

# Health Care for the Homeless

## RESEARCH UPDATE

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Each quarter, more than 18 databases are searched for research publications and projects related to health care and homelessness. Results of this customized search will be added to a comprehensive research database on the HCH Information Resource Center website ([www.prainc.com/hch](http://www.prainc.com/hch)). This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from October-December 2002. Summaries are categorized into themes which will vary each quarter.

### RE-HOUSING HOMELESS PERSONS

#### **Title: Returning to the Community--Again**

**Author:** Hopper K

**Source:** Psychiatric Services, 53(11):1355, Nov 2002.

**Summary:** In effectively reaching and rehousing the street-dwelling homeless, we've met once-formidable challenges to our knowledge and skills. Prospects of recovery, symptom management, and employment have brightened, but the old awkward questions about belonging remain. Solving homelessness means returning to first principles. What mediates social membership for persons denied the usual passports of worth? What is the basis for such denials? How can inclusion translate into practices--"accommodating" or otherwise--that enhance capabilities rather than sanction limitations? To answer such questions will require rethinking patienthood as a contested state, revisiting the terms of moral agency, and reexamining issues of coercion, autonomy, and the balance of power and respect in treatment decisions. Returning to community remains as challenging a social policy today as it was the first, aborted time around. With the contentious help of those once excluded, we may at least cheat history of repetition--and avoid farce.

### HOMELESS CHILDREN AND YOUTH

#### **Title: Reaching Homeless Youths for Chlamydia Trachomatis and Neisseria Gonorrhoeae Screening in Denver, Colorado**

**Authors:** Van Leeuwen JM; Rietmeijer CA; LeRoux T; White R; Petersen J

**Source:** Sexually Transmitted Infections, 78(5):357-9, Oct 2002.

**Summary:** The availability of urine based testing for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) provides a unique opportunity to screen for these pathogens outside

traditional clinical settings. The researchers investigated the feasibility of street based CT/GC screening in the context of an outreach programme among street/homeless adolescents in Denver. The aim of this study was to describe the integration of urine based CT/GC screening into an existing outreach programme among street/homeless youths and the yield of CT/GC testing in this setting. The Denver Department of Public Health (DPH) collaborated with outreach staff from Urban Peak (a community based organization serving street/homeless youths in Denver) to offer urine based CT/GC testing to males and females in street settings. Tests were conducted on the street in areas where street/homeless youths congregate. Urban Peak outreach staff were trained by DPH staff to conduct CT testing, process urine specimens, and provide test results to participating youths. DPH remained responsible for treatment of people with CT or GC infection as well as CT/GC case reporting. CT testing started in January 2000; GC testing was added in July 2000. Throughout April 2002 a total of 414 CT and 302 GC tests were conducted, respectively 11.6% and 2.7% of which were positive. Among first testers, 13.0% were positive for CT and 3.7% for GC. CT/GC urine testing can be incorporated into existing outreach programs without considerable extra effort. Overall CT rates were high and suggest the need for ongoing screening in this manner.

#### **Title: Initiation of Services in the Boston HAPPENS**

#### **Program: Human Immunodeficiency Virus-Positive, Homeless, and At-Risk Youth Can Access Services**

**Authors:** Woods ER; Samples CL; Melchiono MW; Keenan PM; Fox DJ; Harris SK;

**Source:** AIDS Patient Care and STD's, 16(10):497-510, Oct 2002.

**Summary:** This study evaluated the factors associated with initiation of services in the Boston HAPPENS Program for human immunodeficiency virus (HIV)-positive and hard to reach youth who are 12-24 yrs old. The program served 2116 (64% female; mean age 19.8 yrs). At first contact with the program, 56% received outreach services and 91% received a health intervention. Among those receiving a health intervention, 55% had HIV counseling and testing services, 49% medical care, 24% case management, and 9% mental health services. HIV-positive youth needed more contacts before a first medical visit than those

who were HIV-negative or untested. Logistic regression modeling showed that for young women, older age, lesbian-bisexual orientation, substance use, high-risk sexual behaviors, and receiving outreach services at first contact were independent predictors of initiation of services at outreach agencies; however, unprotected sex with males, and pregnancy were associated with greater likelihood of care at hospitals or community health centers. For young men, older age, Asian/other ethnicity, and substance abuse were associated with care at outreach agencies; however, positive HIV status and unprotected sex with females were associated with care at hospitals or community health centers.

