

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). This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from July-September 2002. Summaries are categorized into themes which will vary each quarter

WORK THERAPY

Title: Impact Of Work Therapy On Health Status Among Homeless, Substance-Dependent Veterans: A Randomized Controlled Trial

Authors: Kashner TM; Rosenheck R; Campinell AB; Suris A; Crandall R; Garfield NJ; Lapuc P; Pyczk K; Soyka T; Wicker A
Source: Archives of General Psychiatry, 59(10):938-44, Oct 2002.

Summary: Little is known about the health outcomes of clinician-supervised, performance-based, abstinence-contingent therapeutic work programs on homeless persons with addiction disorders. This study examined the effect of the Department of Veterans Affairs compensated work therapy program (CWT) on nonvocational outcomes. With mandatory urine screenings and adherence to addiction treatment schedules, CWT provided work opportunities (wages, hours, and responsibilities) with jobs created from Veterans Affairs contracts competitively obtained from private industry. Homeless, substance-dependent veterans (N = 142) from 4 Department of Veterans Affairs medical centers were randomized, assessed at baseline, and reassessed at 3-month intervals for 1 year. Both CWT and control groups had access to comprehensive rehabilitation, addictions, psychiatric, and medical services. Data were analyzed to determine an immediate CWT effect after treatment and rates of change during 1 year. Compared with control subjects, patients in the CWT program were more likely to (1) initiate outpatient addictions treatment, (2) experience fewer drug and alcohol problems, (3) report fewer physical symptoms related to substance use, (4) avoid further loss of physical functioning, and (5) have fewer episodes of homelessness and incarceration. No effect on psychiatric outcomes was found. Work therapy can enhance

nonvocational outcomes of addiction treatment for homeless persons, although long-term gains remain unknown.

PRISON HEALTH CARE

Title: The National Survey Of Psychiatric Morbidity Among Prisoners And The Future Of Prison Healthcare

Authors: Coid J; Bebbington P; Jenkins R; Brugha T; Lewis G; Farrell M; Singleton N.,

Source: Medicine, Science, and the Law, 42 (3):245-50, Jul 2002.

Summary: It has long been known that psychiatric disorders are highly prevalent among prisoners. However, the Survey of Psychiatric Morbidity Among Prisoners in England and Wales represents a considerable advance on earlier surveys. By using the same standardized psychiatric assessment procedures, and similar questions on medication, service use and social functioning, its findings can be compared with previous national surveys of adults living in private households, residents in institutions, homeless persons, and with the forthcoming household survey in England, Wales and Scotland. It should also inform the future organisation of healthcare for prisoners, following recent recommendations from a joint Home Office/Department of Health Working Party that Health Authorities must work with prisons in their catchment areas to carry out joint health needs assessments, agree on prison healthcare improvement strategies and jointly plan and commission services. The ultimate test of the survey will be whether it provides a benchmark to evaluate the future effectiveness of the new policy changes.

HIV/AIDS

Title: Predicting Death From HIV/AIDS: A Case-Control Study From Florida Public HIV/AIDS Clinics

Authors: Lieb S; Brooks RG; Hopkins RS; Thompson D; Crockett LK; Liberti T; Jani AA; Nadler JP; Virkud VM; West KC; McLaughlin G

Source: Journal of Acquired Immune Deficiency Syndromes, 30(3):351-58, Jul 1, 2002.

Summary: After markedly decreasing for 3 years HIV/AIDS mortality declined only slightly in 1999. The authors conducted a case-control study in four Florida urban public health HIV clinics

to evaluate modifiable factors associated with HIV/AIDS mortality in a non-research setting. Structured chart review was conducted for 120 case-patients who died in 1999 and for 240 randomly selected control-patients. Risk factors associated with death in univariate analysis were entered into three conceptually related matched logistic regression models. In the final multivariate model homelessness, Medicaid insurance, having a documented adherence problem, injection drug use, non-specific liver failure, interrupted highly active antiretroviral therapy (HAART) secondary to side effects and not receiving HAART were independent predictors of mortality. In addition to medical and clinical indicators several sociobehavioral-demographic factors remained important throughout the multivariate analysis. Improvement in care should include a focus on social circumstances of infected people. Special attention to the homeless, those with adherence problems and those with liver disease is clearly indicated.

