

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-March 2002. Summaries are categorized into themes which will vary each quarter.

UNDOCUMENTED WORKERS

Title: Social Context Of Work Injury among Undocumented Day Laborers in San Francisco

Authors: Walter N; Bourgois P; Margarita LH; Schillinger D

Source: JI of General Internal Medicine, 17(3):221-9, Mar 2002.

Summary: The objective of this study was to identify ways in which undocumented day laborers' social context affects their risk for occupational injury, and to characterize the ways in which these workers' social context influences their experience of disability. This is a qualitative study employing ethnographic techniques of participant-observation, supplemented by semi-structured in-depth interviews. Settings included street corners in San Francisco's Mission District, a homeless shelter, and a nonprofit day labor hiring hall; participants were thirty-eight Mexican and Central American male day laborers, 11 of whom had been injured. Primary themes revealed in this research include: Anxiety over the potential for work injury is omnipresent for day laborers. They work in dangerous settings, and a variety of factors such as lack of training, inadequate safety equipment, and economic pressures further increase their risk for work injury. The day laborers are isolated from family and community support, living in a local context of homelessness, competition, and violence. Injuries tend to have severe emotional, social, and economic ramifications. Day laborers frequently perceive injury as a personal failure that threatens their masculinity and their status as patriarch of the family. Their shame and disappointment at failing to fulfill culturally defined masculine responsibilities leads to intense personal stress and can break family bonds. Despite the high incidence of work injuries and prevalence of work-related health conditions, day laborers are frequently reluctant to use health services due to anxiety regarding immigration status, communication barriers, and

economic pressure. On the basis of these ethnographic data, we recommend strategies to improve ambulatory care services to day laborers in 3 areas: structural changes in ambulatory care delivery, clinical interactions with individual day laborers, and policymaking around immigration and health care issues.

SERVICE DELIVERY – GENERAL

Title: Current Health Care System Policy for Vulnerability Reduction in the United States of America: A Personal Perspective

Author: Eckenfels EJ

Source: Croatian Medical Journal, 43(2):179-83, Apr 2002.

Summary: The aim of this study was to raise questions about how the United States of America, which spends 1.3 trillion dollars on health care, conducts cutting-edge biomedical research, has the most advanced medical technology, and trains a cadre of highly competent health professionals cares for the most vulnerable members of its population. Relevant statistical data were extrapolated from the most current statistical sources and research reports, and assessed in terms of existing practices and policies. The data clearly demonstrated that particular population cohorts the elderly, the poor, new immigrants, the homeless, the HIV-positive, and substance abusers were especially vulnerable to illness and its consequences. Since American medicine, despite all of its science, technology, and clinical competence, operates in a non-system, there is currently no efficacious approach to vulnerability reduction. To turn health care in the U.S. into a high quality, comprehensive, and cost-effective system, government officials, health care planners, and medical practitioners must address a series of fundamental social, economic, and political issues. What other countries, like those in South Eastern Europe, can learn from this is not to duplicate these mistakes.

Title: An Action Research Project in a Night Shelter for Rough Sleepers

Author: Payne J

Source: JI of Psychiatric and Mental Health Nursing, 9(1):95-101, Feb 2002.

Summary: From October 1999 to June 2000, an action research project was undertaken in a homeless night shelter called Jimmy's. This project was grounded in user-consultation and sought the involvement of staff and management to institute

tangible improvements in service delivery using the Power Audit. A brief overview of Jimmy's is given, then this research is placed in local and national context by describing policy development in homelessness. A brief description is given of the research methodology and a short description of the Power Audit. Following this, the lives and experiences of the guests (Jimmy's residents) are conveyed using ethnography. This tells of the development of relationships with guests, staff and management without which the project could not have succeeded. Finally, an overview is provided of the interview content and the practical changes made.

Title: Developments in the Provision of Primary Health Care for Homeless People

Authors: Lester H; Wright N; Heath I

Source: The British Journal of General Practice, 52(475):91-2, Feb 2002.

Summary: Editorial

DOUBLED-UP HOMELESSNESS

Title: Touched by Homelessness: an Examination of Hospitality for the Down and Out

Authors: Bolland JM; McCallum DM

Source: American Journal of Public Health, 92(1):116-8, Jan 2002.

Summary: This study investigated patterns of "doubled-up" homelessness using an indirect measure based on host households. In random household telephone surveys conducted in Alabama between 1990 and 2000 and nationally in 1997, respondents indicated whether any individual had stayed with them during the past year because that person was homeless. The percentage of Alabama households providing shelter during the past year declined from 16.2% in 1990 to 7.1% in 2000. The national rate for providing shelter in 1997 was 18.0%. Many households provide shelter to people to prevent them from being literally homeless. As the economy has expanded, these rates have declined in Alabama.