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**Title: Witnessing Heroin-Related Overdoses: The Experiences of Young Injectors in San Francisco**

**Authors:** Davidson PJ; Ochoa KC; Hahn JA; Evans JL; Moss AR

**Source:** *Addiction*, 97(12):1511-6, Dec 2002.

**Summary:** This study assesses young injectors' exposure and response to others' heroin-related overdose using a cross-sectional survey in San Francisco, CA. Participants included nine hundred and seventy-three street-recruited current injectors under 30 years old. Self-reported experiences of witnessing heroin-related overdoses from structured interviews were reviewed. Seven hundred and nine of 973 (73%) had ever witnessed at least one heroin-related overdose, and 491 of 973 (50%) had witnessed an overdose in the last 12 months. Fourteen per cent of those who had witnessed an overdose in the past year reported that the outcome of the overdose was death. Emergency services were called to 52% of most recent witnessed overdoses. Cardiopulmonary resuscitation (CPR) or expired air resuscitation (EAR or 'rescue breathing') was performed in 61% of cases. Inappropriate strategies such as injection with stimulants or application of ice were rare. In 67% of cases in which emergency services were not called the witness said this was because the victim regained consciousness. In the remaining 33%, 56% stated emergency services were not called due to fear of the police. Respondents were willing to act at overdoses at which they were present, but frequently did not do so in the most efficacious manner. Fear of police was identified as the most significant barrier to the ideal first response of calling emergency services.

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**Title: Hunger: Its Impact on Children's Health and Mental Health**

**Authors:** Weinreb L; Wehler C; Perloff J; Scott R; Hosmer D; Sagor L; Gundersen C

**Source:** *Pediatrics*, 110(4):e41, Oct 2002.

**Summary:** Hunger, with its adverse consequences for children, continues to be an important national problem. Previous studies that document the deleterious effects of hunger among children cannot distinguish child from family hunger and do not take into account some critical environmental, maternal, and child variables that may influence child outcomes. This study examines the independent contribution of child hunger on children's physical and mental health and academic functioning, when controlling for a range of environmental, maternal, and child factors that have also been associated with poor outcomes among children. The study results are as follows: The average family size for both preschoolers and school-aged children was

3; about one third of both groups were white and 40% Puerto Rican. The average income of families was approximately \$11,000. Among the school-aged children, on average 10 years old, 50% experienced moderate child hunger and 16% severe child hunger. Compared with those with no hunger, school-aged children with severe hunger were more likely to be homeless, have low birth weights, and have more stressful life events when compared with those with no hunger. School-aged children with severe hunger scores had parent-reported anxiety scores that were more than double the scores for children with no hunger and significantly higher chronic illness counts and internalizing behavior problems when compared with children with no hunger. There was no relationship between hunger and academic achievement. Among preschool-aged children, who averaged 4 years of age, 51% experienced moderate child hunger and 8% severe child hunger. For preschoolers, compared with children with no hunger, severe hunger was associated with homelessness, more traumatic life events, low birth weight, and higher levels of chronic illness and internalizing behavior problems. Mothers of both preschoolers and school-aged children who reported severe hunger were more likely to have a lifetime diagnosis of posttraumatic stress disorder. For school-aged children, severe hunger was a significant predictor of chronic illness after controlling for housing status, mother's distress, low birth weight, and child life events. For both preschoolers and school-aged children, severe child hunger was associated with higher levels of internalizing behavior problems. This study highlights the independent relationship between severe child hunger and adverse physical health and mental health outcomes among low-income children. Study findings underscore the importance of clinical recognition of child hunger and its outcomes, allowing for preventive interventions and efforts to increase access to food-related resources for families.

