

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 January-April 2001. Summaries are categorized into themes which will vary each quarter.

HOMELESS ADOLESCENTS

Title: Correlates of Resilience in Homeless Adolescents

Authors: Rew L; Taylor-Seehafer M; Thomas NY; Yockey RD

Source: JI of Nursing Scholarship, 33(1):33-40, 2001.

Summary: This study's objectives include: To (a) describe reasons adolescents give for their homelessness, (b) explore relationships among resilience and selected risk and protective factors, (c) identify differences in risk and protective factors by gender and sexual orientation, and (d) determine best predictors of resilience. A descriptive and exploratory correlational design was used to collect and analyze data from a convenience sample of 59 homeless adolescents who sought health and social services from a community street-outreach project in central Texas in 1998. A paper and pencil survey consisting of valid measures (Resilience Scale, UCLA-Revised Loneliness Scale, Beck Hopelessness Scale, Social Connectedness Scale, and Death-Related Attitude Schedule) was administered in a street-outreach setting. Nearly half the sample (47%) reported a history of sexual abuse and 36% self-identified as gay, lesbian, or bisexual in orientation. Over half (51%) were thrown out of their homes by their parents, 37% left home because their parents disapproved of their alcohol or drug use, and nearly one-third left home because parents sexually abused them. Lack of resilience was significantly related to hopelessness, loneliness, life-threatening behaviors, and connectedness, but not to gender or sexual orientation. Hopelessness and connectedness explained 50% of the variance in resilience. Participants who perceived themselves as resilient, although disconnected from other people, were less lonely, less hopeless, and engaged in fewer life-threatening behaviors than were those who perceived themselves as not being resilient. They survived by adapting to street life and

by becoming overly self-reliant. Findings may be useful in planning interventions to promote health and well-being in this vulnerable population.

Title: Childhood Sexual Abuse, Adolescent Sexual Coercion and Sexually Transmitted Infection Acquisition Among Homeless Female Adolescents

Authors: Noell J; Rohde P; Seeley J

Source: Child Abuse and Neglect, 25(1):137-48, Jan 2001.

Summary: The objective of this study was to examine the relationship between childhood experiences of sexual abuse, sexual coercion during adolescence, and the acquisition of sexually transmitted infections (STIs) in a population of homeless adolescents. Homeless adolescent females (N = 216) from a northwestern United States city were recruited by street outreach workers for a longitudinal study of STI epidemiology. Baseline data on childhood abuse and recent history of sexual coercion were used to predict physiologically confirmed STI acquisition over the subsequent 6 months. About 38% of all girls reported a history of childhood sexual abuse (CSA). Girls with a history of CSA were more likely to report recent sexual coercion. In turn, sexual coercion in the last three months was significantly associated with a higher number of sexual partners (but not with a greater frequency of intercourse or with lower rates of condom use). Number of sexual partners significantly predicted the future acquisition of an STI within 6 months. Interventions to reduce risky sexual behaviors in homeless adolescent females may need to consider the impact of CSA, particularly on the number of sexual partners during adolescence. However, it also should be noted that engagement in intercourse often results from coercion and is not voluntary in this population.

OUTPATIENT COMMITMENT

Title: Outpatient Commitment: What, Why, and for Whom

Authors: Torrey EF; Zdanowicz M

Source: Psychiatric Services, 52(3):337-41, Mar 2001.

Summary: The authors describe studies showing the effectiveness of involuntary outpatient commitment in improving treatment compliance, reducing hospital readmission, and reducing episodes of violence among persons with severe psychiatric illnesses. They point out that because of its role in enhancing compliance with treatment, outpatient commitment can be

regarded as a form of assisted treatment, such as assertive case management, representative payeeship, and mental health courts. The authors argue that such assisted treatment is necessary for persons with severe psychiatric illnesses who are noncompliant with their medication regimens because many lack awareness of their illnesses because of biologically based cognitive deficits. They recommend outpatient commitment for any individual with a severe psychiatric disorder who has impaired awareness of his or her illness and is at risk of becoming homeless, incarcerated, or violent or of committing suicide, and they provide case examples. The authors conclude by addressing eight of the most common objections to outpatient commitment by mental health professionals and civil liberties groups that oppose outpatient commitment.

HEALTH SERVICE UTILIZATION

Title: Health Care Utilization Among Homeless Adults Prior to Death

Authors: Hwang SW; O'Connell JJ; Lebow JM; Bierer MF; Orav EJ; Brennan TA

Source: *Jl of Health Care for the Poor and Underserved*, 12(1):50-8, Feb 2001.

