

# 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 2001. Summaries are categorized into themes which will vary each quarter.

### HOMELESS YOUTH AND ADOLESCENTS

#### **Title: Sexual Abuse, Alcohol And Other Drug Use, And Suicidal Behaviors In Homeless Adolescents**

**Authors:** Rew L; Taylor-Seehafer M; Fitzgerald ML

**Source:** Issues in Comprehensive Pediatric Nursing, 24(4):225-40, Oct-Dec, 2001.

**Summary:** Previous research has shown that homeless youth have high rates of suicidal ideation, sexual abuse, and abuse of alcohol and other drugs. However, little is known about how these rates differ by gender and ethnicity. Our objective was to describe patterns of sexual abuse, alcohol and other drug use, and indicators of suicidal behaviors in homeless adolescents and to determine gender and ethnic differences in these factors. We used secondary data analysis of data from surveys completed by 96 homeless youth whose average age was 17.9 years. Over 60% of the sample reported a history of sexual abuse; the majority were under the age of 12 years when they first tried alcohol, marijuana, and cocaine; 56.3% had injected drugs, and 46.9% had tried inhalants. During the past 12 months, 35.1% had seriously considered suicide and 12.3% had actually attempted suicide at least once. Significantly more Hispanics than Whites had considered suicide. A disproportionate number of Hispanics (95% of the sample) reported a history of sexual abuse. Participants with a history of sexual abuse were significantly more likely than those who did not have a history of sexual abuse to have used alcohol and/or marijuana and to have considered suicide in the past 12 months. We found that sexual abuse history is greater in this sample than in the general population and is particularly prevalent among Hispanic/Latino subjects. As in other studies, sexual abuse was more common among females than among males. High prevalence of sexual abuse, alcohol and

other drug use, and suicidal behaviors in this sample of homeless youth underscores the need to develop and test community-based interventions to improve their health status.

#### **Title: Substance Abuse and High-Risk Needle-Related Behaviors Among Homeless Youth in Minneapolis: Implications for Prevention**

**Authors:** Lifson AR; Halcon LL

**Source:** Journal of Urban Health, 78(4):690-98, Dec 2001.

**Summary:** Homeless and runaway youth face a variety of health risks, including those related to substance abuse and use of unsterile needles. During 1998-1999, we recruited 201 Minneapolis homeless youths aged 15-22 years; these youths were interviewed by experienced street outreach workers from settings where street youth were known to congregate. Respondents spent a median of 6 months in the previous year living on the streets or "couch hopping." There were 37% who reported having 15 or more alcoholic drinks per week, 41% smoked 1 pack or more of cigarettes per day, and 37% used marijuana 3 or more times a week; 15% reported lifetime injection drug use, including 6% who used injection drugs within the previous month. Twenty percent had received a tattoo, and 18% body piercing with a needle that had not been sterilized or had been used by someone else. There were 68% who had been tested for human immunodeficiency virus (HIV), 52% for hepatitis B, and 25% for hepatitis C. There were 44% who said they did not have enough information about hepatitis B and C. Less than half (43%) received hepatitis B vaccine; however, 51% of unvaccinated youths indicated that they would receive vaccination if offered. These Midwestern homeless youths face multiple health risks, including those related to substance use and exposure to unsterile needles. Despite unsafe behaviors, many of these youths were interested in methods to protect their health, including education, knowing their HIV or viral hepatitis serostatus, and obtaining hepatitis B immunization.

### HIV

#### **Title: Assessing The Differential Impact Of An Hiv Prevention Intervention: Who's Putting The Message Into Practice?**

**Authors:** Warner BD; Leukefeld CG

**Source:** AIDS Education Prevention, 13(6):479-94, Dec 2001.

**Summary:** Recent data suggest that educational interventions aimed at reducing HIV risk behaviors have shown some success. Nonetheless, HIV risk behaviors are not always reduced by interventions and probably do not reduce risk behavior randomly. That is, the success of interventions may be related to participant characteristics. Identifying participant characteristics related to both intervention completion and reduction in risk behaviors may be useful for further developing explanatory models of health behavior and for targeting and customizing interventions. In this study differences between participants who completed an AIDS educational intervention (N = 741) and those who did not complete the intervention are first examined (N = 652) and then variables related to reducing drug and sexual risk behaviors among those who completed the intervention and follow-up interviews are examined. Results show that the majority of respondents report decreasing five out of six risk behaviors, with the smallest percentage (48.8%) decreasing rates of unprotected sex and the largest percentage (83.4%) decreasing frequency of drug injection. Different variables were found to be related to changes in the various risk behaviors. However, some relatively consistent results emerge. For all risk variables, the frequency of the specific behavior at baseline predicted the amount of change in that behavior, with those having higher levels of risk behaviors reducing their behavior the most. Positive HIV test results significantly decreased three of the four sexual risk behaviors examined, and living in a very rural area was found to be significantly related to three of the six risk behaviors. However, perceived chance of getting AIDS did not significantly reduce any of the risk behaviors. Gender and education level were also not related to changes in any of the risk behaviors. Implications include the importance of developing approaches to retain higher proportions of younger participants, males and homeless in interventions. It is particularly important to develop specific approaches to retain women in interventions. Because very rural participants were more likely to decrease crack use and alcohol or drug use with sex, rural interventions should target these behaviors at the outset of the intervention.