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**Title: A Comparison of Homeless and Domiciled Young People**

**Authors:** Commander M; Davis A; McCabe A; Stanyer A

**Source:** *Journal of Mental Health*, 11(5):557-64, Oct 2002.

**Summary:** There is growing concern about the welfare of the substantial number of young people who are homeless in the UK. A sample of young people (aged 16-25 yrs) living in homeless hostels in Birmingham is compared with one derived from a private household survey carried out in the same city (also aged 16-25 yrs). Sociodemographic details along with information on mental health, substance use and service uptake were ascertained. The homeless sample were younger and more likely to be male than their domiciled counterparts. They had more often spent time in institutional child care and had worse educational records and lower levels of employment. Young people who were homeless had greater involvement with the police, more frequently used illicit drugs and reported worse physical and mental health than those in private households. They were equally likely to see a general practitioner and more often consulted for 'nerves' as well as having a higher rate of contact with mental health professionals. The bearing these findings have on how to tackle youth homelessness are discussed.

## MENTAL HEALTH

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### **Title: Medical Comorbidity and Receipt of Medical Care by Older Homeless People With Schizophrenia or Depression**

**Authors:** Folsom DP; McCahill M; Bartels SJ; Lindamer LA; Ganiats TG; Jeste DV

**Source:** Psychiatric Services, 53(11):1456-60, Nov 2002.

**Summary:** Few studies have examined medical comorbidity among middle-aged and older homeless people with schizophrenia. This study compared the number of physical health problems and receipt of physical health care services among older homeless people with schizophrenia and those with major depression. The study was conducted at St. Vincent de Paul Village, a homeless shelter in San Diego, California, with an on-site free medical and psychiatric clinic. Data from the psychiatric clinic log for a one-year period were used to identify 47 shelter users older than age 45 with schizophrenia and an age- and gender-matched comparison group of 47 shelter users with major depression. A physician reviewed the patients' charts to obtain data for a comparison between groups of the number of clinic visits for medical problems, receipt of various components of the physical examination and preventive screening studies, and number of chronic medical disorders. The patients with schizophrenia had fewer medical visits and fewer documented medical problems than those with depression. They were also less likely to receive a detailed physical examination, cholesterol level screening, and screening for colon cancer. The documented rates of several chronic medical problems, including diabetes, arthritis, and hypertension, were lower among the shelter residents with schizophrenia. Middle-aged and older homeless people with schizophrenia received less primary and preventive health care and were treated for fewer chronic medical problems than a comparison group with depression.

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### **Title: The Impact of Mobile Crisis Services on the Use of Community-Based Mental Health Services**

**Authors:** Dyches H; Biegel DE; Johnsen JA; Guo S; Min M

**Source:** Research on Social Work Practice, 12(6):731-51, Nov 2002.

**Summary:** This study examined the impact of community-based mobile crisis services on postcrisis community-based mental health service use and user characteristics related to likelihood of postcrisis service use. Differences in use of postcrisis mental health services and timing between a community-based intervention cohort and a matched hospital-based cohort were assessed using a Cox proportional hazards model. Total sample size was 2,374 clients. The results indicate that a mobile crisis intervention consumer was 17% more likely to receive community-based mental health services within 90 days after the crisis event. Controlling for prior service use, mobile crisis intervention consumers with no prior mental health service use were 48% more likely to receive community-based mental health services within 90 days after the crisis event than a consumer from the hospital-based intervention cohort. Consumers more likely to use postcrisis services were African American, homeless, experiencing acute problems, previous mental health service users, and severely mentally disabled. Implications for social work practice are discussed.

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### **Title: Employing People With Psychiatric Disabilities to Engage Homeless Individuals Through Supported Socialization: The Buddies Project**

**Authors:** Fisk D; Frey J

**Source:** Psychiatric Rehabilitation Journal, 26(2):191-6, Fall 2002.

**Summary:** This article describes the Buddies Project, a small time-limited grant that employed two part-time formerly homeless persons on a community-based mental health outreach team to participate in social activities with "difficult to engage" homeless individuals. We offer clinical examples that point to the success of this small supported socialization project. We suggest that employing people with psychiatric disabilities to participate in social activities with homeless persons with psychiatric disabilities can be an important tool to decrease homeless persons' social isolation and engage them into mental health treatment and independent housing.

