

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, research databases are searched for 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 August-October 2003. Summaries are categorized into themes which will vary each quarter.

MENTAL HEALTH SERVICES

Title: Innovation and Implementation in Mental Health Services for Homeless Adults: A Case Study

Author: Felton, BJ

Source: Community Mental Health Journal, 39(4):309-322, Aug 2003.

Summary: Seeking to identify conditions that support newly implemented evidence-based practices, this case study examined an implementation in which an existing agency was invited to move into the neighboring county to introduce its "housing first" practice with seriously mentally ill homeless adults. Using a constructivist methodology to elicit the narratives of key actors and observers about the implementation and its attendant controversy, this study found three issues at the core of actors' experiences: mode of presentation, use of an outside agency and the questioned uniqueness of the new practice. Barriers rather than facilitators dominated participants' interpretations of events despite significant researcher-observed facilitators.

Title: Cost-Effectiveness of Supported Housing for Homeless Persons with Mental Illness

Authors: Rosenheck R; KasproW; Frisman L; Liu-Mares W

Source: Archives of General Psychiatry, 60(9):940-951, Sep 2003.

Summary: Supported housing, integrating clinical and housing services, is a widely advocated intervention for homeless people with mental illness. In 1992, the US Department of Housing and Urban Development (HUD) and the US Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program. Homeless veterans with psychiatric and/or substance abuse disorders or both (N = 460) were

randomly assigned to 1 of 3 groups: (1) HUD-VASH, with Section 8 vouchers (rent subsidies) and intensive case management; (2) case management only, without special access to Section 8 vouchers; and (3) standard VA care. Primary outcomes were days housed and days homeless. Secondary outcomes were mental health status, community adjustment, and costs from 4 perspectives. During a 3-year follow-up, HUD-VASH veterans had 16% more days housed than the case management-only group and 25% more days housed than the standard care group. The case management-only group had only 7% more days housed than the standard care group. The HUD-VASH group also experienced 35% and 36% fewer days homeless than each of the control groups. There were no significant differences on any measures of psychiatric or substance abuse status or community adjustment, although HUD-VASH clients had larger social networks. From the societal perspective, HUD-VASH was \$6200 (15%) more costly than standard care. Incremental cost-effectiveness ratios suggest that HUD-VASH cost \$45 more than standard care for each additional day housed. Supported housing for homeless people with mental illness results in superior housing outcomes than intensive case management alone or standard care and modestly increases societal costs.

Title: Measuring Continuity of Care for Clients of Public Mental Health Systems

Authors: Fortney J; Sullivan G; Williams K; Jackson C; Morton SC; Koegel P

Source: Health Services Research, 38(4):1157-1175, Aug 2003.

Summary: The aims of this research were to generate a set of time-variant measures of continuity of outpatient care using administrative data, and to evaluate the validity of these measures for persons in the community with serious mental illness (SMI) who use public mental health services. Individuals with SMI were identified using multistage random sampling from shelters, streets, and public mental health clinics in Houston, Texas. The study design was observational, cross-sectional, and retrospective. Based on a review of the literature, five distinct conceptual dimensions of continuity of care were defined: timeliness, intensity, comprehensiveness, stability, and coordination. Repeated measures of continuity were generated for each day of the year. Construct validity was assessed by

comparing continuity for housed persons and homeless persons based on the assumption that homelessness is a risk factor for low continuity of outpatient care. Subjects were interviewed to collect sociodemographic and clinical information. Service use was retrospectively tracked through the administrative records of multiple public sector agencies. Five continuity measures demonstrated good construct validity by the fact that homelessness was significantly and substantially associated with lower continuity of care. The five continuity-of care measures are relatively easy and inexpensive to generate using administrative data. The five continuity-of-care measures may be useful for identifying individuals at risk for poor outcomes and for evaluating the ability of public service systems to keep clients engaged in care over time.

ORAL HEALTH

Title: A National Survey of the Oral Health Status of Homeless Veterans

Authors: Gibson G; Rosenheck R; Tullner JB; Grimes RM; Seibyl CL; Rivera-Torres A; Goodman HS; Nunn ME

Source: Journal of Public Health Dentistry, 63(1):30-37, Winter 2003.

