

## Health Care for the Homeless RESEARCH UPDATE

A publication of the National HCH Council/HCH Clinicians' Network  
with funding from the HCH Branch/DPSP/BPHC/HRSA

### HOMELESS WOMEN AND CHILDREN

**Title: A Comparative Study of Reported Parenting Practices in Abused and Nonabused Shelter Populations of Women**

**Authors:** Lindsay-Blue, D

**Source:** Dissertation (DAI), California School of Professional Psychology, Los Angeles, CA, 1999.

**Summary:** This study recruited 38 abused and 28 non abused women who resided at domestic violence and homeless shelters, respectively; married or cohabiting in an intimate relationship during the past six months, and had at least one child of school age attending school. The women were grouped as abused or non abused; their parenting practices were measured across eight parenting constructs. Satisfaction with social and financial supports were measured through questions on a demographic questionnaire. Results yielded no significant mean differences in reported parenting practices between the groups of abused and non abused women in shelter residences. However, racial differences were found between Caucasian, African-Americans, and Native Americans in their reported empathetic responses toward their children. Correlational analysis found relationships across the groups of women in their satisfaction with emotional supports and consistency in the use of disciplinary practices. Overall, this research seemed to support the assumption that the determinants of parenting in a domestic violence population are as similar or varied as those in non abused shelter populations. These findings may have implications for future models of intervention with abused mothers and their children.

**Title: The impact of childhood foster care and other out-of-home placement on homeless women and their children.**

**Authors:** Zlotnick, C; Robertson, MJ; Wright, MA

**Source:** *Child Abuse & Neglect*, 23(11):1057-68, Nov 1999.

**Summary:** This study evaluated the effect of childhood foster care and other out-of-home placement on homeless women and their children. Data were drawn from structured interviews with a countywide probability sample of 179 homeless women. Findings reveal that one-third of homeless women reported that they were raised away from their parents and, of those with children below age 18, 61.5% had children who had been in foster care or some other form of out-of-home placement. It was also revealed that the variables that were associated with the children of homeless mothers living in foster care or other out-of-home placements were: mother had experienced sexual abuse as a child, mother ran away from home before the age of 18, child was of school-going age, mother had a current alcohol or drug use disorder, and mother was at least 35 years old. Findings indicate that programs that are developed for family preservation for homeless mothers should supply parenting support as well as permanent housing.

**Title: Psychological consequences of child maltreatment in homeless adolescents: untangling the unique effects of maltreatment and family environment**

**Authors:** Ryan KD; Kilmer RP; Cauce AM; Watanabe H; Hoyt DR

**Source:** *Child Abuse & Neglect*, 24(3):333-52, Mar 2000.

**Summary:** This study examined the differential effects of various forms of abuse, as well as their combined effects. The study also sought to separate the factors uniquely associated with abuse from those associated with the more general problems present in an abusive family environment. Data were collected from 329 homeless adolescents. Significant differences were found across groups for rates of assault, rape, depression/dysthymia, and attempted suicide. Multivariate analyses indicated significant differences in severity of internalizing problems and cognitive problems. Without exception, the group

with histories of both physical and sexual abuse exhibited the most severe symptomatology and was at greatest risk for revictimization. Abuse histories were predictive of internalizing problems while family characteristics were more predictive of externalizing problems. The findings indicate that both abuse type and family characteristics contribute to the development of symptomatology. Future prospective and longitudinal studies are needed to clarify the sequelae of abuse, as well as the possible cause and effect relations between abuse, family characteristics, and psychological outcome.

**Title: The New Sisters of the Road: Homeless Women and Their Children**

**Author:** Crook, WP

**Source:** *Journal of Family Social Work*, 3(4):49-64, 1999.

**Summary:** Examines the growing social problem of homeless women & their children in the US, providing a historical perspective, offering reasons for the increased incidence of family homelessness, discussing the negative effects of homelessness, & considering programmatic responses. Recommendations are made for effective program services & policy reforms, & family social workers are urged to adopt a policy advocacy orientation. There is a need for further research to separate causes from effects when studying homeless women & children; also, researchers need to attend to the significance of gender for the social problem of family homelessness.

## TUBERCULOSIS

**Title: Hospitalization of homeless persons with tuberculosis in the United States**

**Authors:** Marks SM; Taylor Z; Burrows NR; Qayad MG; Miller B

**Source:** *American Journal of Public Health*, 90(3):435-38, Mar 2000.

**Summary:** This study assessed whether homeless patients are hospitalized for tuberculosis (TB) more frequently and longer than other patients and possible reasons for this. We prospectively studied hospitalizations of a cohort of TB patients. HIV-infected homeless patients were hospitalized more frequently than other patients, while homeless patients who had no insurance or whose insurance status was unknown were hospitalized longer. Hospitalization cost \$2000 more per homeless patient than for other patients. The public sector paid nearly all costs. Homeless people may be hospitalized less if given access to medical care that provides early detection and treatment of TB infection and disease and HIV infection. Providing housing and social services may also reduce hospital utilization and increase therapy completion rates.