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### **Title: Outcomes of Homeless Adults With Mental Illness in a Housing Program and in Case Management Only**

**Authors:** Clark C; Rich AR

**Source:** Psychiatric Services, 54(1):78-83, Jan 2003.

**Summary:** The effectiveness of two types of service programs in ameliorating homelessness among individuals with severe mental illness was compared. Homeless persons with severe mental illness were recruited into the study on their entry into one of two types of homeless service programs. The first was a comprehensive housing program, in which consumers received guaranteed access to housing, housing support services, and case management. The second was a program of case management only, in which consumers received specialized case management services. In a quasi-experimental or nonrandom-assignment design, participants responded to instruments measuring housing status, mental health symptoms, substance use, physical health, and quality of life at baseline (program entry) and at six months and 12 months after entry. The baseline interview was completed by 152 participants and at least one of the two follow-up interviews by 108 participants. High-, medium-, and low-impairment subgroups, based on psychiatric symptoms and degree of alcohol and illegal drug use, were formed by means of a propensity score subclassification. Persons with high psychiatric symptom severity and high substance use achieved better housing outcomes with the comprehensive housing program than with case management alone. However, persons with low and medium symptom severity and low levels of alcohol and drug use did just as well with case management alone. The results suggest that the effectiveness, and ultimately the cost, of homeless services can be improved by matching the type of service to the consumer's level of psychiatric impairment and substance use rather than by treating mentally ill homeless persons as a homogeneous group.

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### **Title: Tracking Change in Psychological Distress among Homeless Adults: An Examination of the Effect of Housing Status**

**Author:** Wong Y-L I

**Source:** Health and Social Work, 27(4):262-73, Nov 2002.

Summary: Although research has documented the endemic nature of psychological distress among homeless people, little is known about the variation of and change in distress when psychiatric disabilities and housing status are considered. Using longitudinal data from a homeless sample (ages 18 yrs and older), the author examined the pattern of distress across 3 groups-people with serious mental illness (SMI), people with drug or alcohol problem, and people with neither diagnosis. Distress symptoms were most pervasive and persistent among people with SMI. The effect of housing status on distress differed across the 3 groups and was statistically significant for people with no psychiatric diagnosis.

#### SERVICE USE

**Title: Health Status, Service Use, and Costs Among Veterans Receiving Outreach Services in Jail or Community Settings**

Authors: McGuire J; Rosenheck RA; KasproW WJ

Source: Psychiatric Services, 54(2):201-7, Feb 2003.

Summary: This study compared client characteristics, service use, and health care costs of two groups of veterans who were contacted by outreach workers: a group of veterans who were contacted while incarcerated at the Los Angeles jail and a group of homeless veterans who were contacted in community settings. Between May 1, 1997, and October 1, 1999, a total of 1,676 veterans who were in jail and 6,560 community homeless veterans were assessed through a structured intake procedure that documented their demographic, clinical, and social adjustment characteristics. Data on the use and costs of health services during the year after outreach contact were obtained from national databases of the Department of Veterans Affairs (VA). The veterans who were contacted in jail obtained higher scores on several measures of social stability but had higher rates of unemployment. They had fewer medical problems but higher levels of psychiatric and substance use problems, although the rate of current substance use was lower among these veterans than among the community homeless veterans. One-year service access for the jailed veterans was half that of the community homeless veterans. No differences were observed in the intensity of use of mental health services among those who used services, but the jailed outreach clients used fewer residential, medical, and surgical services. Total health care expenditures for the veterans who received outreach contact in jail were \$2,318 less, or 30 percent less, than for those who were contacted through community outreach. Specialized outreach services appear to be modestly effective in linking veterans who become incarcerated with VA health care services. Although it is clinically challenging to link this group with services, the fact that the rate of current substance use is lower during incarceration may provide a window of opportunity for developing linkages between inmates and community rehabilitative services.

**Title: Predictors of Contact With Public Service Sectors Among Homeless Adults With and Without Alcohol and Other Drug Disorders**

Authors: Bird CE; Jinnett KJ; Burnam MA; Koegel P; Sullivan G; Wenzel SL; Ridgely MS; Morton SC; Miu A

Source: Journal of Studies on Alcohol, 63(6):716-25, Nov 2002.