HOMELESS YOUTH

Title: Drug Injection Among Street Youth: The First Time

Authors: Roy E; Haley N; Leclerc P; Cedras L; Boivin JF

Source: *Addiction*, 97(8):1003-9, Aug 2002.

Summary: This study describes the circumstances of the first drug injection among street youth using a cohort study conducted in 1995-2000. Subjects aged 14-25 years old were recruited in all major Montreal organizations offering free services to street youth. Subjects who reported having ever injected drugs completed questions on the circumstances of their first injection (calendar time, location, type of relationship with the initiator, presence of others, drug first injected, source of needle and use of clean needle and other injection materials). Questions on characteristics of the initiator and prior use of the first injected drug were added during the course of the study. Of 980 participants 530 (54%) had ever injected drugs. Questionnaires were completed by 505 subjects including 77 who also answered the additional questions. The mean age at first injection was 17.7 years. First injection occurred mainly in public places (41%). It was performed by a close friend (41%) the youth himself/herself (27%) an acquaintance (15%) a lover (10%) or another person (7%). Overall 84% of youth first injected with a clean needle; only 62% used clean drug preparation equipment. The first drug injected was generally cocaine (47%) or heroin (41%). Two-thirds had used the drug of first injection previously; however the majority was not dependent upon it. Most street youth used clean needles at first injection but use of other clean injection materials was less frequent. Factors other than dependence appear to play a significant role in initiation into injection.

Title: Sexual Health Practices of Homeless Youth

Author: Rew L; Fouladi RT; Yockey RD

Source: *Journal of Nursing Scholarship*, 34(2):139-45, 2nd Quarter 2002.

Summary: The purpose of this study was to describe the sexual health practices of homeless adolescents, examine relationships among variables in a conceptual model of sexual health practices, and determine direct and indirect effects of population characteristics, cognitive-perceptual factors, and behavioral

factors on sexual health practices among homeless adolescents. Study design was descriptive and exploratory. A survey was administered to a convenience sample of 414 homeless young men (244) and young women (170) aged 16-20 years, the majority of whom were Anglo American. Thirty-five percent reported homosexual or bisexual orientation, and sexual orientation was reported as a reason for leaving home. Over half reported a history of sexual abuse and nearly one in four had been treated for gonorrhea. Safe-sex behaviors were related to age, time away from home, assertive communication, social support, future time perspective, connectedness, perceived health status, intentions to use condoms, and condom self-efficacy. A parsimonious model with good fit indicated that the only direct paths to safe-sex behaviors were future time perspective, intentions to use condoms, and self-efficacy to use condoms, and the direct paths to sexual self-care behaviors were from assertive communication, social support, and self-efficacy to use condoms. As in other studies of homeless youth, respondents reported a high incidence of sexual abuse and homosexual and bisexual orientation. Their safe-sex behaviors were surprisingly similar to those of university students, were modestly related to cognitive-perceptual variables in the sexual health model, and might be amenable to brief culturally relevant interventions.

Title: Involving Street Youth in Peer Harm Reduction Education: The Challenges of Evaluation

Authors: Poland BD; Tupker E; Breland K

Source: *Canadian Journal of Public Health*, 93(5):344-48, Sep-Oct 2002.