Summary: This study reports results from a survey designed to (1) assess the oral health needs of a national sample of homeless veterans and (2) compare the dental needs of homeless veterans participating in VA-sponsored rehabilitation programs with domiciled veterans in VA substance addiction programs. Homeless veterans enrolled in a nationwide rehabilitation program (n = 1,152) completed a survey including questions concerning patients' perceptions of their oral health, dental service needs and use, and alcohol and tobacco use. A sample of these veterans subsequently received dental exams. A comparison group of domiciled veterans enrolled in VA substance abuse programs completed a similar survey. A sample of these veterans also received dental exams. Sociodemographic variables, patient-reported oral health information and risk behaviors, and findings from dental exams described two remarkably similar populations. As expected, the homeless veterans exhibited poor oral health, but it was not different from domiciled veterans enrolled in substance addiction programs. Lifestyle choices, such as heavy drinking and smoking, may contribute more to poor oral health than living conditions.

IMPACT OF MEDICAL SCHOOL ON ATTITUDES

Title: The Attitudes of Medical Students Towards Homeless People: Does Medical School Make a Difference?

Authors: Masson N; Lester H

Source: Medical Education, 37(10):869-72, Oct 2003.

Summary: Homeless people have greater health care needs than those who are housed, yet often experience difficulty in accessing health care. Evidence suggests that the attitudes of doctors can create significant barriers to health care for homeless people. A validated structured questionnaire, the Attitudes Towards the Homeless Questionnaire (ATHQ), was posted to a group of 211 medical students 2 weeks prior to their starting at the University of Birmingham in 1997, and again during their final clinical placement 5 years later. The results were explored

in more depth through semistructured interviews with the 12 students displaying the greatest degree of attitude change. The response rates for the 1997 and 2002 surveys were 80% and 82%, respectively, with an overall response rate of 65% of eligible students. The mean ATHQ scores for the 2 time periods were 76.3 and 74.7, indicating that attitudes had become more negative during the 5-year period. Semi-structured interviews highlighted the importance of professional socialisation and clinical contact on attitude development. This study suggests that medical students may hold more negative attitudes towards homeless people at the end of their undergraduate course than they do at the beginning of it. Medical schools may need to address this area of health care more directly in the undergraduate curriculum if tomorrow's doctors are to treat all patients equally.

PROGRAM EVALUATION

Title: Development of a Program Logic Model to Measure the Processes and Outcomes of a Nurse-Managed Community Health Clinic

Authors: Dykeman M; MacIntosh J; Seaman P; Davidson P

Source: Journal Of Professional Nursing, 19(4):197-203, Jul-Aug 2003.

Summary: Evaluation is an essential process that permits assessing the effectiveness and efficiency of planned programs. In implementing a new nurse-managed Community Health Clinic targeting services for the homeless and underserved, the stakeholders considered an evaluation process integral to the planning stage of the clinic as a whole as well as of all the different programs being offered. The program logic model was chosen and modified to guide evaluation. Work to develop the evaluation model and its components began before the clinic opened. This article describes the development of the modified program logic model, how it was modified, and the rationale for its modifications. We highlight the process of developing the evaluation model because we found limited descriptions of the process in the literature. The evaluation process itself will be evaluated on an ongoing basis to determine if it is capturing the evaluation needs of the clinic project accurately.

HIV AND HEPATITIS

Title: Prevalence of Human Immunodeficiency Virus, Hepatitis B, and Hepatitis C Among Homeless Persons With Co-Occurring Severe Mental Illness and Substance Use Disorders

Authors: Klinkenberg WD; Caslyn RJ; Morse GA; Yonker RD; McCudden S; Ketema F; Constantine NT

Source: Comprehensive Psychiatry, 44(4):293-302, Jul-Aug 2003.