Summary: Homeless persons with alcohol and other drug (AOD) disorders face multiple problems that go beyond their AOD use. As a consequence, they commonly access services in multiple sectors in addition to the AOD treatment system. This study examined the predictors of contact with agencies in the health, mental health, social welfare and criminal justice sectors by AOD status among a probability sample of homeless adults in Houston, Texas. Cross-sectional data were collected from a multistage random sample of 797 homeless adults (579 men), age 18 or older, who were living in shelters and on the streets of Houston in 1996. Structured face-to-face interviews provided screening diagnoses for AOD disorders, self-report data on AOD treatment use and candidate predictors of treatment use. Service use was tracked retrospectively through administrative data obtained from 10 federal, state, county and municipal agencies that provide funding for physical and mental health services and AOD treatment, as well as emergency income; we also tracked criminal justice contacts. Logistic regression analyses were stratified by AOD status. Adjusting for eligibility factors, key aspects of need were significant predictors of any utilization among those without an AOD problem, but not for those with an AOD problem. For those with AOD disorders, contact with one sector was not predictive of contact with other sectors. Our findings indicate that AOD disorders hinder utilization of public sector services by homeless persons. These disorders may be masking need or otherwise acting as a barrier to accessing treatment and support.

#### TUBERCULOSIS

**Title: Impact of Genotyping of Mycobacterium Tuberculosis on Public Health Practice in Massachusetts**

Authors: Miller AC; Sharnprapai S; Suruki R; Corkren E; Nardell EA; Driscoll JR; McGarry M; Taber H; Etkind S

Source: Emerging Infectious Diseases, 8(11):1285-9, Nov 2002.

Summary: Massachusetts was one of seven sentinel surveillance sites in the National Tuberculosis Genotyping and Surveillance Network. From 1996 through 2000, isolates from new patients with tuberculosis (TB) underwent genotyping. We describe the impact that genotyping had on public health practice in Massachusetts and some limitations of the technique. Through genotyping, we explored the dynamics of TB outbreaks, investigated laboratory cross-contamination, and identified Mycobacterium tuberculosis strains, transmission sites, and accurate epidemiologic links. Genotyping should be used with epidemiologic follow-up to identify how resources can best be allocated to investigate genotypic findings.

#### CARDIOVASCULAR RISK FACTORS

**Title: Identification of Cardiovascular Risk Factors in Homeless Adults**

Authors: Szerlip MI; Szerlip HM

Source: American Journal of Medical Science, 324(5):243-6, Nov 2002.

Summary: Cardiovascular disease is an important health problem among homeless adults; however, the common cardiac risk factors present in this population are unknown. This study was undertaken to identify the reversible cardiovascular risks present

in the homeless. A retrospective chart review was performed randomly on 100 patients who were seen at a homeless clinic in New Orleans, Louisiana. These patients were compared with 200 matched nonhomeless patients who attended an inner-city primary care clinic. Each chart from the 2 groups was reviewed for the presence of hypertension, diabetes mellitus type 2, cigarette smoking, and hypercholesterolemia. Statistical comparisons were made between the homeless and the control subjects. Hypertension was present in 65% of the homeless but only 52% of the nonhomeless. Smoking was far more common in the homeless than the nonhomeless, 75 versus 57%, respectively. There was no difference in the prevalence of diabetes or total cholesterol. Compared with national data hypertension, smoking and diabetes seem to be represented excessively in the homeless population. Smoking and hypertension are significantly more prevalent in the homeless population than in a matched cohort. Educational and preventive programs are needed to reduce the prevalence of cardiovascular disease and reduce the overutilization of expensive healthcare resources.

#### RATBORNE PATHOGENS

**Title: Prevalence Study of Antibody to Ratborne Pathogens and Other Agents Among Patients Using a Free Clinic in Downtown Los Angeles**

**Authors:** Smith HM; Reporter R; Rood MP; Linscott AJ; Mascola LM; Hogrefe W; Purcell RH

**Source:** Journal of Infectious Diseases, 186(11):1673-6, Dec 1, 2002.

**Summary:** Norway rats (*Rattus norvegicus*) are hosts for various microbes. Homeless people who have contact with rats may be at risk of infection by them. The Los Angeles County Department of Health Services initiated a seroepidemiologic study among patients who used a free clinic in downtown Los Angeles; 200 serum specimens obtained for other routine assays were tested for antibodies to ratborne pathogens and other agents. The seroprevalence of antibody to hepatitis E virus in this population was 13.6%; to *Bartonella elizabethae*, 12.5%; to *B. quintana*, 9.5%; to *B. henselae*, 3.5%; to Seoul virus, 0.5%; and to *Rickettsia typhi*, 0.0%. This study found that patients and locally trapped rats had antibodies to some of the same agents.