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**Title: Correlates of HIV Risk In A Random Sample Of Street Youths In San Francisco**

**Authors:** Moon MW; Binson D; Page-Shafer K; Diaz R  
**Source:** Journal of the Association of Nurses in AIDS Care, 12(6):18-27, Nov-Dec 2001.

**Summary:** In a random sample of 203 street youths (aged 12-21 yrs old) recruited in the Haight-Ashbury neighborhood of San Francisco, the authors found significant differences between those who reported that they could go home if they wanted to compared to those who perceived that they could not go back home. Those who could not go home were significantly more likely to report having been away from home for more than 3 years, having run away before age 13, having been kicked out of their home, and not being in touch with their parents compared to the other group. Those who could not go home reported significantly more injection drug use, which puts them at high risk for HIV. Health care providers can identify street youths at highest risk by asking the question "Could you go back home

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**Title: Evaluating The Impact Of Peer, Nurse Case-Managed, And Standard HIV Risk-Reduction Programs On Psychosocial And Health-Promoting Behavioral Outcomes Among Homeless Women**

**Authors:** Nyamathi A; Flaskerud JH; Leake B; Dixon EL; Lu A  
**Source:** Research in Nursing and Health, 24(5):410-22, Oct 2001.

**Summary:** Investigators examined the 6-month impact of three cognitive-behavioral HIV risk-reduction programs on behavioral factors (substance use and sexual risk behaviors) and cognitive and psychological resources of 325 women who resided in emergency or sober-living shelters and their 308 intimate sexual partners. Participants were randomized by shelter to a peer-mentored, a nurse case-managed, or a standard care HIV risk-reduction program. Significant improvements were observed in all groups in all behavioral factors and cognitive and psychological resources except for self-esteem. Participants in the peer-mentored and nurse case-managed groups did not differ significantly from the standard group in self-esteem, life satisfaction, psychological well-being, use of noninjection drugs, sex with multiple partners, and unprotected sex at 6 months (n = 633). It was concluded that a standard approach by health care professionals appears to effectively modify HIV risk behaviors for a majority of homeless participants and may have important economic and policy implications. Further, the impact of short-term programs that address psychological vulnerabilities of impoverished populations needs to be studied further.

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**ASSERTIVE COMMUNITY TREATMENT**

**Title: Time-Limited Assertive Community Treatment For Homeless Persons With Severe Mental Illness**

**Authors:** Rosenheck RA; Dennis D  
**Source:** Archives of General Psychiatry, 58(11):1073-80, Nov 2001.

**Summary:** The assertive community treatment (ACT) model for people with severe mental illness was originally designed to be provided continuously without termination. This study evaluated postdischarge changes in health status and service use associated with the time-limited provision of ACT to homeless people with severe mental illness. Clients in the fourth annual cohort of the Access to Community Care and Effective Services and Supports (ACCESS) program (N= 1617) were assessed at entry into ACT and 3, 12, and 18 months later. Random effects models were used to compare outcomes and service use among clients who terminated ACT and clients who remained in ACT, controlling for potentially confounding factors. Altogether, of clients who participated in follow-up, 8.7% participated for less than 3 months; 40.6%, for 3 to 10 months; 15.3%, for 11-13 months; and 35.3%, for 14 months or more. Controlling for potentially confounding factors, mental health, substance abuse, and housing outcomes did not significantly differ between clients who had been discharged at the time of follow-up as compared with those who had not. Those who had been discharged had worked significantly more days than those who had not, and they reported significantly less outpatient health service use though there was no decline in hospital days or receipt of public support payments. Homeless clients who have severe mental illness can

be selectively discharged or transferred from ACT to other services without subsequent loss of gains in mental health status, substance abuse, housing, or employment.