Summary: This study was undertaken to determine the prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) among homeless persons with co-occurring severe mental illness (SMI) and substance use disorders and to determine associated risk factors. As part of a longitudinal study of the effectiveness of integrated treatment for homeless persons with SMI and substance abuse or dependence, serological testing was performed to ascertain the

prevalence of HIV, HBV, and HCV. At baseline, 6.2% of participants were HIV-positive. Nearly one third of participants had evidence of prior exposure to HBV, and 30% were antibody positive for HCV. About 44% of participants had a reactive test for either HBV or HCV. Having a reactive test was strongly associated with substance use, especially with a history of injection drug use. A significant threat exists to the health and well-being of homeless person with SMI due to high prevalence of blood-borne pathogens. Mental health providers need to play a proactive role in the identification of health-related needs and to assist with access to general health services for persons with SMI.

Title: Prevalence of Hepatitis C Virus Infection in a Sample of Homeless Veterans

Authors: Desai RA; Rosenheck RA; Agnello V

Source: Social Psychiatry and Psychiatric Epidemiology, 38(7):396-401, Jul 2003

Summary: This study measures the prevalence of Hepatitis C Virus (HCV) infection in a sample of homeless veterans treated in a Domiciliary Care for Homeless Veterans (DCHV) program in Massachusetts. We also examine risk factors and correlates for HCV infection, including substance abuse and service in Vietnam. Patients admitted to the DCHV program over a 5-year period were systematically tested for HCV infection. Blood test data were merged with standardized data collection forms to assess socio-demographic characteristics, military history, and medical and psychiatric history. The overall prevalence rate of HCV infection was 44.02%, a rate more than ten times higher than the national rate for men age 20-59 and more than twice as high as other VA patient samples. Adjusting for age, significant risk factors in this sample included a history of substance abuse and service during the Vietnam era. Comparisons of the tested sample with other homeless veterans treated in 34 similar programs nationally indicated that this sample did not significantly differ from other treated homeless veterans with respect to demographics or HCV risk factors. We found a high prevalence of HCV infection in this population that is not likely to be geographically unique, and may indicate particularly high risk for homeless men. Substance abuse is the most important risk factor, and we hypothesize that the effect of Vietnam-era service is a proxy for unreported drug use. We advise an increase in screening and education for all homeless populations, particularly those with a history of injection drug use. Public

administration of a targeted vaccination, education and liaison programme. Ninety cases of HAV were reported in the first 6 months of 2000, of whom a substantial number were IDUs and/or inner-city hostel residents. In the second 6 months of 2000, following the introduction of a vaccination programme among homeless people, hostel residents, and IDUs, the number of HAV cases fell to 33. Sixteen patients had evidence of HCV co-infection. No patient had chronic HBV infection. Two patients died as a result of HAV, and two subsequently died from drug misuse. Fifty-six per cent of HCV-co-infected patients required admission to hospital compared with 28% non-HCV-co-infected patients. This is the first reported successful use of vaccination to control an outbreak of HAV in a population of IDUs and to prevent transmission to the wider population. HCV co-infection appears to increase the severity of HAV illness, as demonstrated by increased incidence of hospital admission.

CHILDREN

Title: Homeless Children: Needs and Services

Authors: Hicks-Coolick A; Burnside-Eaton P; Peters A

Source: Child and Youth Care Forum. Special Issue: Children and Homelessness, 32(4):197-210, Aug 2003.

Summary: This study explored needs of homeless children and shelter services available to them. The first phase of this mixed-method study consisted of open-ended interviews of key personnel in six diverse homeless shelters in metropolitan Atlanta, Georgia. This qualitative data gave direction to the creation of a questionnaire used in a larger follow-up survey of shelters in the state of Georgia. Roughly two-thirds of the 102 reporting shelters that served children provided food, clothing, and school supplies with 40% offering some form of transportation. More than 75% of the shelters were full and did not have space currently available for children, with an additional 10% having only one or two available beds. Most of the shelters lacked important services in the areas of medical and developmental assessments, access to education, childcare, and parent training. Forty-seven percent lacked onsite worker training in the characteristics and needs of homeless children. In addition, while the McKinney Act legally mandates ways to serve homeless children, findings indicate that over half of key informants in homeless shelters were unfamiliar with the law.