HOMELESS FAMILIES

Title: Evaluation of a Mental Health Outreach Service for Homeless Families

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

Source: Archives of Disease in Childhood, 86(3):158-63, Mar 2002.

Summary: The aims of this study were: to describe the characteristics of homeless children and families seen by the mental health outreach service (MHOS), to evaluate the impact of this service on the short term psychosocial functioning of children and parents, and to establish perceptions of, and satisfaction with, the service. Twenty seven children from 23 families who were in receipt of the MHOS and 27 children from 23 families residing in other hostels where no such service was available were studied. The MHOS was delivered by a clinical nurse specialist with expertise in child mental health, who offered the following interventions: assessment and brief treatment of mental health disorders in children; liaison with agencies; and training of homeless centre staff. Children in the

experimental group had a significantly higher decrease in Strengths and Difficulties Questionnaire (SDQ) total scores. Having received the intervention was the strongest predictor of improvement in SDQ total scores. There was no significant impact on parental mental health (General Health Questionnaire) scores. Homeless families and staff expressed high satisfaction with the MHOS. This MHOS for homeless families is an innovative intervention which meets the complex and multiple needs of a vulnerable population unable to access mainstream mental health services. The primary objective of the service was to improve child mental health problems; however, the service developed in a responsive way by meeting social and practical needs of families in addition to its clinical role.

HOMELESS YOUTH AND ADOLESCENTS

Title: Young, Gay, Homeless and Invisible: A Growing Population?

Authors: Dunne GA; Prendergast S; Telford D

Source: Journal: Culture, Health and Sexuality, 4(1):103-115, Jan-Mar 2002.

Summary: Describes the experiences of a hitherto invisible and possibly increasing population in England, namely young homeless lesbian, gay and bisexual people. It draws on preliminary findings from research into transitions for young lesbian, gay and bisexual people that took homelessness as one theoretically informed focus. The paper explores two main questions. Firstly, how far and in what ways does sexuality play a role in a housing crisis? Secondly, why have the experiences of young people who may be questioning their sexuality been neglected in service provision and in the mainstream literature on leaving home and homelessness? Qualitative and quantitative evidence is brought together to suggest that a sizeable proportion of young homeless people may be lesbian, gay and bisexual, and that issues of sexuality have had an important bearing on their circumstances. At a time when it may be easier than before for a person to come out at a younger age, the risks associated with constructing identity and lifestyles against the norm should not be underestimated. Accounts of sexuality that ignore wider material circumstances do so at their peril.

Title: Adjustment of Homeless Adolescents to a Crisis Shelter: Application of a Stress and Coping Model

Authors: Dalton MM; Pakenham KI

Source: Journal of Youth and Adolescence, 31(1):79-89, Feb 2002.

Summary: Examined the utility of a stress and coping model of adaptation to a homeless shelter among 78 homeless adolescents (aged 13-18 yrs). Subjects were interviewed and completed self-administered scales at Time 1 (day of shelter entry) and Time 2 (day of discharge). The mean duration of stay at the shelter was 7.23 days. Predictors included appraisal, coping resources, and coping strategies. Adjustment outcomes were Time 1 measures of global distress, physical health, clinician- and youthworker-rated social adjustment, and externalizing behavior and Time 2 youthworker-rated social adjustment and goal achievement. Results of hierarchical regression analyses indicate that after controlling for the effects of relevant background variables, measures of coping resources, appraisal, and coping strategies

evidenced distinct relations with measures of adjustment in ways consistent with the model's predictions with few exceptions. In cross-sectional analyses better Time 1 adjustment was related to reports of higher levels of coping resources, self-efficacy beliefs, and productive coping strategies, and reports of lower levels of threat appraisal and nonproductive coping strategies.

Title: Telephone vs. Face-to-face Notification of HIV Results in High-Risk Youth

Authors: Tsu RC; Burm ML; Gilhooly JA; Sells CW

Source: *Jl of Adolescent Health*, 30(3):154-60, Mar 2002.

Summary: This study's purpose was to increase the number of high-risk and homeless youth who receive human immunodeficiency virus (HIV) test results and posttest counseling. Oral HIV testing and counseling were offered to high-risk and homeless youth at sites at which youth congregate throughout Portland, Oregon. Subjects were randomized to receive test results and posttest counseling either in a face-to-face manner or with the option of telephone notification. Self-reported demographic and risk-behavior information was collected prior to HIV testing. The differences in the proportion of youth who received their test results were analyzed according to the notification method and demographic characteristics using statistical software. Among the 351 youth who were tested, 48% followed up to receive test results and posttest counseling. Adolescents most likely to receive their results were female, older (19--24 years), and white and those who reported high-risk behaviors. Those given the option of telephone notification were significantly more likely to receive their results than those required to have face-to-face notification. This was true regardless of age, race, history of previous HIV testing, or presence of high-risk behaviors. Two youths tested positive for HIV corroborating previous reports of low HIV prevalence in this population. Both were assigned to the face-to-face notification group and, therefore, no HIV positive results were given by telephone. The option of telephone notification significantly increased the proportion of youth who received posttest counseling and results following community-based testing.

