

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 October-December 2001. Summaries are categorized into themes which will vary each quarter.

RESEARCH GOALS AND ETHICS

Title: Feminist and Community Psychology Ethics in Research with Homeless Women

Author: Paradis EK

Source: American JI of Community Psychology, 28(6):839-58, Dec 2000.

Summary: This paper presents a feminist and community psychology analysis of ethical concerns that can arise throughout the process of doing research with women who are homeless. The unique contexts of the lives of women who are homeless demand that researchers redefine traditional ethical constructs such as consent, privacy, harm, and bias. Research that fails to do this may perpetuate the stereotyping, marginalization, stigmatization, and victimization homeless women face. Feminist and community research ethics must go beyond the avoidance of harm to an active investment in the well-being of marginalized individuals and communities. Using feminist and community psychology ethics, this paper addresses some common problems in research with women who are homeless, and argues for the transformation of research from a tool for the advancement of science into a strategy for the empowerment of homeless women and their communities.

Title: Medicalizing Homelessness: The Production Of Self-Blame And Self-Governing Within Homeless Shelters

Author: Lyon-Callo V

Source: Medical Anthropology Quarterly, 14(3):328-45, Sep 2000.

Summary: This article draws upon three years of ethnographic research within an emergency homeless shelter in Massachusetts to explore the subject-making effects of routine shelter helping

practices. A medicalized discourse of deviancy is uncovered that provides the dominant conceptual framework within which both concerned homeless people and shelter staff remain enmeshed. As a result, helping practices focus on detecting, diagnosing, and treating understood deviancy within the bodies or selves of homeless people. The dominant discursive practices produce homeless subjects who learn to look within their selves for the "cause" of their homelessness. Treatment focuses on reforming and governing the self. Alternative discourses suggesting the need for practices challenging broader political economic processes are thus marginalized as peripheral and unreasonable.

RURAL HOMELESS

Title: Health Status and Resources of Rural Homeless Women and Children (Iowa Homeless Research Team)

Authors: Craft-Rosenberg M; Powell SR; Culp K

Source: Western JI of Nursing Research, 22(8):863-78, Dec 2000.

Summary: The purpose of this research is to describe the health status and health resources for homeless women and children in a Midwestern rural community. A group of 31 rural homeless women in a shelter participated in the study by answering questions on the Rural Homeless Interview developed by the investigators. The findings revealed higher than expected rates of illness, accidents, and adverse life events, with the incidence of substance abuse and mental illness being comparable to data from other homeless populations. The data on children were limited by lack of knowledge on the part of their mothers. Some mothers reported that their children were in foster care, had been adopted, or were being cared for by others. The inability to access health and dental care was reported by half of the participants.

SOCIAL SUPPORT

Title: Type of Social Support Among Homeless Women: Its Impact on Psychosocial Resources, Health and Health Behaviors, and Use of Health Services

Authors: Nyamathi A; Leake B; Keenan C; Gelberg L

Source: Nursing Research, 49(6):318-26, Nov-Dec 2000.

Summary: Information about whether specific types of support are associated with poor psychosocial profiles, health behaviors, and positive use of medical care is critical for identifying

homeless women at highest risk for negative outcomes. This study aimed to examine the impact that various levels of support from substance users and nonusers have on homeless women's psychosocial profiles, health and health behaviors, and use of health services. This cross-sectional survey used a sample of 1,302 sheltered homeless women. Using controls for potential confounders, outcomes were compared across four mutually exclusive subgroups of women reporting support from substance users only (n = 58), substance nonusers only (n = 439), both users and nonusers (n = 136), and no one (n = 669). Structured and psychometrically sound instruments measured social support, substance use, self-esteem, coping, and psychological symptoms. Additional instruments measured sociodemographic characteristics, sexual risk behavior, health status, and use of health services. As compared with those who have little or no support, women whose support included substance nonusers reported better psychosocial profiles and somewhat greater use of health services. Support from substance nonusers only was associated with better health behaviors and greater use of health services. Support from substance users only was essentially equivalent to not having support. Modifying the social networks of homeless women appears to be associated with improved mental health outcomes, less risky health behaviors, and greater use of health services.

SPIRITUAL HEALTH

Title: The Role of an Espiritista in the Treatment of a Homeless, Mentally Ill Hispanic Man

Authors: Tsemberis S; Stefancic A

Source: Psychiatric Services, 51(12):1572-4, Dec 2000.