Title: Evaluation of an Intervention for Children Experiencing Homelessness

Authors: Nabors L; Sumajin I; Zins J; Rofey D; Berberich D; Brown S; Weist M

Source: Child and Youth Care Forum. Special Issue: Children and Homelessness, 32(4):211-27. Aug 2003.

Summary: This study evaluated a two-part intervention provided during a summer program for children experiencing homelessness. First, teachers and the mental health team implemented a behavior management system to reinforce positive classroom behaviors. Second, a team of undergraduate and graduate students delivered mental health promotion services during classroom and small group activities. Mothers' and teachers' ratings indicated that the children's emotional and behavioral functioning was within normal limits and did not

change over the course of the program. Mothers reported higher than normal levels of family distress. Lower school achievement was related to poor behavioral and emotional functioning and attrition. Strategies to ensure that "low achievers" and children with behavior problems do not drop out of summer programs need to be developed; shelters or schools may be optimal settings for providing family-focused interventions for this population.

Title: Drift as Adaptation: Foster Care and Homeless Careers

Author: Penzerro RM

Source: Child and Youth Care Forum. Special Issue: Children and Homelessness, 32(4):229-44, Aug 2003.

Summary: Tension between policies mandating permanency planning and those requiring treatment in the least restrictive setting leaves many children labeled seriously emotionally disturbed, drifting through placements. An ethnographic study of boys in a residential treatment center in Central Texas suggests that the overrepresentation of former out-of-home care youth among the long-term homeless population may be viewed as the continuation into adulthood of a pattern of drift that began earlier while in out-of-home care. A close-up view of 12 residents of a residential treatment center suggests that forces of drift are more powerful than caseworkers and youth. Implications for policy and practice aimed at breaking the pattern are discussed.

YOUTH AND ADOLESCENTS

Title: A Theory of Taking Care of Oneself Grounded in Experiences of Homeless Youth

Author: Rew L

Source: Nursing Research, 52(4):234-241, Jul-Aug 2003.

Summary: Homeless adolescents are vulnerable to poor health outcomes owing to the dangerous and stressful environments in which they live. Despite their vulnerability, many of them are motivated to engage in self-care behaviors. The specific aim of this study was to explore self-care attitudes and behaviors of homeless adolescents. Individual interviews were conducted with 15 homeless adolescents. Interviews were audio-taped, transcribed verbatim, and analyzed using the constant comparative method of grounded theory. Findings revealed a basic social process of taking care of oneself in a high-risk environment. This basic social process was supported by three categories: Becoming Aware of Oneself, Staying Alive With Limited Resources, and Handling One's Own Health, each including two processes. Findings support Orem's conceptualizations of self-care and self-care agency and suggest the need for programs to support further healthy growth and development among homeless adolescents.

Title: Examining Risk Factors Associated With Family Reunification For Runaway Youth: Does Ethnicity Matter?

Authors: Thompson SJ; Kost KA; Pollio DE

Source: Family Relations, 52(3):296-304, Jul 2003.

Summary: This study investigated the likelihood of family reunification across ethnic groups of 14,419 youth using runaway, shelter services nationwide. Among White, African American, Hispanic, Native American, and Asian ethnic groups, youths who reported abuse or neglect by their parental figures or

had parent(s) who were unemployed were less likely to reunify following a runaway episode. However, completing youth shelter services markedly increased the likelihood of reunification. Implications for cultural sensitivity in service delivery, particularly regarding family issues, are discussed.

Title: Factors in the Psychological Adjustment of Homeless Adolescent Males: The Role of Coping Style

Authors: Votta E; Manion IG

Source: Journal of the American Academy of Child and Adolescent Psychiatry, 42(7):778-85, Jul 2003.