Title: Barriers and Bridges to Care: Voices of Homeless Female Adolescent Youth in Seattle, Washington, USA

Authors: Ensign J; Panke A

Source: *Journal of Advanced Nursing*, 37(2):166-72, Jan 2002.

Summary: The purpose of this study was to conduct an assessment of reproductive health-seeking behaviours, sources of advice, and access to care issues among a sample of clinic-based homeless adolescent women. Adolescent women are among the most vulnerable and medically underserved subgroups within the homeless population in the United States. Homeless youth are rarely invited to participate in research aimed at improving their access to appropriate health care. Also, the culture in which they live and the personal experience of being homeless are often not addressed. The research was descriptive, using focus groups and individual interviews with a purposeful sample of 20 female youth, aged 14-23 years. The women said that they seek health advice from other women, including their mothers even while they are homeless. They reported first trying self-care

interventions, and going to clinics when self-care actions no longer worked. They stated that the main barriers to health care were lack of insurance, confusion over consent, transportation problems, lack of respect (from providers) for their own self-knowledge, and judgementalism from providers. Using the concept of cultural competency, the results provide insights into how to improve communication and health care services for these women. Health care providers need to recognize and appreciate the lifestyle, beliefs, and adaptive attitudes of homeless youth, rather than labelling them as 'deviant'. All personnel who interact with and on behalf of homeless youth must be adequately trained in general knowledge regarding the health of homeless youth as well as in an understanding of the role that culture plays in their health-seeking behaviours.

MENTAL HEALTH AND SUBSTANCE ABUSE

Title: Medical Service Use and Financial Charges among Opioid Users at a Public Hospital

Authors: Masson, CL; Sorensen JL; Batki SL; Okin R; Delucchi KL; Perlman DC

Source: *Drug and Alcohol Dependence*, 66(1):45-50, Mar 1, 2002.

Summary: We examined the prevalence of drug use related infectious complications among opioid using or dependent individuals and service charges associated with medical care received over a 2-year period at a public hospital. A computerized medical record review was used to identify 3147 individuals with diagnoses related to opioid use or dependence. Forty-nine percent of these patients were treated for bacterial infections and 30% presented for treatment of medical problems arising from the effects of the drugs themselves (e.g. drug withdrawal, overdoses, and drug-induced psychiatric symptoms). Mean charges were \$13393 for these patients, nearly 2.5 times the average per patient charges for non-opioid using patients during the study period. Patients with diagnoses related to opioid use or dependence comprised 2% of the total patient population for this period, yet accounted for 5% of total charges. Homeless patients were less likely to have used ambulatory services and were more likely than non-homeless patients to have used emergency and inpatient services. Early detection of patients with opioid use or dependence problems, coupled with effective strategies to engage them in ambulatory preventive services, could allow interventions to reduce morbidity and associated charges in this patient population. The findings suggest that health care providers and policy makers consider policies that promote ambulatory care use among opioid users seeking medical care through the public health care system.

Title: Outcomes and Service Use among Homeless Persons with Serious Mental Illness and Substance Abuse

Authors: Gonzalez G; Rosenheck RA

Source: *Psychiatric Services*, 53(4):437-46, Apr 2002.

Summary: This study compared baseline characteristics and clinical improvement after 12 months among homeless persons with a diagnosis of serious mental illness with and without a comorbid substance use disorder. The study subjects were 5,432 homeless persons with mental illness who were participating in the Center for Mental Health Services' Access to Community

Care and Effective Services and Supports (ACCESS) program. Analysis of covariance was used to compare clients who had dual diagnoses and those who did not and to identify any association between service use and clinical improvement. Follow-up data were available for 4,415 clients (81 percent). At baseline, clients with dual diagnoses were worse off than those without dual diagnoses on most clinical and social adjustment measures. Clients with dual diagnoses also had poorer outcomes at follow-up on 15 (62 percent) of 24 outcome measures. However, among clients with dual diagnoses, those who reported extensive participation in substance abuse treatment showed clinical improvement comparable to or better than that of clients without dual diagnoses. On measures of alcohol problems, clients with dual diagnoses who had a high rate of participation in self-help groups had outcomes superior to those of other clients with dual diagnoses. Clients with dual diagnoses who received high levels of professional services also had superior outcomes in terms of social support and involvement in the criminal justice system. Homeless persons with dual diagnoses had poorer adjustment on most baseline measures and experienced significantly less clinical improvement than those without dual diagnoses. However, those with dual diagnoses who received extensive substance abuse treatment showed improvement similar to those without at 12 months.