Summary: The aim of this study was to describe and discuss the challenges in evaluation of a participatory action research with street-involved youth. A combination of quantitative and qualitative methods were utilized for both process and outcome evaluations. Process evaluation methods included in-depth individual interviews, focus groups, participant observation and session debriefing forms. Summative evaluation research included focus testing of the harm reduction video and a survey of video users. Members of the youth team reported favourably on the experience citing friendship, skills development, fun and pride of accomplishment among the key benefits of participation. Political tensions arose because of the focus on reducing harm from drug use rather than encouraging abstinence. The heavy demands of participatory research and development resource constraints and the priority given to product development in these kinds of projects necessarily precludes extensive youth participation in the design implementation and analysis of additional evaluation research. Even when resources are directed towards evaluation there is a tendency to focus on data collection which may limit time and resources for data analysis. Finally, there is an inclination to focus on the product development rather than dissemination and impact of the product. Despite the challenges inherent in participatory action research and its evaluation, this project was regarded as an empowering experience by the street youth who participated in it. It is worthwhile to direct resources to evaluation which optimally gives proportional attention to data collection as well as data analysis and focusses not only on product development but also on its dissemination and impact.

COST BENEFITS OF PREVENTIVE CARE

Title: Tuberculosis Prevention Versus Hospitalization: Taxpayers Save With Prevention

Authors: Marks SM; Taylor Z; Miller BI

Source: Journal of Health Care for the Poor and Underserved, 13(3):392-401, Aug 2002.

Summary: This study describes who pays for inpatient tuberculosis (TB) care and factors associated with payer source. The authors analyzed TB hospitalization costs for a prospective cohort of active TB patients at 10 U.S. sites. Private insurance paid for 9 percent and private hospitals for 6 percent of TB hospitalization costs. Public sources (federal state and local governments and public hospitals) paid more than 85 percent of TB hospitalization costs. Preventive services (treatment for latent TB infection; housing, food and social work for homeless persons; substance abuse treatment for substance abusers; and antiretroviral medication for HIV-infected persons) targeted to those at high risk for TB hospitalization could save taxpayers between \$4 million and \$118 million. Since public resources are used to pay nearly all the costs of late-stage TB care the public sector could save by shifting resources currently used for inpatient care to target preventive services to persons at high risk for TB hospitalization.

ENGAGEMENT AND HELP-SEEKING

Title: Predicting Long-Term Treatment Utilization Among Addicts Entering Detoxification: The Contribution Of Help-Seeking Models

Authors: Kleinman BP; Millery M; Scimeca M; Polissar NL

Source: Journal of Drug Issues, 32(1):209-30, Win 2002.

Summary: Detoxification is the entry point into the drug treatment system for many heroin and cocaine addicts. In this paper the authors examine both sociodemographic predictors of utilization of long-term treatment and constructs based on theories of help-seeking. Data for this paper were collected from 279 heroin and cocaine dependent individuals (mean age 36 yrs) at entry into 2 detoxification programs and 30 or more days later to determine their long-term treatment status in the 30 days following detoxification. We find that homeless individuals, those on parole, and those who have used drugs for fewer than 20 years are more likely than their counterparts to be in treatment. Even when an array of sociodemographic characteristics are controlled, constructs drawn from the theory of planned behavior [(intention to enter treatment, behavioral beliefs, favoring treatment and perceived behavioral control (self-efficacy)] contribute significantly to the prediction of treatment utilization.

Title: The Measurement Of Engagement In The Homeless Mentally Ill: The Homeless Engagement And Acceptance Scale--HEAS

Authors: Park MJ; Tyrer P; Elsworth E; Fox J; Ukoumunne OC; MacDonald A

Source: Psychological Medicine, 32(5):855-61, Jul 2002.

Summary: Notes that much of the difficulty in helping the homeless mentally ill arises as a consequence of their resistance to engagement. A refused intervention can seldom influence a

client's problems and engagement status can be argued as being an important independent predictor of outcome. This paper describes the development and psychometric properties of a new scale the Homeless Engagement and Acceptance Scale (HEAS). Staff from an established project for the homeless mentally ill helped to identify relevant questions used to develop a 5-item rating scale for completion by an informant. After piloting, the instrument was tested in a study in which 112 Ss were assessed twice over 12 mo by informants. Item analysis was undertaken and predictive validity was assessed. Item analysis indicates a good facility index signifying all items were able to differentiate Ss according to the characteristic being measured and a high discrimination index demonstrating that all items were measuring the same concept. Predictive validity and internal consistency coefficients were both good. The 3 mo HEAS score was found to be a significant predictor of accommodation status and adequacy of a support network at 12 months.