#### SOFT TISSUE INFECTIONS

**Title: Care of Injection Drug Users With Soft Tissue Infections in San Francisco, California**

**Authors:** Harris HW; Young DM

**Source:** Archives of Surgery, 137(11):1217-22, Nov 2002.

**Summary:** Illicit injection drug use results in serious soft tissue infections that are the number one nonpsychiatric reason for admission to San Francisco General Hospital (SFGH), San Francisco, California. The Integrated Soft Tissue Infection Services (ISIS) Clinic was established to provide coordinated surgical intervention, substance abuse counseling, and social services for patients with soft tissue infections treated in a public hospital. Demographic information, treatment outcome, and hospital utilization data were analyzed. In the clinic's first year of operation, there were 3365 patient visits and 2255 surgical procedures. A large number of patients reported recent injection

of illicit drugs (61%), were homeless (30%), and either had hepatitis C, hepatitis B, or human immunodeficiency virus infection (62%). Patients using heroin were enrolled in either a detoxification or maintenance program (42%). Few patients were designated as treatment failures (2%) or were lost to follow-up (14%). The ISIS Clinic dramatically reduced emergency department visits (-33.9%), surgical service admissions (-47.3%), inpatient acute care bed days (-33.7%), and operating room procedures (-71%), saving approximately \$8 765 200 in the first year of operation. This clinical intervention was notably cost-effective while preserving a high quality of medical services. Owing to limited data, we can only assume that other communities are similarly confronted with this public health problem. The ISIS Clinic could serve as a model intervention and thus have significant impact on the treatment of this prevalent but often overlooked challenge.

#### HOMELESS WOMEN

**Title: Chronically Homeless Women's Perceived Deterrents to Contraception**

**Authors:** Gelberg L; Leake B; Lu MC; Andersen R; Nyamathi AM; Morgenstern H; Browner C

**Source:** Perspectives on Sex and Reproductive Health, 34(6):278-85, Nov-Dec 2002.

**Summary:** Despite the growing number of homeless women of reproductive age, little is known about their reproductive health and contraceptive use. A representative sample of 974 currently homeless women surveyed in Los Angeles County in 1997 included 229 who were chronically homeless and at risk for unintended pregnancy. The relationships between perceived deterrents among these women and their frequency of contraceptive use were evaluated using chi-square tests. Logistic regression analyses were performed to identify independent predictors of contraceptive deterrents. The most commonly cited deterrents to contraceptive use were side effects, fear of potential health risks, partner's dislike of contraception and cost (20-27%). Women who reported substantial deterrents were significantly less likely than others to use contraceptives consistently. Perceived deterrents differed by women's characteristics: Hispanic women were more likely than whites to view not knowing how to use contraceptives or which method to use as a deterrent; black women were more likely than whites to cite not knowing which method to use, lack of storage, health risks and discomfort. Women with a history of drug abuse had elevated odds of citing not knowing how to use contraceptives, uncertainty about which method to use and cost as deterrents. Homeless women report substantial deterrents that reduce their contraceptive use. The multiplicity and heterogeneity of their perceived deterrents suggest a need for reproductive health services that are more integrated and culturally competent than those currently offered.

**Title: Perceptions About Prenatal Care: Views of Urban Vulnerable Groups**

**Authors:** Milligan R; Wingrove BK; Richards L; Rodan M; Monroe-Lord L; Jackson V; Hatcher B; Harris C; Henderson C; Johnson AA

**Source:** BMC Public Health, 2(1):25, Nov 6, 2002.

**Summary:** In the United States, infant mortality rates remain more than twice as high for African Americans as compared to other racial groups. Lack of adherence to prenatal care schedules in vulnerable, hard to reach, urban, poor women is associated with high infant mortality, particularly for women who abuse substances, are homeless, or live in communities having high poverty and high infant mortality. This issue is of concern to the women, their partners, and members of their communities. Because they are not part of the system, these women's views are often not included in other studies. This qualitative study used focus groups with four distinct categories of people, to collect observations about prenatal care from various perspectives. The 169 subjects included homeless women; women with current or history of substance abuse; significant others of homeless women; and residents of a community with high infant mortality and poverty indices, and low incidence of adequate prenatal care. A process of coding and recoding using Ethnograph and counting ensured reliability and validity of the process of theme identification. Barriers and motivators to prenatal care were identified in focus groups. Pervasive issues identified were drug lifestyle, negative attitudes of health care providers and staff, and non-inclusion of male partners in the prenatal experience. Designing prenatal care relevant to vulnerable women in urban communities takes creativity, thoughtfulness, and sensitivity. System changes recommended include increased attention to substance abuse treatment/prenatal care interaction, focus on provider/staff attitudes, and commitment to inclusion of male partners.