HEPATITIS C

Title: Risk Factors for Hepatitis C Virus Infection Among Homeless Adults

Authors: Nyamathi AM; Dixon EL; Robbins W; Smith C; Wiley D; Leake B; Longshore D; Gelberg L

Source: JI of General Internal Medicine, 17(2):134-43, Feb 2002.

Summary: The aims of this study were to describe the prevalence of hepatitis C virus (HCV) infection in a sample of homeless and impoverished adults and examine risk factors for HCV infection in the overall sample and as a function of injection drug use. Assays were conducted on stored sera. Sociodemographic characteristics and risky sexual activity were measured by content-specific items. Substance use was measured by a structured questionnaire. HCV antibodies were tested by enzyme-linked immunosorbent assay; a confirmatory level was defined by recombinant immunoblot assay. Settings included shelters (N = 36) and outdoor locations in Los Angeles. Eight hundred eighty-four homeless women and/or partners or friends participated. Among this sample of 884 homeless and impoverished adults, 22% were found to be HCV infected. Lifetime injection drug users (IDUs) (cocaine, crack, and methamphetamine) and recent daily users of crack were more likely than nonusers or less-frequent users of these drugs to be HCV-infected. Similar results were found for those who had been hospitalized for a mental health problem. Among non-injection drug users and persons in the total sample, those who reported lifetime alcohol abuse were more likely than those who did not to be HCV infected. Controlling for sociodemographic characteristics, multiple logistic regression analyses revealed IDUs have over 25 times greater odds of having HCV infection than non-IDUs. HCV infection was also predicted by older age, having started living on one's own before the age of 18, and recent chronic alcohol use. Males and recent crack users had

about one and a half times greater odds of HCV infection when compared to females and non-chronic crack users. Targeted outreach for homeless women and their partners, including HCV testing coupled with referrals to HCV and substance abuse treatments, may be helpful.

HIV: RISK FACTORS FOR WOMEN

Title: Psychiatric Symptoms, Health Services, and HIV Risk Factors Among Homeless Women

Authors: Kilbourne AM; Herndon B; Andersen RM; Wenzel SL; Gelberg L

Source: Journal of Health Care for the Poor and Underserved, 13(1):49-65, Feb 2002.

Summary: This study determined whether psychiatric symptoms and lack of health and/or social services contacts were associated with HIV risk behaviors among a probability sample of homeless women (aged 15-44 yrs). Women were interviewed regarding socioeconomic indicators, psychiatric symptoms, health and/or social services contacts, and past-year HIV risk behaviors. Overall, 8% of the women injected drugs, 64% engaged in unprotected sex, and 22% traded sex. Multiple logistic regression results revealed that substance abuse was positively associated with injection drug use and trading sex. Homeless women with case managers were less likely to inject drugs. Although barriers to obtaining drug treatment were associated with trading sex, women attending self-help meetings for substance abuse were also more likely to trade sex. Homeless women who are substance abusers are vulnerable to HIV risk behaviors. Risk reduction interventions for homeless women should be implemented through substance abuse and intensive case management programs.

INFECTIOUS DISEASE

Title: Population-Based Community Prevalence of Methicillin-Resistant Staphylococcus Aureus in the Urban Poor of San Francisco

Authors: Charlebois ED; Bangsberg DR; Moss NJ; Moore MR; Moss AR; Chambers HF; Perdreau-Remington F

Source: Clinical Infectious Diseases, 34(4):425-33, Feb 15, 2002.

Summary: The study objective was to determine the prevalence and risk factors for nasal colonization with Staphylococcus aureus and methicillin resistance among the urban poor and to compare antibiotic resistance and genetic similarity to concurrently collected clinical isolates of methicillin-resistant S. aureus (MRSA). A population-based community sample of 833 homeless and marginally housed adults were cultured and compared with 363 clinical isolates of MRSA; 22.8% of the urban poor were colonized with S. aureus. Of S. aureus isolates, 12.0% were methicillin resistant. Overall prevalence of MRSA was 2.8%. Significant multivariate risk factors for MRSA were injection drug use, prior endocarditis, and prior hospitalization within 1 year. Resistance to antimicrobials other than beta-lactams was uncommon. Only 2 individuals (0.24%) with MRSA had no known risk factors. A total of 22 of 23 community MRSA genotypically matched clinical MRSA isolates, with 15 of 23 isolates identical to MRSA clones endemic among hospitalized patients.