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#### EMERGENCY DEPARTMENT USAGE

**Title: Repeated Use Of The Emergency Department: Qualitative Study Of The Patient's Perspective**

**Authors:** Olsson M; Hansagi H.

**Source:** Emergency Medicine Journal, 18(6):430-4, Nov 2001.

**Summary:** The objective of this study was to explore what lies behind repeated emergency department (ED) use, from the patients' own perspectives. This was a qualitative study based on in-depth interviews with frequent users of the ED at the Huddinge University Hospital, Sweden. Ten adult patients having visited the ED 6-17 times in the previous 12 months were interviewed. The personal meaning they attached to the symptoms and their encounters at the ED were inductively analysed, thereby relating patient behaviour to life conditions. The frequent ED visitors perceive pain or other symptoms as a threat to life or to personal autonomy. Irrespective of whether or not the patients relate their health problems to a traumatic event, overwhelming anxiety compels them to seek urgent help. Clear cut diagnoses are seldom mentioned. Although none of the patients is homeless or totally lacking in means, the narratives reveal struggles with adverse life circumstances and medical, psychological and/or social problems, including alcohol or other substance misuse. Occasional referrals from the ED to a psychiatrist seem not to lead to any continuous treatment or to a change in the patients' health seeking behaviour. Satisfaction with care becomes adversely affected when the patients perceive that the ED staff classifies their use of the ED as inappropriate or when their symptoms are belittled. From their own perspectives, frequent ED visitors are in need of urgent care. It is particularly important to these patients that the personal meaning they attach to their symptoms is attended to and respected by the ED staff.

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**Title: The Epidemiology Of The Homeless Population And Its Impact On An Urban Emergency Department**

**Authors:** D'Amore J; Hung O; Chiang W; Goldfrank L

**Source:** Academic Emergency Medicine, 8(11):1051-5, Nov 2001.

**Summary:** The aim of this study was to characterize the homeless adult population of an urban emergency department (ED) and study the medical, psychiatric, and social factors that contribute to homelessness. Methods included a prospective, case-control survey of all homeless adult patients presenting to an urban, tertiary care ED and a random set of non-homeless controls over an eight-week period during summer 1999. Research assistants administered a 50-item questionnaire and were trained in assessing dentition and triceps skin-fold thickness. Inclusion criteria: all homeless adults who consented to participate. Homelessness was defined as being any person not residing at a private address, group home, or drug treatment program. Randomly selected controls were concurrently enrolled with a 3:1 homeless: control rate. Exclusion criteria: critically ill, injured, or incapacitated patients, or patients <21 years of age. Univariate analysis with appropriate statistical tests was used.

The Mantel-Haenszel test was used to adjust for population differences. Two hundred fifty-two homeless subjects and 88 controls were enrolled. Data are presented for homeless vs control patients: mean age = 42 vs 48; male gender 95% vs 54%; history of tuberculosis 49% vs 15%; history of HIV infection 35% vs 13%; history of penetrating trauma 62% vs 16%; history of depression 70% vs 15%; history of schizophrenia 27% vs 7%; history of alcoholism 81% vs 15%; significant tooth loss (>3) 43% vs 18%; percentage of body fat 16.5% vs 19.7%; history of social isolation (no weekly social contacts) 81% vs 11%; mean number of ED visits/year 6.0 vs 1.6. In the study population homelessness was associated with a history of significantly higher rates of infectious disease, ethanol and substance use, psychiatric illness, social isolation, and rates of ED utilization.

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#### INJECTION DRUG USERS

**Title: Predictors And Prevention Of Nonfatal Overdose Among Street-Recruited Injection Heroin Users In The San Francisco Bay Area, 1998-1999**

**Authors:** Seal KH; Kral AH; Gee L; Moore LD; Bluthenthal RN; Lorvick J; Edlin BR

**Source:** American Journal of Public Health, 91(11):1842-6, Nov 2001.

**Summary:** This study sought to determine prevalence of and risk factors for nonfatal recent overdose among street-recruited injection heroin users. From August 1998 through July 1999, 1427 heroin injectors were recruited from 6 inner-city neighborhoods in the San Francisco Bay Area, Calif, and interviewed. Factors hypothesized to be associated with recent overdose were analyzed with logistic regression. Of the 1427 participants, 684 (48%) had had an overdose, 466 (33%) had experienced 2 or more overdose events, and 182 (13%) had had a recent overdose. In multiple logistic regression, being younger, having been arrested 3 or more times in the past year, drinking 4 or more alcoholic drinks per day, and having participated in methadone detoxification during the past year, were independently associated with recent overdose. Being homeless; identifying as gay, lesbian, bisexual, or transgender; having spent 5 or more years in prison or jail; and having engaged in sex work also were associated with recent overdose. Targeted interventions that decrease risk for overdose are urgently needed.

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#### MENTAL HEALTH AND SOCIAL SUPPORTS

**Title: Mental Health Problems And Social Supports Among Homeless Mothers And Children Victims Of Domestic And Community Violence**

**Authors:** Vostanis P; Tischler V; Cumella S; Bellerby T

**Source:** International Journal of Social Psychiatry, 47(4):30-40, Winter 2001.

**Summary:** This study examined the prevalence of mental health problems and access to social support networks among homeless parents and children experiencing domestic and neighborhood violence. Three groups of families who had become homeless were compared: (1) 48 parents with 75 children (aged 3-16 yrs) who experienced domestic violence; (2) 14 parents with 29 children who were victims of neighborhood violence; and (3) 31 parents with 54 children who became homeless for other reasons.