Summary: This study characterizes health care utilization prior to death in a group of 558 homeless adults in Boston. In the year before death, 27 percent of decedents had no outpatient visits, emergency department visits, or hospitalizations except those during which death occurred. However, 21 percent of homeless decedents had a health care contact within one month of death, and 21 percent had six or more outpatient visits in the year before death. Injection drug users and persons with HIV infection were more likely to have had contact with the health care system. This study concludes that homeless persons may be underusing health care services even when they are at high risk of death. Because a subset of homeless persons had extensive health care contacts prior to death, opportunities to prevent deaths may have been missed, and some deaths may not have been preventable through medical intervention.

Title: Factors Associated with the Health Care Utilization of Homeless Persons

Authors: Kushel MB; Vittinghoff E; Haas JS

Source: *Jl of the American Medical Association*, 285(2):200-6, Jan 10, 2001.

Summary: Homeless persons face numerous barriers to receiving health care and have high rates of illness and disability. Factors associated with health care utilization by homeless persons have not been explored from a national perspective. This study's objective is to describe factors associated with use of and perceived barriers to receipt of health care among homeless persons. Secondary data analysis of the National Survey of Homeless Assistance Providers and Clients was utilized; a total of 2974 currently homeless persons were interviewed through homeless assistance programs throughout the United States in October and November 1996. The main outcome measures included self-reported use of ambulatory care services, emergency departments, and inpatient hospital services; inability to receive necessary care; and inability to comply with

prescription medication in the prior year. Overall, 62.8% of subjects had 1 or more ambulatory care visits during the preceding year, 32.2% visited an emergency department, and 23.3% had been hospitalized. However, 24.6% reported having been unable to receive necessary medical care. Of the 1201 respondents who reported having been prescribed medication, 32.1% reported being unable to comply. After adjustment for age, sex, race/ethnicity, medical illness, mental health problems, substance abuse, and other covariates, having health insurance was associated with greater use of ambulatory care, inpatient hospitalization, and lower reporting of barriers to needed care and prescription medication compliance. Insurance was not associated with emergency department visits. In this nationally representative survey, homeless persons reported high levels of barriers to needed care and used acute hospital-based care at high rates. Insurance was associated with a greater use of ambulatory care and fewer reported barriers. Provision of insurance may improve the substantial morbidity experienced by homeless persons and decrease their reliance on acute hospital-based care.

Title: The Impact of Managed Care on the Mix of Vulnerable Populations Served by Community Health Centers

Authors: Shi L; Politzer RM; Regan J; Lewis-Idema D; Falik M

Source: *Jl of Ambulatory Care Management*, 24(1):51-66, Jan 2001.

Summary: This article examined the impact of managed care involvement on vulnerable populations served by community health centers (CHCs), while controlling for center rural-urban location and size, and found that centers involved in managed care have served a significantly smaller proportion of uninsured patients but a higher proportion of Medicaid users than those not involved in managed care. The results suggest that the increase in Medicaid managed care patients may lead to a reduced capacity to care for the uninsured, thus hampering CHCs from expanding access to health care for the medically indigent.

Title: Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization

Authors: Guo S; Biegel DE; Johnsen JA; Dyches H

Source: *Psychiatric Services (Special Issue)*, 52(2):223-8, Feb 2001.

Summary: Evaluated the impact of a community-based mobile crisis intervention program (CIP) on the rate and timing of psychiatric hospitalization and explored major consumer characteristics related to the likelihood of hospitalization. A CIP cohort was matched with a hospital-based cohort on 7 variables: gender, race, age at the time of crisis service (mean 35.7 yrs), primary diagnosis, recency of prior services use, substance abuse, and severe mental disability certification status. The matching process resulted in treatment and comparison groups, each consisting of 1,100 Ss. Differences in hospitalization rate and timing between the 2 groups were assessed with a Cox proportional hazards model. CIP reduced the hospitalization rate by 8%. Ss using a hospital-based intervention were 51% more likely than Ss using a CIP to be hospitalized within the 30 days after the crisis. Treating a greater proportion of clients in the community rather than hospitalizing them did not increase the risk of subsequent hospitalization. Ss most likely to be

hospitalized were young, homeless, and experiencing acute problems; they were referred by psychiatric hospitals, the legal system, or other treatment facilities; they showed signs of substance abuse, had no income, and were severely mentally disabled.

SOCIAL POLICY

Title: The Lives of Drug Injectors and English Social Policy

Author: Hughes RA

Source: *Jl of Health and Social Policy*, 13(2):75-91, 2001.