Summary: This paper presents a case study from an emergency psychiatric outreach team that serves homeless and mentally ill persons in New York City. Mr. V was homeless and believed that he was possessed by evil spirits who were causing his physical and mental problems. He was hospitalized involuntarily twice for medical reasons, but he refused to cooperate in his treatment and returned to the streets after his first hospitalization. After one visit by a spiritual healer during his second hospitalization, Mr. V began to participate in his treatment. He was discharged to a nursing home, and after three years he had not returned to the streets.

Title: Evaluating the Spiritual Perspectives of Homeless Men in Recovery

Authors: Brush BL; McGee EM

Source: Applied Nursing Research, 13(4):181-6, Nov 2000.

Summary: The purpose of this study was to describe the self-reported spiritual perspectives of 100 homeless male residents living in a communal shelter. The residents, in recovery from substance addiction, were asked to complete Reed's 10-item Spiritual Perspective Scale (SPS) as part of their initial health database. Their responses were described within the context of their participation in 12-Step recovery programs, demographic characteristics, and perceived health status. Findings suggest that spirituality is an important health component for this population.

ORAL HEALTH

Title: The Dental Needs, Demands and Attitudes of a Group of Homeless People with Mental Health Problems

Authors: Waplington J; Morris J; Bradnock G

Source: Community Dental Health, 17(3):134-7, Sep 2000.

Summary: This study investigated the dental needs, demands and attitudes of a group of homeless people living in a hostel in Birmingham, many of whom had mental health problems. Seventy subjects underwent a dental examination. The clinical criteria for the examination were especially selected to be simple and cause minimal discomfort to the subject, but be reproducible and cover the wide range of conditions expected to be found. Five of the subjects were selected to take part in semi structured interviews. Thirty-one per cent of the subjects were found to be edentulous, with only 32% wearing dentures. The dentate subjects had a mean DMFT (+/-SE) of 15.9 (+/-7.8). High levels of dental need were found amongst the dentate subjects who had an average of 3.6 (+/-3.9) decayed teeth and 54% had one or more teeth with obvious pulpal involvement. Eighty-five per cent of the dentate subjects had some dental wear leading to exposed dentine. The periodontal condition was generally poor, 50% of dentate subjects having excessively mobile teeth. The interviews revealed a low level of perceived need and indicated that difficulties would be encountered in tailoring services to meet this client group's requirements. High levels of normative need were found in this group of people, however it was concluded that providing dental services to meet this need would prove difficult.

MENTAL ILLNESS

Title: Mental Illness, Criminality, And Citizenship

Authors: Rowe M; Baranoski M

Source: JI of the American Academy of Psychiatry & the Law, 28(3):262-4, 2000.

Summary: Recent efforts to address the needs of mentally ill persons arrested for minor crimes have focused on providing treatment and controlling petty criminal behavior, most notably through diversion programs that shunt offenders from the criminal justice to the mental health and substance abuse treatment systems. Often times, persons with mental illness who are arrested for petty crimes see themselves as needing to make a contribution to society; however, neither the criminal justice nor the behavioral treatment systems had such an expectation of them. Diversion programs often recognize that individuals with mental illness run afoul of the law, not out of mens rea but out of difficulty negotiating an acceptable niche for themselves in society and adopting the behaviors associated with that niche. Based on their work with mentally ill homeless persons, the authors propose the framework of citizenship for efforts geared toward the community integration of persons with mental illness who are, or are at risk of becoming, involved with the criminal justice system. The citizenship model provides a conceptual framework for practical initiatives that involve giving the mentally ill, with no current avenues for community membership, an opportunity to take on productive roles in society.

Title: Pathways to Homelessness Among the Mentally Ill

Authors: Sullivan G; Burnam A; Koegel P

Source: Social Psychiatry & Psychiatric Epidemiology, 35(10):444-50, Oct 2000.

Summary: Persons with mental illness are over-represented among the homeless relative to the general population, and mental illness is most likely one of many vulnerabilities that confer risk for homelessness. This paper elucidates the pathways to homelessness for persons with mental illness by comparing and contrasting groups of mentally ill homeless persons, non-mentally ill homeless persons, and housed mentally ill persons drawn from RAND's Course of Homelessness (COH) study and the Epidemiological Catchment Area (ECA) survey. Homeless persons share childhood histories of economic and social disadvantage. The mentally ill homeless appear to have a "double dose" of disadvantage - poverty with the addition of childhood family instability and violence. Among the mentally ill homeless, those who became homeless prior to becoming mentally ill have the highest levels of disadvantage and disruption; while those who become homeless after becoming ill have an especially high prevalence of alcohol dependence. Mental illness may play a role in initiating homelessness for some, but is unlikely in and of itself to be a sufficient risk factor for homelessness. In addition to outreach and treatment programs for adult mentally ill homeless persons, emphasis should be placed on interventions with children and on addressing more pervasive causes of homelessness.