Mothers completed a service use interview, the Strengths and Difficulties Questionnaire (R. Goodman, 1997), the General Health Questionnaire (D. Goldberg, 1978), the Family Support Scale (C. Dunst et al, 1984), and the SF-36 Health Status Questionnaire (J. Ware and C. Sherbourne, 1992). Results show that levels of psychiatric morbidity were high in the group experiencing domestic violence, at 35.7% in children and 21.9% in mothers. Psychiatric morbidity was higher still for neighborhood violence victims, at 52.2% in children and 50% in mothers. Levels of social support predicted both child and maternal psychopathology, particularly in relation to professional support and support from other family members.

#### PSYCHIATRIC CARE IN THE COMMUNITY

##### **Title: Why Is Care In The Community Perceived As A Failure?**

**Author:** Leff J

**Source:** British Journal of Psychiatry, 179(5):381-3, Nov 2001.

**Summary:** This editorial discusses the perceived failure of psychiatric care in the community. The author contends that the media almost universally holds this conviction, and judging from their intention to introduce a more restrictive Mental Health Act, the Government of England and Wales is of the same mind. The topics of invisibility of a community service, homelessness, violence, and complexity are discussed. Remedies for this issue are also mentioned.

#### CONFERENCE OF MAYORS REPORT

##### **Title: A Status Report on Hunger and Homelessness in America's Cities: A 27-City Survey, December 2001**

**Author:** The United States Conference of Mayors

**Source:** The complete report (137 pages) can be found on the Internet at: <http://www.usmayors.org/uscm/hungersurvey/2001/hungersurvey2001.pdf>

**Summary:** Following are conclusions drawn about homelessness and housing (excerpted from the executive summary):

##### **Homelessness**

- During the past year requests for emergency shelter increased in the survey cities by an average of 13 percent, with 81 percent of the cities registering an increase. Requests for shelter by homeless families alone increased by 22 percent, with 73 percent of the cities reporting an increase.
- An average of 37 percent of the requests for emergency shelter by homeless people overall and 52 percent of the requests by homeless families alone are estimated to have gone unmet during the last year. In 52 percent of the cities, emergency shelters may have to turn away homeless families due to lack of resources; in 44 percent they may also have to turn away other homeless people.
- People remain homeless an average of 6 months in the survey cities. Fifty-four percent of the cities said that the length of time people are homeless increased during the last year.
- Lack of affordable housing leads the list of causes of homelessness identified by the city officials. Other causes cited, in order of frequency, include low paying jobs,

substance abuse and the lack of needed services, mental illness and the lack of needed services, domestic violence, unemployment, poverty, prison release, and change and cuts in public assistance programs.

- Officials estimate that, on average, single men comprise 40 percent of the homeless population, families with children 40 percent, single women 14 percent and unaccompanied minors four percent. The homeless population is estimated to be 50 percent African-American, 35 percent white, 12 percent Hispanic, 2 percent Native American and 1 percent Asian. An average of 22 percent of homeless people in the cities are considered mentally ill; 34 percent are substance abusers; 20 percent are employed; and 11 percent are veterans.
- In 52 percent of the cities, families may have to break up in order to be sheltered. In 22 percent of the cities families may have to spend their daytime hours outside of the shelter they use at night.
- Official in the survey cities report that the Federal Government's Continuum of Care policy has made a difference in their community's effort to address homelessness, and that the increase in HUD funding to address homelessness has resulted in more homeless families and individuals accessing transitional and permanent housing and reaching self-sufficiency in their cities.

##### **Housing**

- Requests for assisted housing by low-income families and individuals increased in 86 percent of the cities during the last year. Thirty-eight percent of eligible low-income households are currently served by assisted housing programs. City officials estimate that low-income households spend an average of 44 percent of their income on housing.
- Applicants must wait an average of 16 months for public housing the survey cities. The wait for Section 8 Certificates is 20 months, for Section 8 Vouchers, 22 months. Nineteen percent of the cities have stopped accepting applications for at least one assisted housing program due to the excessive length of the waiting list.

##### **The Outlook**

- Officials in 100 percent of the responding cities expect requests for emergency food assistance to increase during 2002. One hundred percent expect that requests for emergency food assistance by families with children will increase during 2002. Officials in 100 percent of the cities expect that requests for emergency shelter will increase next year. One hundred percent expect that requests by homeless families will increase.
- The city officials are virtually unanimous in their views about the nation's weak economy and the negative impact that it will have on the problems of hunger and homelessness. Job loss because of declining tourism, especially after the terrorist attack on September 11, has exacerbated the economic slowdown. Nearly all agree that more people are likely to fall into the ranks of the homeless and hungry during 2002.