Title: Attitudes And Intentions Of Homeless People Towards Service Provision In South Wales

Authors: Christian J; Armitage CJ

Source: British Journal of Social Psychology, 41(2):219-32, Jun 2002.

Summary: The theory of planned behavior was used as a framework to investigate homeless people's participation in outreach service (OSPs) programs. 104 homeless people (aged 16-58 yrs) from South Wales were interviewed using a schedule based on the TPB. Congruent with previous research on the TPB attitude towards participation in OSPs was the dominant predictor of behavioral intentions and intention and perceived behavioral control were predictive of behavior (i.e. participation in outreach programs). Contrary to predictions subjective norms also exerted a direct effect on behavior. The discussion focuses on 2 issues: 1st the utility of social cognition models in explaining the relationship between demographic variables and behavior in homelessness research and 2nd the direct effects of norms on behavior and the extent to which work on social groups might usefully extend research on models such as the TPB to aid understanding of behavior amongst stigmatized populations.

HEALTH CARE ACCESS

Title: State Mental Hospitals And Their Host Communities: The Origins Of Hostile Public Reactions

Authors: Wolff N; Stuber J

Source: Journal of Behavioral Health Services Research, 29(3):304-17, Aug 2002.

Summary: This article examines the hostile public reactions of a community that through a state policy to consolidate all long-term behavioral health services was to become the site of the state's only mental hospital. A telephone survey conducted in the host community (n = 800) and a matched community (n = 800) was used to test whether the origins of hostility toward consolidation were related to the public's negative attitudes toward mental illness and homelessness or to the beliefs about the discharge and supervisory behavior of the hospital. The host community was not found to have more negative views of mental illness although it did have significantly more negative views

about the homeless. Disapproval of consolidation was unrelated to negative views of mental illness or homelessness but was strongly related to the expected "bad" behavior of the hospital. These results suggest that the best way to improve relations between hospitals and their host communities is for hospitals to behave like "good" neighbors.

Title: Splenorenal Shunt: An Ideal Procedure In The Pacific

Authors: Wong LL; Lorenzo C; Limm WM; Wong LM

Source: Archives of Surgery, 137(10):1125-9 (discussion 1130), Oct 2002.

Summary: Splenorenal shunt an accepted treatment to prevent recurrent variceal bleeding is an ideal procedure for patients with psychosocial issues or limited access to tertiary medical centers. We retrospectively reviewed the medical records of 34 patients (32 distal splenorenal shunts and 2 central splenorenal shunts) treated from January 1 1995 through December 31 2001 for demographic data, substance abuse status, psychosocial factors, previous treatments, Child class, length of hospital stay, operative transfusions complications and outcome. Of the 34 patients 17 were from surrounding Pacific islands (as many as 3800 miles away from Honolulu Hawaii). Sixteen patients were Child class A and 18 were Child class B. Twenty-four patients were either homeless actively involved in substance abuse or being treated for psychiatric problems and 20 patients were either uninsured or insured by third-party payers that did not cover liver transplantation. Four patients underwent distal splenorenal shunt for a failed transjugular intrahepatic portosystemic shunt. Patients received a mean of 1.3 U of packed red blood cells (range 0-5 U) and 15 received no blood transfusions. Mean length of hospital stay was 12.7 days (9 days postoperatively). Perioperative mortality was 8.8%. Three patients rebled postoperatively 2 because of gastric ulcers and 1 because of an inadequate shunt. The 1-year survival rate was 95% in the 20 patients for whom data were available. Splenorenal shunt is an important treatment for noncompliant patients or patients living in remote areas where access to specialized treatments such as endoscopy transjugular intrahepatic portosystemic shunt ultrasonography and liver transplantation is limited. We can achieve acceptable morbidity and mortality in this group of patients although follow-up can be difficult.