Summary: This cross-sectional study explored differences in and the association of self-reported coping style, negative life events, self-esteem, and perceived social support with the psychological adjustment (i.e., depressive symptoms, internalizing and externalizing behavior problems) of homeless and nonhomeless adolescent males. Data were collected from 100 youths accessing an emergency shelter and two comparison groups of nonhomeless youths: 70 youths accessing local community drop-in centers and 54 high school youths who had never accessed a shelter or drop-in. Data were collected from January 2000 to January 2001 in Ottawa. Homeless youths reported a higher prevalence of family dysfunction, school difficulties, suicide attempts, legal problems, and substance use than nonhomeless youths. Homeless youths differed from nonhomeless youths for each outcome measure, reporting a greater use of the disengagement coping style, higher negative life events index, less perceived parental support, and higher levels of depressive symptoms and internalizing and externalizing behavior problems. Hierarchical regression analyses indicated that disengagement coping and self-worth accounted for significant amounts of variance in depressive symptomatology, and both internalizing and externalizing behavior problems in homeless youths. Findings reflect the merit of considering coping style as a factor in the prevalence of psychological maladjustment among homeless youths.

Title: Street Youth: Coping and Interventions

Author: Kidd SA

Source: Child and Adolescent Social Work Journal, 20(4): 235-61, Aug 2003.

Summary: A literature review of research into interventions among street youth is presented along with the results of a qualitative analysis of interviews with 80 street youth on the topic of coping. Themes arising from the qualitative analysis include street youths' negative and positive experiences with social support; and attitudes and beliefs such as self-worth, decreased reactivity to other's opinions, hope for the future, pride in self-reliance, anger/non-conformity, and spirituality. Recommendations of this study include the need for outcome research and programme evaluation, inclusion of sociocultural factors as variables, and accessing the experiences of street youth.

WOMEN

Title: Overrepresentation of Women Veterans Among Homeless Women

Authors: Gamache G; Rosenheck R; Tessler R

Source: American Journal of Public Health, 93(7):1132-1136, Jul 2003.

Summary: This study estimated the proportion of veterans among homeless women and their risk of homelessness relative to that of nonveterans. Data came from 2 surveys of homeless women (1 clinical and 1 nonclinical) and 1 survey of domiciled women. The proportion of veterans (4.4%, 3.1%) among homeless women was greater than the proportion among domiciled women (1.3%, 1.2%). When we computed odds ratios for being a veteran among homeless women compared with nonhomeless women, homeless women were significantly more likely than nonhomeless women to be veterans. Women veterans are at greater risk for homelessness than are nonveterans. Further study is needed to determine whether increased risks for veterans are a product of military service or reflect volunteers' self-selection into the armed forces.

Title: Meeting the Health Care Needs of Female Crack Users: A Canadian Example

Authors: Butters J; Erickson PG

Source: Women and Health, 37(3):1-17, 2003.

Summary: Canada is an egalitarian society committed to accessible and comprehensive health care. Although there has been a tendency to assume that its various social welfare programs have improved health conditions for lower income citizens, Canada's record in ensuring health equality remains poorer than expected. The Canadian Health Act stipulates that all residents of Canada are to have access to medically necessary hospital and physician services based on need and not the ability to pay. However, for marginalized groups such as drug users and the homeless, structural barriers to better health remain. This paper examines the health care needs and experiences of 30 women who were heavily involved in the street life of crack and prostitution in Toronto. Through their ready access to local drop-in clinics and nearby hospitals, the women reported generally-positive experiences with the health care system. The study concludes that the women experienced many of the health problems that typify homeless, poorly housed and economically marginalized groups. Both positive and negative experiences with the health care system, and structural barriers that hamper its full utilization, are identified.

MIGRANCY

Title: Associations Between Migrancy, Health and Homelessness: A Cross-Sectional Study

Authors: Tompkins CNE; Wright NMJ; Sheard L; Allgar VL

Source: Health and Social Care in the Community, 11(5):446-52, Sep 2003.

Summary: There is limited awareness of the link between differing health problems and migrancy of homeless people. The present cross-sectional study sought to quantify the extent of migrancy of homeless people from their place of birth (PLOB) and evaluate whether a history of problematic drug use, alcohol

misuse or enduring mental health problems were associated with migrancy from their PLOB. The work was conducted at an inner-city health centre for the homeless in the north of England. Place of birth was created as an entry on the computerised registration records. The PLOB was collected and recorded for each homeless person registering with the service over the study period. Information was also extracted regarding diagnoses of problematic illicit drug use, problematic alcohol use and enduring mental health problems for each homeless person. The study identified statistically significant differences for the migration of homeless people from their PLOB for age, problematic drug use and problematic alcohol use. Problematic alcohol use is independently associated with an increased likelihood of migration from the PLOB. Conversely, a history of illicit drug use is associated with a reduced possibility of migration from the PLOB when accessing primary healthcare services. There was no significant difference for migration from the PLOB for mental health. Not all homeless people migrate from their PLOB and health problems of drug use, mental health or alcohol use are independently associated with different patterns of migration. Understanding the migrancy of homeless people is important when planning and targeting appropriate health and social services to address their varying health, social and psychological needs.