Title: Client-Case Manager Racial Matching In A Program For Homeless Persons With Serious Mental Illness

Authors: Chinman MJ; Rosenheck RA; Lam JA

Source: Psychiatric Services, 51(10):1265-72, Oct 2000.

Summary: This study evaluated the relationship between client-case manager racial matching and both service use and clinical outcomes in a case management program for homeless persons with serious mental illness. The study focused on 1,785 clients from the first cohorts that entered the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program, a five-year demonstration program for homeless persons with mental illness established at 18 sites between 1994 and 1996. A series of two-way analyses of variance was used to assess the effect of client and case manager race and their interaction on changes in outcomes and service use over a 12-month period. Although African Americans had more severe problems on several measures and higher levels of service use at baseline, no differences in service use at 12 months or in the changes in client outcomes as measured by nine variables were associated with the different pairings of African-American and white clients and case managers. White clients had a greater reduction in psychotic symptoms than did African-American clients, regardless of client- case manager racial pairing. No differences were found between white and African-American clients on the amount of services received over time. This study found virtually no evidence of a relationship between client race, case manager race, or client-case manager racial matching on either outcomes or service use.

SUBSTANCE ABUSE**Title: Linking Practice and Science in the Substance Abuse Treatment of Homeless Persons**

Authors: Schumacher JE; Milby JB; Engle M; Raczynski J; Michael M

Source: JI of Applied Behavioral Science, 36(3):297-313, Sep 2000.

Summary: Describes the Homeless I Project. It is suggested that this project represents the successful linking of practice and science in the development, delivery, and evaluation of innovative interventions for substance abuse and homelessness in a community-based setting. The authors contend that several positive outcomes resulted from the collaboration between university investigators and providers of health care for the homeless. These included a productive research and service delivery collaboration, important project and community linkages, national research and service delivery linkages, service enhancements for homeless persons with substance abuse problems, development of an innovative abstinent-contingent work therapy and housing program, significant client participation rates, effective dissemination of method and results, and continued practice and research. Obstacles and solutions related to integrating science and practice, overcoming community resistance, and maintaining linkages are presented. Suggested applications for linking science and practice are offered.

HOMELESS YOUTH**Title: Homeless and Runaway Youths' Access to Health Care**

Authors: Klein JD; Woods AH; Wilson KM; Prospero M; Greene J; Ringwalt C

Source: JI of Adolescent Health, 27(5):331-9, Nov 2000.

Summary: This study describes use of health services and self-reported access to regular and emergency care by homeless adolescents and street youth. Interviewer-administered surveys addressed use of health services, availability of sources of care for emergencies, and types of care sources used. An abbreviated version of the questionnaire used for youth in shelters was used for street youth. A nationally representative sample of 640 sheltered youth and a purposive sample of 600 street youth aged 12-21 years were interviewed. All data were collected in 1992. Half of street youth and 36% of sheltered youth did not have a regular source of health care. One-fourth of street youth and 18% of sheltered youth also reported serious health problems within the past year. Street youth were more likely than sheltered youth to have used emergency treatment and alcohol- or drug-related emergency treatment. Sheltered youth with a regular source of care were more likely to use nonemergency sites than those without a source of primary care. Few sheltered or street youth perceived shelter clinics, clinics for runaway youth, or free youth clinics to be available to meet their emergency care needs. Significant numbers of homeless youth did not have a regular source of health care. Those who had a regular source of care were more likely to have continuity between routine and emergency care. Integration of health services with other agencies serving youth in shelters or on the street may improve

access to care for those without a routine source of care and provide better continuity for these high-risk youth.

HOMELESS VETERANS

Title: Outcomes After Initial Receipt of Social Security Benefits Among Homeless Veterans with Mental Illness

Authors: Rosenheck RA; Dausey DJ; Frisman L; Kaspro W

Source: Psychiatric Services, 51(12):1549-54, Dec 2000.