**Title: The use of legal action in New York City to ensure treatment of tuberculosis**

**Authors:** Gasner, MR; Maw, KL; Feldman, GE; Fujiwara, PI; Frieden, TR

**Source:** *New England Journal of Medicine*, 340(5): 359-66, Feb 4, 1999.

**Summary:** After an increase in the number of cases of tuberculosis, New York City passed regulations to address the problem of nonadherence to treatment regimens. The commissioner of health can issue orders compelling a person to be examined for tuberculosis, to complete treatment, to receive treatment under direct observation, or to be detained for treatment. On the basis of a review of patients' records, we evaluated the use of these legal actions between April 1993 and April 1995. Among more than 8000 patients with tuberculosis, regulatory orders were issued for less than 4 percent. Among patients with a variety of social problems, only a minority required regulatory intervention: 10 percent of those with injection-drug use, 16 percent of those with alcohol abuse, 17 percent of those who were homeless, 29 percent of those who used "crack" cocaine, and 38 percent of those with a history of incarceration. A total of 150 patients were ordered to undergo directly observed therapy, 139 patients to be detained during therapy, 12 patients to be examined for tuberculosis, and 3 patients to complete treatment. These 304 patients had a median of three prior hospitalizations related to tuberculosis and one episode of leaving the hospital against medical advice. Repeatedly noncompliant patients and those who left the hospital against medical advice were more likely than others to be detained. The median length of detention was 3 weeks for infectious patients and 28 weeks for noninfectious patients. As compared with patients ordered to receive directly observed therapy, the patients who were detained remained

infectious longer, had left hospitals against medical advice more often, and were less likely to accept directly observed therapy voluntarily. Altogether, excluding those who died or moved, 96 percent of the patients completed treatment, and 2 percent continued to receive treatment for multidrug-resistant tuberculosis. For most patients with tuberculosis, even those with severe social problems, completion of treatment can usually be achieved without regulatory intervention. Patients were detained on the basis of their history of tuberculosis, rather than on the basis of their social characteristics, and the less restrictive measure of mandatory directly observed therapy was often effective.

## MENTAL ILLNESS

**Title: Improving access to disability benefits among homeless persons with mental illness: an agency-specific approach to services integration**

**Authors:** Rosenheck, R; Frisman, L; Kaspro, W

**Source:** *American Journal of Public Health*, 89(4):524-28, Apr 1999.

**Summary:** This study evaluated a joint initiative of the Social Security Administration (SSA) and the Department of Veterans Affairs (VA) to improve access to Social Security disability benefits among homeless veterans with mental illness. Social Security personnel were colocated with VA clinical staff at 4 of the VA's Health Care for Homeless Veterans (HCHV) programs. Intake assessment data were merged with SSA administrative data to determine the proportion of veterans who filed applications and who received disability awards at the 4 SSA-VA Joint Outreach Initiative sites (n = 6709) and at 34 comparison HCHV sites (n = 27,722) during the 2 years before and after implementation of the program. During the 2 years after the initiative began, higher proportions of veterans applied for disability and were awarded benefits at SSA-VA Joint Initiative sites. A colocation approach to service system integration can improve access to disability entitlements among homeless persons with mental illness. Almost twice as many veterans were eligible for this entitlement as received it through a standard outreach program.

**Title: Correlates of improvement in quality of life among homeless persons with serious mental illness**

**Authors:** Lam, JA; Rosenheck, R

**Source:** *Psychiatric Services*, 51:116-18, Jan 2000.

**Summary:** Longitudinal data from 4,331 homeless mentally ill clients at 18 sites participating in the Access to Community Care and Effective Services and Supports program were used to assess participants' quality of life over a one-year period. At baseline, higher quality of life was associated with less severe depressive and psychotic symptoms, less use of alcohol and drugs, and more social support. At 12 months, improved quality of life was associated with decreased psychotic and depressive symptoms, reduced substance abuse, fewer days of homelessness, and increased social support, income, employment, and service use.

**Title: Tenure in Supportive Housing for Homeless Persons With Severe Mental Illness**

**Authors:** Lipton FR; Siegel C; Hannigan A; Samuels J; Baker S

**Source:** *Psychiatric Services*, 51(4):479-86, Apr 2000.

**Summary:** This study examined the long-term effectiveness of approaches to housing homeless persons with serious mental illness. A total of 2,937 persons placed in high-, moderate, -and low-intensity housing were followed for up to five years. Intensity reflected on the amount of structure and degree of clients' independence. The outcome variable was tenure in housing. After one, two, and five years, 75 percent, 64 percent, and 50 percent, respectively, of the sample were continuously housed. Older age was associated with longer tenure, and having a history of substance abuse was associated with shorter tenure. Individuals referred from a state psychiatric center had a greater risk of shorter tenure than other types of referrals. Results show that homeless persons with serious mental illness can remain in stable housing for periods of up to five years, supporting the premise that long-term residential stability can be enhanced by providing access to safe and affordable supportive housing.