Summary: The lives of drug injectors are characterized by a number of personal, social and economic circumstances, which are linked to the tenets of social policy. Prior to the emergence of HIV and AIDS little research was directed towards understanding the lives and behavior of drug injectors. However, as more was learned about the virus and the ways in which people behave, drug injectors became an important focus for research and policy making in relation to HIV and AIDS. However, there are wider life issues outside of those of HIV and AIDS that also affect drug injectors. This paper highlights some of these considerations and the value of a holistic approach to understanding drug injectors' lives in social policy; an approach that could usefully be applied to other groups of people.

HIV/AIDS AND HEPATITIS

Title: Prevalence of HIV and Hepatitis B and Self-Reported Injection Risk Behavior During Detention Among Street-Recruited Injection Drug Users in Los Angeles County, 1994-1996

Authors: Lopez-Zetina J; Kerndt P; Ford W; Woerhle T; Weber M

Source: *Addiction*, 96(4):589-95, Apr 2001.

Summary: This study's aim is to describe injection risk behaviors while in detention in a sample of injection drug users (IDUs) in Los Angeles County. Cross-sectional, interviewer-administered, face-to-face risk survey, and serological screening for HIV and hepatitis B were conducted at four street locations in Los Angeles County between 1994 and 1996. All interviews were conducted in a non-institutionalized setting. Measurements included ascertainment of self-reported risk behavior during detention and screening for HIV and hepatitis B surface antigen (HBsAg) and antibody to the core (HBcAb) seromarkers. Six hundred and forty-two participants were street-recruited during the study period. Seventy-one per cent of the sample was male, the median age was 43 years, 61% were African-American, 27% were Latino, 8% were white and 36% considered themselves homeless. Overall HIV prevalence was 3.0%; 3.1% tested positive for the hepatitis B surface antigen marker (HBsAg), and 80.3% for antibody to hepatitis B core antigen (HBcAb). After adjustment for length of injection drug use and recency of release from detention, HIV seroreactivity was significantly associated with history of detention due to possession of IDU paraphernalia. The presence of the hepatitis B HBcAb seromarker was associated with injection drug use while in detention, and having been ever arrested for possession of IDU paraphernalia. IDU detainees constitute a high risk group for blood-borne infections. Comprehensive prevention and health promotion efforts in the

community need to include correctional facilities.

Title: Housing Needs of Persons with HIV and AIDS in New York State

Author: Bonuck KA

Source: *Jl of Health and Social Policy*, 13(2):61-73, 2001.

Summary: This study aims to understand the scope and magnitude of housing needs among persons with HIV/AIDS in New York State. Both housing providers and non-housing providers were identified through state-wide lists and regional resource guides. All identified housing providers and a random sample of identified non-housing providers, by region, were approached. Interviewers conducted telephone interviews with qualified representatives from each organization. All major providers of HIV/AIDS housing services (n = 144) and a random sample of other providers of HIV/AIDS services (n = 87) were interviewed. Data that were gathered included: agency profiles, client demographics, and clients' need for and use of housing services. One-third of housing agency clients were either homeless or living in a welfare hotel, while one-tenth of non-housing agency clients lived under such conditions. Nearly one-third of all clients were living doubled-up, and half had problems paying for rent or utilities. The majority of clients required supportive services such as substance abuse treatment or mental health care. With the advent of protease inhibitor therapy, stable and adequate housing has become especially critical for persons with HIV/AIDS. However, public assistance "reforms" are likely to exacerbate their housing needs, and may ultimately compromise the potential benefits of treatment.

CHILDREN AND FAMILIES

Title: Homeless Women and Children's Access to Health Care: A Paradox

Authors: Hatton DC; Kleffel D; Bennett S; Gaffrey EAN

Source: *Jl of Community Health Nursing (Special Issue)*: 18(1):25-34, 2001.

Summary: Homeless women and children who reside in shelters experience many health-related problems. The aim of the qualitative study reported here was to (a) explore how shelter staffs manage health problems among their residents and assist them in accessing health services, and (b) identify clinical strategies for community health nurses working with this population. Findings demonstrate a paradox whereby homeless shelter staffs try to gain access to care for their residents through a system that is designed to keep them out. In addition, findings indicate a need for increased community health nursing services in homeless shelters. Strategies for resolving this paradox include providing assessment, policy development, and assurance of health care for homeless women and children.

Title: Mental Health Status of Homeless Children and Their Families

Authors: Waldron AM; Tobin G; McQuaid P

Source: *Irish Jl of Psychological Medicine*, 18(1):11-15, Mar 2001.