Summary: This study examined the relationship between receiving disability payments and changes in health status, community adjustment, and subjective quality of life. The study evaluated outcomes among homeless mentally ill veterans who applied for Social Security Disability Insurance or Supplemental Security Income through a special outreach program. Veterans who were awarded benefits were compared with those who were denied benefits; their sociodemographic characteristics, clinical status, and social adjustment were evaluated just before receiving the initial award decision and again three months later. Beneficiaries (N=50) did not differ from those who were denied benefits (N=123) on any baseline sociodemographic or clinical characteristics. However, beneficiaries were more willing to delay gratification, as reflected in scores on a time preference measure. Three months after the initial decision, beneficiaries had significantly higher total incomes and reported a higher quality of life. They spent more on housing, food, clothing, transportation, and tobacco products but not on alcohol or illegal drugs. No differences were found between groups on standardized measures of psychiatric status or substance abuse. Receipt of disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use.

TUBERCULOSIS (ONGOING RESEARCH)

Title: Tuberculosis Ultraviolet Shelter Study

Source: Saint Vincents Catholic Medical Centers of New York - Proposal for the Charles E. Culpeper Biomedical Pilot Initiative

Summary: We are conducting the Tuberculosis Ultraviolet Shelter Study (TUSS) to prevent the spread of infection among those most easily exposed to TB by cleansing the air of TB bacteria through ultraviolet germicidal irradiation (UVGI) in conjunction with proper ventilation. Ultraviolet irradiation (UV) kills infectious organisms, including tubercle bacilli. The Tuberculosis Ultraviolet Shelter Study (TUSS) is the first real world study of ultraviolet germicidal irradiation (UVGI) efficacy against the spread of tuberculosis (TB). Although TB case rates have fallen in the United States during the last 5 years, they remain a concern in significant portions of the population. Our own studies in New York City at 7 large shelters where we work reveal that TB skin test positivity rates among homeless persons are greater than 40% compared to a rate of 4% in the overall U.S. population. This last point reveals the increased risk that those working with the homeless face, including shelter staff, physicians, nurses, social workers and their families. After infection with drug resistant TB, despite long and arduous treatment, a significant percentage of infected individuals have died within the last several years. Persons with impaired

immunity, such as those infected with the human immunodeficiency virus, are especially at risk. We are conducting a double blind crossover placebo controlled trial utilizing real UV germicidal irradiation (254 nm UV-C) and placebo (non-germicidal) irradiation produced when placebo bulbs with standard glass rather than quartz glass are installed in the same special UV light fixtures during alternate time periods. The project will take place in 6 United States cities. Tuberculin skin-test conversion rates of consenting homeless persons and shelter staff during placebo and real UV periods are the prime study parameters. If UV efficacy is established there will be great benefit from the wide-scale application of this inexpensive, preventative technology, both in this country and the 3rd World.

MISCELLANEOUS

Title: The Effects Of Clinical Case Management On Hospital Service Use Among ED Frequent Users

Authors: Okin RL; Boccellari A; Azocar F; Shumway M; O'Brien K; Gelb A; Kohn M; Harding P; Wachsmuth C

Source: American JI of Emergency Medicine, 18(5):603-8, Sep 2000.

Summary: This study examined the impact of case management on hospital service use, hospital costs, homelessness, substance abuse, and psychosocial problems in frequent users of a public urban emergency department (ED). Subjects were 53 patients who used the ED five times or more in 12 months. Utilization, cost, and psychosocial variables were compared 12 months before and after the intervention. The median number of ED visits decreased from 15 to 9, median ED costs decreased from \$4,124 to \$2,195 and median medical inpatient costs decreased from \$8,330 to \$2,786. Homelessness decreased by 57%, alcohol use by 22% and drug use by 26%. Linkage to primary care increased 74%. Fifty-four percent of medically indigent subjects obtained. There was a net cost savings, with each dollar invested in the program yielding a \$1.44 reduction in hospital costs. Thus, case management appears to be a cost-effective means of decreasing acute hospital service use and psychosocial problems among frequent ED users.

Title: Spying on an Eyesore: Space, Place, and Urban Decay

Authors: Draus P; Howard C

Source: Research in Urban Sociology, 5:59-79, 2000.

Summary: Presents musings from a personal journal kept while employed as a health outreach worker in inner-city Chicago, IL, along with photographs of urban spaces taken by a homeless man & his descriptions of the events of everyday life depicted in the snapshots. The man's poignant explanations of the drab city scenes demonstrate that what appears to be a debris-filled empty lot to an outsider might be a meaningful space to others. It is clear that, although the people who live in this section of inner Chicago would like a better neighborhood, they understand that any improvement projects would involve getting rid of them because city poverty programs often simply relocate the poor from one area to another. The health problems, subsistence labor, & constant threat of violence that are an intimate part of street life are explored, along with interactions among residents, & the overriding perception that "people have stopped caring."