#### DISCHARGE PLANNING

**Title: A Multidisciplinary Care Coordination Team Improves Emergency Department Discharge Planning Practice**

**Authors:** Moss JE; Flower CL; Houghton LM; Moss DL; Nielsen DA; Taylor DM

**Source:** The Medical Journal of Australia, 177(8):435-9, Oct 21, 2002.

**Summary:** In response to difficulties meeting the demand for hospital services ("access block") at Royal Melbourne Hospital, a major metropolitan tertiary referral hospital, an audit of patient needs revealed a shortage of aged-care beds and a need for post-acute care. A multidisciplinary Care Coordination Team (CCT) was formed at the end of July 2000 to ensure that emergency department patients were provided with services that would facilitate their return to, or maintenance in, the community. The target population included the frail elderly, those living alone, the homeless, frequent emergency department attenders, and those with complex medical or drug and alcohol problems. As part of routine emergency department care, a risk screen was implemented to determine referral to the CCT. In the first 12 months, the CCT saw 2532 patients (5.8% of all emergency department attendances). Nearly half of these patients were discharged home with referrals to community service providers. The rate of hospital admission from the emergency department fell significantly compared with the 12-month period before implementation of the CCT. Surveys of staff, patients and carers, as well as community service providers, showed a high level of satisfaction with the CCT.

#### RESEARCH ISSUES

**Title: Pharmaceutical Research Involving the Homeless.**

**Authors:** Beauchamp T; Jennings B; Kinney E; Levine R

**Source:** The Journal of Medicine and Philosophy, 27(5):547-64, Oct 2002.

**Summary:** Discussions of research involving vulnerable populations have left the homeless comparatively ignored. Participation by these subjects in drug studies has the potential to be upsetting, inconvenient, or unpleasant. Participation occasionally produces injury, health emergencies, and chronic health problems. Nonetheless, no ethical justification exists for the categorical exclusion of homeless persons from research. The appropriate framework for informed consent for these subjects of pharmaceutical research is not a single event of oral or written consent, but a multi-staged arrangement of disclosure, dialogue, and permission-giving. Payments and other rewards in biomedical research raise issues of whether it is ethical to offer inducements to the homeless in exchange for participation in drug studies. Such inducements can influence desperate persons who are seriously lacking in resources. The key is to strike a balance between a rate of payment high enough that it does not exploit subjects by underpayment and low enough that it does not create an irresistible inducement. This proposal does not underestimate the risks of research, which are often overestimated and need to be appraised in light of the relevant empirical literature.

**Title: Is Homelessness Hazardous to Your Health? Obstacles to the Demonstration of a Causal Relationship**

**Author:** Hwang SW

**Source:** Canadian Journal of Public Health, 93(6):407-10, Nov-Dec 2002.

**Summary:** Homeless people suffer from high levels of morbidity and mortality, but there is surprisingly little empiric evidence that homelessness has a direct adverse effect on health. This study examined the relationship between shelter use and risk of death using longitudinal data in a cohort of 8,769 homeless men in Toronto, Ontario. Shelter use was modelled as a time-dependent covariate in a Cox regression analysis. In a model adjusted for age and previous pattern of homelessness, the risk of death during months in which homeless shelters were used was significantly increased. Among men, periods of homeless shelter use are associated with higher mortality. There are three reasons why this finding does not necessarily mean that homelessness itself increases the risk of death. First, the hazard of death associated with shelter use compared to non-shelter use may be significantly different from that associated with homelessness compared to non-homelessness. Second, the association between shelter use and risk of death may be confounded by other variables such as alcohol and drug use. Finally, because the mechanism and time-course of the putative effect of homelessness on health is uncertain, appropriate modeling of the time-dependent covariate is difficult to ensure. Further research into the possible adverse effects of homelessness on health is needed and would have important implications for public policy.