HOMELESS WOMEN

Title: Life Experiences And Vulnerabilities Of Homeless Women: A Comparison Of Women Unaccompanied Versus Accompanied By Minor Children And Correlates With Children's Emotional Distress

Authors: Page T; Nooe R

Source: Journal of Social Distress and the Homeless, 11(3):215-31, Jul 2002.

Summary: The histories and service needs of 2 groups of homeless women (aged 18-62 yrs) those unaccompanied by minor children (46 subjects [Ss]) and those accompanied by minor children (22 Ss) were compared on the basis of their responses to a biennial survey of homeless people in a midsize city in the southeast US. Mothers of children aged 2-10 yrs also completed a measure of stress symptoms for their children (20

Ss). Irrespective of family status group problems such as substance abuse, history of mental illness, health problems, chronicity of homelessness and crime victimization tended to cluster together. The findings also suggest that declining and/or inadequate levels of public benefits Temporary Assistance to Needy Families and Medicaid-funded health care in particular have adversely affected the 2 groups, particularly families with children. The young children in this sample experienced elevated levels of stress and significant associations were found between children's stress levels and certain risk factors of their mothers. Implications for service delivery are discussed.

Title: Low-Income African-American Women Talk About Stress

Authors: McCallum DM; Arnold SE; Bolland JM

Source: Journal of Social Distress and the Homeless, 11(3):249-63, Jul 2002.

Summary: Research on stress has focused primarily on life-change events and daily hassles as sources of stress that can affect physical and mental health. There is evidence, however, that chronic conditions causing stress may be more characteristic of the lives of poor, African Americans. For this study, 45 African-American women living in low-income neighborhoods participated in focus group discussions about sources of stress in their lives. Major categories of stressors were coded from transcripts and notes of each discussion. The women's descriptions of their sources of stress help to shed light on the phenomenology of stress among poor, African-American women. Correspondence between the emergent categories from these discussions and the categories outlined by D. Watts-Jones (1990) was also analyzed. The most often discussed source of stress for the participants was lack of adequate resources and the consequences of this. Other categories receiving considerable attention by the participants were role-functioning, relationship conflict, and health concerns.

ETHICS OF CARE

Title: Is The Care We Provide Homeless People Just? The Ethic Of Justice Informing The Ethic Of Care

Author: Reitz-Pustejovsky M

Source: Journal of Social Distress and the Homeless, 11(3):233-48, Jul 2002.

Summary: Scant homeless research has articulated the homeless individual's experience from the perspective of his privileged access. Ethnographic research was conducted in a large southwest metropolitan city. Facilitated through several weeks of informal observation, it was through 15 weeks of formal interviews that privileged data were gathered by riding with the Service of Emergency Aid and Research Center for the Homeless (S.E.A.R.C.H.) Outreach team. Narratives of four homeless persons were analyzed using the moral theoretical reflections of Jurgen Habermas and feminist theory. Feminist theory articulates dichotomous perspectives of the ethic of care and the ethic of justice. This paper argues the perspective of justice is complimentary to and must inform the ethic of care with this alienated population of homeless. Present social institutions are not adhering to the universal prescriptive of long-term caring for

the homeless as our moral duty. Those living homeless fall through the social service cracks. They must be offered just care understood as that which promotes the "the right" informing "the good." Just care will help them to permanently leave the streets. It is not a temporary Band-Aid to assuage society's guilt of not living up to our moral obligations.

ACCESS (ACCESS TO COMMUNITY CARE AND EFFECTIVE SERVICES AND SUPPORTS) PROGRAM EVALUATION

Title: Overview of the ACCESS Program

Authors: Randolph F; Blasinsky M; Morrissey JP; Rosenheck RA; Coccozza J; Goldman HH

Source: Psychiatric Services, 53(8):945-48, Aug 2002.