FAITH-BASED SERVICES

***Title:* Use of Faith-Based Social Service Providers in a Representative Sample of Urban Homeless Women**

Authors: Heslin KC; Andersen RM; Gelberg L

Source: Journal of Urban Health-Bulletin of the New York Academy of Medicine, 80(3):371-382, Sep 2003.

Summary: There are few quantitative studies on the characteristics of homeless persons who use faith-based social service providers. To help address the lack of information in this area, we analyzed survey data on 974 participants in the University of California at Los Angeles (UCLA) Homeless Women's Health Study, a representative sample of homeless women at shelters and meal programs in Los Angeles County. The primary objective of this analysis was to estimate the association of religious affiliation, race/ethnicity, income, and other client characteristics with the use of faith-based programs. In interviews at 78 homeless shelters and meal programs, study respondents provided information about their religious affiliation and other social and demographic characteristics. The names of the organizations were examined, and those with names that referenced specific religions or contained words connoting religiosity were designated as "faith based." At the time they were selected for study participation, 52% of respondents were using the services of faith-based providers. In multivariate logistic regression analysis, lower odds of using these providers were estimated for participants with no religious affiliation (compared with Christian respondents) and for African Americans and Latinas (compared with whites). There is evidence of systematic differences between the clients of faith-based and secular social service providers. The benefits of increased funding through a federal faith-based policy initiative

may accrue primarily to subgroups of clients already using faith-based programs.

CLIENT CHOICE OF TREATMENT

***Title:* Client Choice of Treatment and Client Outcomes**

Authors: Calsyn RJ; Morse GA; Yonker RD; Winter JP; Pierce KJ; Taylor MJ

Source: Journal of Community Psychology, 31(4):339-348, Jul 2003.

Summary: Participants in this study suffered from severe mental illness and were homeless at baseline. They were given their choice of five different treatment programs. The current study investigated two major questions: (1) what is the impact of positive expectancies about the efficacy of the chosen program on number of contacts with the chosen program and client outcomes; and (2) what is the impact of positive views about nonchosen programs (alternative choice variables) on contact with the chosen program and client outcomes. Client outcomes assessed were psychotic symptoms, days homeless, and client satisfaction. Positive expectancy variables were the number of reasons for choosing a program and confidence that the program would help. Alternative choice variables were the number of nonchosen programs visited and the attractiveness of a nonchosen program. Only the number of reasons for choosing the program was significantly related to program contact with the chosen program. Both of the positive expectancy variables and program contact were significantly correlated with consumer satisfaction. In general, neither the positive expectancy variables nor the alternative choice variables predicted changes in psychotic symptoms nor days homeless.

DRUG AND ALCOHOL USE

***Title:* Drug and Alcohol Use and the Link With Homelessness: Results From a Survey of Homeless People in London**

Authors: Fountain J; Howes S; Marsden J; Taylor C; Strang J

Source: Addiction Research and Theory, 11(4):245-56, Aug 2003.

Summary: A community survey using a structured questionnaire was used with 389 homeless people currently or recently sleeping rough (on the streets) in London. Data were collected on respondents' histories of homelessness and of substance use, and dependence on the main substance used in the last month was measured. In the month before the interview, 83% of the sample had used a drug, 36% were dependent on heroin and 25% on alcohol. Sixty-three percent reported that their drug or alcohol use was one of the reasons they first became homeless, but the majority had used at least one additional drug since then. Overall, drug and alcohol use, injecting, daily use and dependency increased the longer the respondents had been homeless. A clear link exists between substance use and homelessness: initiatives to tackle homelessness must simultaneously tackle the drug use of homeless people.