**Title: The burden of comorbidity among the homeless at a drop-in clinic**

**Author:** Lundy JW

**Source:** *Journal of the American Academy of Physicians Assistants*, 12(4):32-34 ff, Apr 1999.

**Summary:** This study was a retrospective chart review based on 174 patients seen during their initial visit. Information was obtained from data reported by each patient during the history and physical exam. Patients most likely to use the clinic were predominantly male, between the ages of 20 and 39, African-American, and living in an emergency shelter. Sixty-eight (39%) patients had some insurance coverage. Comorbidity was significant with 34 (20%) patients reporting all three types of pathology: physical, mental health, and substance abuse. Homeless patients reporting substance abuse were likely to report the coexistence of a medical condition (54%) or a mental health problem (27%). Patients who reported problems of depression, anxiety, or suicidal ideation or who heard voices had a significant concomitant occurrence of all three types of clinical pathology. Patients living in an emergency shelter or on the street (as opposed to living with family or friends) were at high risk of medical problems, mental health problems, and substance abuse. The prevalence of a medical problem, mental health problem, and substance abuse among the homeless is significant. Homeless patients may be at high risk of two or more comorbid conditions if they live in an emergency shelter or on the street, have a substance abuse problem, or have a mental health problem. Targeted clinical services and preventive medicine programs would be beneficial to these patients.

**Title: The Effect of Matching Client and Case Manager on Gender and Race on Outcomes of Case Management with the Homeless Mentally III**

**Author:** Pierce, KJ

**Source:** Dissertation (DAI), University of Missouri, St. Louis, MO, 1999.

**Summary:** One-hundred nineteen participants were pooled from two independent studies examining assertive case management interventions with the severely mentally ill homeless population in the metropolitan St. Louis area to examine the impact of matching clients and case management staff with regard to race and gender on treatment outcomes. Data analyses indicated that a match on either race or gender, but not both, between black males and their case manager led to better outcomes. Second, it did not seem that white male clients benefited from being matched on gender or race with their case management staff. Third, as was the case with black male clients, data indicated a trend towards black female clients benefiting from being matched with their case manager on either gender or race, but not both characteristics. Finally, results for white female clients were not interpretable due to concerns regarding cell sizes. A main effect for case manager gender was that female case managers were more likely to have clients with a greater number of days of stable housing than male case managers at twelve month follow-up. Clinical implications of the findings are discussed, as well as recommendations for future research.

## MORTALITY

**Title: Mortality among homeless shelter residents in New York City**

**Authors:** Barrow, SM; Herman, DB; Cordova, P; Struening, EL

**Source:** *American Journal of Public Health*, 89(4):529-34, Apr 1999.

**Summary:** This study examined the rates and predictors of mortality among sheltered homeless men and women in New York City. Identifying data on a representative sample of shelter residents surveyed in 1987 were matched against national mortality records for 1987 through 1994. Standardized mortality ratios were computed to compare death rates among homeless people with those of the general US and New York City populations. Logistic regression analysis was used to examine predictors of mortality within the homeless sample. Age-adjusted death rates of homeless men and women were 4 times those of the general US population and 2 to 3 times those of the general population of New York City. Among homeless men, prior use of injectable drugs, incarceration, and chronic homelessness increased the likelihood of death. For homeless shelter users, chronic homelessness itself compounds the high risk of

death associated with disease/disability and intravenous drug use. Interventions must address not only the health conditions of the homeless but also the societal conditions that perpetuate homelessness.

## UNPUBLISHED HCH RESEARCH

**Title:** Annual Death Review Study of San Francisco HCH

**Contact Person:** Marian Peña, Project Director, San Francisco Department of Public Health

**Summary:** This is an annual review by the SF Dept. of Public Health that counts the number of homeless deaths and identifies gaps that exist in the system. Using data provided by the Medical Examiner, the number of homeless individuals who die each year are identified for the review. This study acknowledges that the numbers it gathers is an undercount since not all deaths are reported to the Medical Examiner. Results of the review indicated that the number of homeless deaths increased over the last year and that the vast majority of these deaths were preventable. Drug poisoning remained the leading cause of death among homeless people, followed by liver and pancreatic disease and heart disease. Two-fifths of the deaths occurred outdoors; the average age of persons who died homeless in San Francisco was 44 years. Many of the deaths occurred among persons with recent contact with the health and social services system. This indicates both the limitations of existing services as well as the potential for using our contact with homeless individuals to improve the circumstances of their daily lives.