Summary: Examined the mental health status of 31 homeless 2-15 year olds and their families and compared the findings with

those of P.Vostanis et al (1997). 14 mothers and 2 fathers (aged 20-35 years) completed the General Health Questionnaire (GHQ). The mothers completed the Child Behavior Checklist (CBCL) and the Parenting Stress Index (PSI). Of the mothers, 28% (4/14) indicated the presence of psychiatric 'caseness.' On the CBCL, more than a third of the children (12/31) had a Total Problem Score above the 'clinical' threshold, indicating mental health problems that were severe enough for treatment referral. Of the children 45% had externalizing problems in the 'deviant' range, while 29% of the children had internalizing problems in the 'clinical' range. When CBCL scores were examined within each family, 78% had at least one child with a CBCL dimension of clinical significance. Of the mothers 70% had PSI scores in the critical range. They reported feeling incompetent in their parenting role, being dominated by their children's needs and feeling socially isolated from their relatives and peers. Their scores also indicated poor self-esteem and significant depressive symptoms. The peak score was the lack of emotional and active support from the other parent.

INNOVATIVE PROGRAMS AND SERVICES

Title: An Evaluation of the Effectiveness of a Jail-Based Public Inebriate Treatment and Intervention Program

Authors: McDonald DY

Source: Southern Sociological Society 2001 (Conference)

Summary: The effectiveness of the Jail-Based Public Inebriate Treatment & Intervention Program, in the city of Roanoke, VA, is evaluated. This program targets those who have violated their interdiction status, ordered by the Circuit Court, to not consume, possess, or purchase beverages containing alcohol. A voluntary treatment program has been set up to treat those interdicted, housed within the jail. This treatment program hopes to rehabilitate the offender, decrease the number of arrests within the City of Roanoke, and improve the aesthetics of the downtown area. The typical participant in this program is a 51-year-old homeless male who has been drinking for approximately 33 years. Methods of evaluation include the analysis of arrest data collected from 1996 to June 2000, as well as interviews conducted in local day shelters, within the jail, with a court community corrections representative, in the court house, at the Blue Ridge Community Treatment Center, and with a representative of the downtown business community. The goals of the program are evaluated for their effectiveness using the conflict model approach. Some goals are found to be more effective than others & the conflict approach is used to explain this variation.

Title: Kentucky Dual-Diagnosis Residence Yields Remarkable Outcome

Authors: Sciacca K; Dobbins KR

Source: Alcoholism and Drug Abuse Weekly, 13(7):5, Feb 12, 2001.

Summary: Evaluates the outcome of the establishment of a dual-diagnosis residence for homeless women with mental illness and chemical dependency in Kentucky.

Title: Service Innovations: A Service for the Homeless with Mental Illness in Aberdeen

Authors: Wood A; Sclare P; Love J

Source: Psychiatric Bulletin (Special Issue): 25(4):137-40, Apr 2001.

Summary: The aim of this study was to evaluate the first 3 years of a newly developed service for the homeless mentally ill in Aberdeen. All 86 referrals to the service between 1996 and 1999 were reviewed. A demographic questionnaire was completed for each referral, and information sought on current psychiatric symptoms and any previous contact with the mental health services. The results suggest that the majority of referrals came from social care staff and self-referrals. Half were diagnosed as having severe and enduring mental illness and of these one-quarter (11 cases) were engaged in long-term psychiatric care. A total of 744 in-patient days were required, only one admission was a compulsory detention. These results suggest that it has proven possible to identify and engage with a number of homeless individuals who have untreated serious mental illness by setting up a small dedicated service that has close links with an established adult mental health team and which establishes close working relationships with colleagues in social care settings.

PATIENT SATISFACTION

Title: Homeless Patients' Experience of Satisfaction with Care

Authors: McCabe S; Macnee CL; Anderson MK

Source: Archives of Psychiatric Nursing, 15(2):78-85, Apr 2001.

Summary: This article explores homeless individuals' experiences of satisfaction with health care, and explores the interrelationship among experiences of being homeless, health perceptions of participants, and experiences of satisfaction with health care. It presents the findings of a phenomenological study that was conducted using participants selected from five sites in one southeastern state. Participant interviews were conducted at a nurse-managed primary health care clinic for homeless, at a night time soup-kitchen, and at three private, not-for-profit, homeless shelters in two different towns. The study was part of a larger study designed to develop and validate a reliable measure of client satisfaction with primary health care among homeless individuals. Face-to-face in-depth interviews with 17 homeless individuals were conducted, with the semistructured interview constituting the primary data source. Common themes were identified and the interrelationship of theme clusters was explored. Analysis of the data yielded five distinct themes that represent the lived experiences of satisfaction with health care. These themes were mediated and directly informed by five themes of homelessness and three themes of health identified in the shared experiences of the participants. The themes identified suggest that satisfaction with health care for homeless persons differs from currently identified dimensions of satisfaction with care, and that some aspects of homelessness are seen by participants as positive and health promoting.