for each of the six service settings for which estimates are presented, indicating the types of services generally reflected in the cost estimates; a description of how a single point estimate was calculated for each setting for each city; and a listing of the organizations that provided the estimates used. The cities are San Francisco, California, Atlanta, Georgia, New York City, New York, Columbus, Ohio, Chicago, Illinois, Seattle, Washington, Phoenix, Arizona, Boston, Massachusetts.

Title: The Do-It Yourself Cost-Study Guide Assessing Public Costs Before and After Permanent Supportive Housing: A Guide for State and Local Jurisdictions

Authors: Burt MR (for the Corporation for Supportive Housing)

Source: www.csh.org (Pub. Nov 2004)

Summary: Stakeholders in many cities and counties have expressed interest in conducting their own cost analysis such as the one done for the New York/New York Initiative which provided powerful evidence of supportive housing's ability to produce outcomes that policy makers want—reductions in inappropriate use of emergency public services, and their associated costs. This guide lays out the issues that any jurisdiction needs to think about before committing itself to that endeavor. Its intended readers include city and county agencies; individual homeless assistance providers; homeless advocacy groups; associations and coalitions of providers, advocates, and consumers; foundations and private homeless assistance funders; and planning agencies, commissions, task forces, and committees.

U.S. CONFERENCE OF MAYORS REPORT 2004

Title: U.S. Conference of Mayors Report 2004 – Summary

Source: The full report can be found online at

<http://www.usmayors.org/uscm/hungersurvey/2004/online-report/HungerAndHomelessnessReport2004.pdf>

Summary: To assess the status of hunger and homelessness in America's cities during 2004, the U.S. Conference of Mayors surveyed 27 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.

Selected findings from this year's report include:

- Overall requests for emergency food assistance increased by an average of 14 percent over the past year, with 96% of the cities registering an increase;
- Requests for emergency shelter assistance increased by an average of 6 percent, with 70% of the 27 cities surveyed showing an increase;
- 78 percent of the cities reported that requests for emergency shelter by homeless families increased by 7 percent. Fifty-six percent of participating cities reported that families may have to break up in order to be sheltered;
- Eighty-one percent of the cities reported that emergency shelters may have to turn away homeless families and other homeless people due to lack of resources. An average of 23 percent of the requests for emergency shelter by homeless people overall have gone unmet over the last year. Additionally, for homeless families, 32 percent of the requests for assistance were not met.