Summary: The authors provide an overview of the ACCESS program which evaluated the integration of service systems and its impact on outcomes for homeless persons with severe mental illness. The ACCESS program provided funds and technical assistance to nine community sites to implement strategies for system change that would promote systems integration. These experimental sites along with nine comparison sites also received funds to support outreach and assertive community treatment for 100 clients a year for four years at each site. Data on the implementation of system change strategies were collected from 1994 to 1998 during annual visits to the sites. Data on changes in systems integration were obtained from interviews with key informants from relevant organizations in each community. Client outcome data were obtained at program entry and three and 12 months later from 7,055 program participants across the four annual client cohorts at all sites. Detailed findings from the ACCESS evaluation are presented in two accompanying articles and overall conclusions are offered in a fourth article.

Title: Integration of Service Systems for Homeless Persons with Serious Mental Illness Through the ACCESS Program

Authors: Morrissey JP; Calloway MO; Thakur N; Coccozza J; Steadman HJ; Dennis D

Source: Psychiatric Services, 53(8):949-57, Aug 2002.

Summary: The aim of this study was to evaluate the first of the two core questions around which the ACCESS evaluation was designed: Does implementation of system-change strategies lead to better integration of service systems? Data were gathered from nine randomly selected experimental sites and nine comparison sites in 15 of the nation's largest cities on the degree to which each site implemented a set of systems integration strategies and the degree of systems integration that ensued among community agencies across five service sectors: mental health substance abuse primary care housing and social welfare and entitlement services. Integration was measured across all interorganizational relationships in the local service networks (overall systems integration) and across relationships involving only the primary ACCESS grantee organization (project-centered integration). Contrary to expectations the nine experimental sites did not demonstrate significantly greater overall systems integration than the nine comparison sites. However the experimental sites demonstrated better project-centered integration than the comparison sites. Moreover more extensive implementation of

strategies for system change was associated with higher levels of overall systems integration as well as project-centered integration at both the experimental sites and the comparison sites. The ACCESS demonstration was successful in terms of project-centered integration but not overall system integration.

Title: Service Systems Integration and Outcomes for Mentally Ill Homeless Persons in the ACCESS Program

Authors: Rosenheck RA; Lam J; Morrissey JP; Calloway MO; Stolar M; Randolph F

Source: Psychiatric Services, 53(8):958-66, Aug 2002.

Summary: The authors evaluated the second of the two core questions around which the ACCESS evaluation was designed: Does better integration of service systems improve the treatment outcomes of homeless persons with severe mental illness? The ACCESS program provided technical support and about \$250,000 a year for four years to nine sites to implement strategies to promote systems integration. These sites along with nine comparison sites also received funds to support outreach and assertive community treatment programs to assist 100 clients a year at each site. Outcome data were obtained at baseline and three and 12 months later from 7,055 clients across four annual cohorts at all sites. Clients at all sites demonstrated improvement in outcome measures. However the clients at the experimental sites showed no greater improvement on measures of mental health or housing outcomes across the four cohorts than those at the comparison sites. More extensive implementation of systems integration strategies was unrelated to these outcomes. However clients of sites that became more integrated regardless of the degree of implementation or whether the sites were experimental sites or comparison sites had progressively better housing outcomes. Interventions designed to increase the level of systems integration in the ACCESS demonstration did not result in better client outcomes.

Title: Lessons from the Evaluation of the ACCESS Program

Authors: Goldman HH; Morrissey JP; Rosenheck RA; Coccozza J; Blasinsky M; Randolph F

Source: Psychiatric Services, 53(8):967-69, Aug 2002.

Summary: The authors summarize the main findings of the ACCESS program and offer lessons for policy makers. Data from studies at the site level and the client level, which were presented in the two previous articles in this issue of Psychiatric Services, are summarized and synthesized with the authors' collective experience with the ACCESS program. The results of the evaluation suggest that although service systems integration can be improved, targeted efforts to implement strategies for integration do not produce better client outcomes. Efforts to integrate service systems can be supported by their effects on some organizational relationships within the mental health service system but not by their widespread effects across human services or their direct effects on clients.

Please visit the National Health Care for the Homeless Council website (<http://www.nhchc.org>) for additional issues of the HCH Research Update and other HCH research publications.